RETURN OF INCOME

For an Individual Assessee

The following schedules shall be the integral part of this return and must be annexed to			
return in the following cases:			
Schedule 24A i	f you have income from Salaries		
Schedule 24B ij	f you have income from house property	Photo	
Schedule 24C i	f you have income from business or profession		
Schedule 24D i	f you claim tax rebate		

PART I Basic information

01	Assessment Year		Return submitted under section 82BB?	
	2 0		Yes No	
03	Name of the Assessee	04	Gender (tick one) M F	
05	Twelve-digit TIN	06	Old TIN	
07	Circle	08	Zone	
09	Resident Status (tick one)	Reside	ent Non-resident	
10	Tick on the box(es) below if you are:		,	
	10A A gazetted war-wounded freedom fighter	10B	A person with disability	
	10C Aged 65 years or more	10D	A parent/legal guardian of a person with disability	
11	Date of birth (DD-MM-YYYY)	12	Income Year	
			to	
13	If employed, employer's name			
14	Spouse Name	15	Spouse TIN (if any)	
16	Father's Name	17	Mother's Name	
18	Present Address	19	Permanent Address	
20	Contact Telephone	21	E-mail	
22	National Identification Number		Business Identification Number(s)	

PART II Particulars of Income and Tax

	TIN:		
Partic	ulars of Total Income		Amount b
24	Salaries (annex Schedule 24A)	S.21	
25	Interest on securities	S.22	
26	Income from house property (annex Schedule 24B)	S.24	
27	Agricultural income	S.26	
28	Income from business or profession (annex Schedule 24C)	S.28	
29	Capital gains	S.31	
30	Income from other sources	S.33	
31	Share of income from firm or AOP		
32	Income of minor or spouse under section 43(4)	S.43	
33	Foreign income		
34	Total income (aggregate of 24 to 33)		
Tax C	omputation and Payment		Amount &
35	Gross tax before tax rebate		
36	Tax rebate (annex Schedule 24D)		
37	Net tax after tax rebate		
38	Minimum tax		
39	Net wealth surcharge		
40	Interest or any other amount under the Ordinance (if any)		
41	Total amount payable		
42	Tax deducted or collected at source (attach proof)		
43	Advance tax paid (attach proof)		
44	Adjustment of tax refund [mention assessment year(s) of refu	nd]	
45	Amount paid with return (attach proof)		
46	Total amount paid and adjusted (42+43+44+45)		
47	Deficit or excess (refundable) (41-46)		
48	Tax exempted income		

PART III Instruction, Enclosures and Verification

	TIN				
49	 Instructions Statement of assets, liabilities and expenses (IT-10B2016) and statement of life style expense (IT-10BB2016) must be furnished with the return unless you are exempted from furnishing such statement(s) under section 80. Proof of payments of tax, including advance tax and withholding tax and the proof of investment for tax rebate must be provided along with return. Attach account statements and other documents where applicable 				
50	If you are a parent of a person with disability, has your spouse availed the extended tax exemption threshold? (tick one)			NO	
51	Are you required to submit a st expenses (IT-10B2016) under sec			and Yes	No
52	Schedules annexed (tick all that are applicable)	24A	24B	24C	24D
53	Statements annexed (tick all that are applicable)	IT-10B2	2016	IT-10BB2	2016
		erification and s	signature		
55	Verification I solemnly declare that to the best and statements and documents and Name			_	
	Date of Signature (DD-MM-YYYY)		Place of Sign	nature	
		For official use	a only		

Return Submission Information

Date of Submission (DD-MM-YYYY)	Tax Office Entry Number

ACKNOWLEDGEMENT RECEIPT OF RETURN OF INCOME

Assessment Year	Return under section 82BB? (tick one)			
2 0 -	Yes No			
Name of the Assessee				
Twelve-digit TIN	Old TIN			
Circle	Taxes Zone			
Total income shown (serial 34)				
b				
A				
Amount payable (serial 41)	Amount paid and adjusted (serial 46)			
Amount of net wealth shown in IT10B2016	Amount of net wealth surcharge paid			
Date of Submission (DD-MM-YYYY)	Tax Office Entry Number			
Signature and seal of the official receiving the retu	ırn			
Date of Circustum	Contact Number of Tax Office			
Date of Signature	Contact Number of Tax Office			