

FORM
ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3,
ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature] .

Assessment Year

2018-19

(Please see Rule 12 of the Income-tax Rules, 1962)

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name FOCUZ MEDICARE AND HOLIDAYS			PAN AADFF9711A		
	Flat/Door/Block No 1/366	Name Of Premises/Building/Village KAIRALI COMPLEX		Form No. which has been electronically transmitted ITR-5		
	Road/Street/Post Office CALICUT AIRPOR JUNCTION	Area/Locality KALATHOOR				
	Town/City/District KONDOTTY	State KERALA	Pin/ZipCode 673638	Status Firm		
	Designation of AO (Ward / Circle) WARD 2, KANNUR			Original or Revised ORIGINAL		
	E-filing Acknowledgement Number 455738550310319			Date(DD-MM-YYYY) 31-03-2019		
	1	Gross Total Income			1	0
	2	Deductions under Chapter-VI-A			2	0
	3	Total Income			3	0
		a	Current Year loss, if any		3a	444662
4	Net Tax Payable			4	0	
5	Interest and Fee Payable			5	1000	
6	Total Tax, Interest and Fee Payable			6	1000	
7	Taxes Paid					
	a	Advance Tax	7a	0		
	b	TDS	7b	2759		
	c	TCS	7c	0		
	d	Self Assessment Tax	7d	1000		
	e	Total Taxes Paid (7a+7b+7c +7d)		7e	3759	
8	Tax Payable (6-7e)			8	0	
9	Refund (7e-6)			9	2760	
10	Exempt Income		Agriculture			
			Others			

VERIFICATION

I, **MOHAMED MUNAVAR** son/ daughter of **ABDUL MAJEED**, holding Permanent Account Number **COXPM6337R** solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2018-19. I further declare that I am making this return in my capacity as **PARTNER** and I am also competent to make this return and verify it.

Sign here

Date 31-03-2019

Place KONDOTTY

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only

Receipt No

Filed from IP address 117.208.250.42

Date

Seal and signature of receiving official



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Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by **ORDINARY POST OR SPEED POST ONLY, within 120 days** from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address puliklalassociatesclt@gmail.com