

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-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-7 transmitted electronically without digital signature] . (Please see Rule 12 of the Income-tax Rules, 1962)	Assessment Year 2016-17.
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PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name MEDLIFE FOUNDATION		PAN <input type="text" value="AAETM4490L"/>	
	Flat/Door/Block No 0	Name Of Premises/Building/Village		Form No. which has been electronically transmitted <input type="text" value="ITR-7"/>
	Road/Street/Post Office	Area/Locality BAHAL, TAL CHALISGAON		
	Town/City/District JALGAON	State Maharashtra	Pin 424107	Status AOP/BOI
	Designation of AO (Ward / Circle) <input type="text" value="WARD 1(4), JALGAON"/>			Original or Revised <input type="text" value="ORIGINAL"/>
	E-filing Acknowledgement Number <input type="text" value="564426470300318"/>		Date(DD-MM-YYYY) <input type="text" value="30-03-2018"/>	

COMPUTATION OF INCOME AND TAX THEREON	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	0
	4	Net Tax Payable	4	0
	5	Interest Payable	5	0
	6	Total Tax and Interest Payable	6	0
	7	Taxes Paid		
		a Advance Tax	7a	0
		b TDS	7b	0
	c TCS	7c	0	
	d Self Assessment Tax	7d	0	
	e Total Taxes Paid (7a+7b+7c +7d)	7e	0	
8	Tax Payable (6-7e)	8	0	
9	Refund (7e-6)	9	0	
10	Exempt Income	Agriculture	0	
		Others	0	


VERIFICATION

I, **BHUSHAN SHIRUDE** son/ daughter of **PUNDALIK SHIRUDE**, holding Permanent Account Number **CWHP3847J** 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 2016-17. I further declare that I am making this return in my capacity as **VICE PRESIDENT** and I am also competent to make this return and verify it.

Sign here Date **30-03-2018** Place **JALGAON**

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

<p>For Office Use Only Receipt No</p> <p>Filed from IP address <input type="text" value="114.143.200.195"/></p> <p>Date</p> <p>Seal and signature of receiving official</p>	 AAETM4490L0756442647030031857B2D872631922038FB05460E87650520DE32245
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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 medlifefoundationbahal@gmail.com