

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name				PAN				
	LEELA SUVADA				BJZPS0929P				
	Flat/Door/Block No		Name Of Premises/Building/Village		Form No. which has been electronically transmitted (fill the code)		ITR-1		
	#32		13TH MAIN						
	Road/Street/Post Office		Area/Locality		Status (fill the code)		INDL		
	3RD CROSS		MATHIKERE EXTN						
	Town/City/District		State		Pin		Designation of Assessing Officer		
	BANGALORE		KARNATAKA		560054				
E-filing Acknowledgement Number		28442500290708		Date(DD/MM/YYYY)		29-07-2008			
COMPUTATION OF INCOME AND TAX THEREON	1	Gross total income				1	292335		
	2	Deductions under Chapter-VI-A				2	101640		
	3	Total Income				3	190695		
	a	Current Year loss, if any				3a	0		
	4	Net tax payable				4	8899		
	5	Interest payable				5	0		
	6	Total tax and interest payable				6	8899		
	7	Taxes Paid							
	a	Advance Tax		7a	0				
	b	TDS		7b	9874				
	c	TCS		7c	0				
	d	Self Assessment Tax		7d	0				
	e	Total Taxes Paid (7a+7b+7c +7d)				7e	9874		
	8	Tax Payable (6-7d)				8	0		
9	Refund (7e-6)				9	975			
COMPUTATION OF FRINGE BENEFITS AND TAX THEREON	10	Value of Fringe Benefits				10			
	11	Total fringe benefit tax liability				11			
	12	Total interest payable				12			
	13	Total tax and interest payable				13			
	14	Taxes Paid							
	a	Advance Tax		14a					
	b	Self Assessment Tax		14b					
	c	Total Taxes Paid (14a+14b)				14c			
	15	Tax Payable (13-14c)				15			
	16	Refund				16			

VERIFICATION

I, LEELA SUVADA (full name in block letters), son/ daughter of S VENKATARAO

solemnly declare to the best of my of 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/ fringe benefits 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 and fringe benefits chargeable to income-tax for the previous year relevant to the assessment year 2008-09. I further declare that I am making this return in my capacity as authorized signatory and I am also competent to make this return and verify it.

Sign here

Date 29-07-2008

Place BANGALORE

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

Date

Seal and signature of receiving official



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