

FORM

ITR-7

## INDIAN INCOME TAX RETURN

[For persons including companies required to furnish return under section 139(4A) or section 139(4B) or section 139(4C) or section 139(4D)]  
(Please see rule 12 of the Income-tax Rules, 1962)  
(Also see attached instructions for guidance)

Assessment Year

2013-14

## Part A-GEN

PERSONAL INFORMATION

Name (as mentioned in deed of creation/establishing/incorporation/formation) SHANTI SAMAJ SEVI SAMITI		PAN AAUFS2324R	
Flat/Door/Block No 2/37	Name Of Premises/Building/Village		Date of formation/incorporation (DD/MM/YYYY) / /
Road/Street/Post Office KHATRANA	Area/Locality FARRUKHABAD		Status (see instructions para 11b) <input type="checkbox"/>
Town/City/District FARRUKHABAD	State UTTAR PRADESH	Pin code 209625	
Office Phone Number with STD code/Mobile No. 1		Fax Number/Mobile No. 2	
		Income Tax Ward/Circle CIRCLE 201	
Email Address 1			
Email Address 2			
Is there any change in address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Details of the projects/institutions run by you			
Sl.	Name of the project/institution	Nature of activity	Classification code (see instructions para 11d)
1	Family Counselling Centre	Social Service	
2	Swadhar	Shelter Home	
3	MID DAY MEAL	Provides Hot/Cooked Food	
4			
Return filed (Tick) [Please see instruction number-6] <input checked="" type="checkbox"/> Before due date -139(1), <input type="checkbox"/> After due date -139(4), <input type="checkbox"/> Revised Return- 139(5) OR In response to notice u/s <input type="checkbox"/> 139(9)- defective <input type="checkbox"/> 142(1) <input type="checkbox"/> 148 <input type="checkbox"/> 153A <input type="checkbox"/> 153C OR <input type="checkbox"/> 92CD			
Return furnished under section <input type="checkbox"/> 139(4A) <input checked="" type="checkbox"/> 139(4B) <input type="checkbox"/> 139(4C) <input type="checkbox"/> 139(4D)			
If revised/in response to defective, then enter Receipt No and Date of filing original return (DD/MM/YYYY) Nil / /			
Residential status? (Tick) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-resident			
Whether any income included in total income for which for which claim under section 90/90A/91 has been made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [applicable in the case of resident] If yes, ensure to fill Schedule FSI and Schedule TR!			
In the case of non-resident, is there a permanent establishment (PE) in India (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER DETAILS

A	i	Whether one of the charitable purposes is advancement of any other object of general public utility?	(Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
	ii	a	whether there is any activity in the nature of trade, commerce or business referred to in proviso to section 2(15)?
		b	whether there is any activity of rendering any service in relation to any trade, commerce or business for any consideration as referred to in proviso to section 2(15)?
	iii	If 'a' or 'b' is YES, the aggregate annual receipts from the such activities	Rs. _____

For Office Use Only

सप आयकर आयुक्त  
सर्किल-2(1)-फर्रुखाबाद

27 SEP 2013

2013-14

Now  
प्राप्तकर्ता

0201009048

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Receipt No

Date

Seal and Signature of receiving official