

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 MEDLIFE FOUNDATION (V C BHUSHAN SHIRUDE0			PAN AAETM4490L		
	Flat/Door/Block No MEDLIFE FOUNDATION	Name Of Premises/Building/Village		Form No. which has been electronically transmitted ITR-5		
	Road/Street/Post Office AT POST BAHAL	Area/Locality TQ CHALISGAON			Status AOP/BOI	
	Town/City/District JALNAGAON	State Maharashtra	Pin/ZipCode 424106	Aadhaar Number/ Enrollment ID		
	Designation of AO (Ward / Circle) JALGAON			Original or Revised REVISED		
	E-filing Acknowledgement Number 666631520220618			Date(DD-MM-YYYY) 22-06-2018		
	1	Gross Total Income			1	23132
	2	Deductions under Chapter-VI-A			2	0
	3	Total Income			3	23130
		a	Current Year loss, if any		3a	0
4	Net Tax Payable			4	0	
5	Interest and Fee Payable			5	0	
6	Total Tax, Interest and Fee 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			
			Others			

VERIFICATION

I, **BHUSHAN SHIRUDE** son/ daughter of **PUNDLIK SHIRUDE**, holding Permanent Account Number **CWHPS3847J** 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 **PRESIDENT** and I am also competent to make this return and verify it.

Sign here

Date 22-06-2018

Place BAHAL 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

For Office Use Only

Receipt No

Filed from IP address 123.63.237.61

Date

Seal and signature of receiving official



AAETM4490L05666631520220618D98C089E574ABB7CA4B25BE06B4DCEE0CEDC0EA0

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