

ACKNOWLEDGEMENT (To be filled by the assessee in duplicate)

~~A/c (2) T.S.~~
A/c (1) T.S. 2

<p>*Name MS M & M ASSOCIATES (In block letters, surname first) 1-10-72/2/3 Begumbat Address (In block letters) Date of birth (for individuals)/ NA Date of incorporation (for Companies) Name of Father/Husband NA (for individuals) (surname first)</p>	<p>FOR OFFICE USE ONLY. (All entries under this column are to be filled in by office only) AO Code</p>																				
<p>PAN M-622 Asst. year 1992-93 Due date of return 31.08.92 (Amount in Rs.)</p>																					
<p>**1) Total income as per return 51932499 2) Advance tax paid on or before 15th Sept 3) Advance tax paid between 16th Sept. & 15th Dec 4) Advance tax paid between 16th Dec. & 31st Mar 5) Total tax deducted and collected at source 8003 6) Aggregate of tax and interest paid on self assessment u/s 140A 7) Date of payment of tax u/s 140A</p>																					
<p>8) Status (For status give appropriate code) Head of Income 08</p>	<p>Name & Signature of the dealing asst., date</p>																				
<p>9) Salaries 10) Income from house property 11) Profits and gains from (i) Speculation business business and profession (ii) Other business / profession 8276 12) Capital gains (Also give breakup of capital gains periodwise below) upto 15/9 16/9 to 15/12 16/12 to 31/3</p>																					
<p>13) Income from other sources 14) Aggregate loss (other than speculation loss) included under any head which is prohibited from being set off against income under another head 15) Brought forward losses and allowances entitled to be set off against this year's income 22014655</p>																					
<p>16) Accessible deductions under Chapter VIA Section</p>	<p>Amount of Deduction</p>																				
<p>17) Income other than agricultural income included for rate purpose (Ch. VII) 18) Net agricultural income</p>																					
<p>19) Components of total income which are chargeable at special rates of tax (For Sec 115BB also give date) (Note: To be filled in only if following sections are applicable 115A (read with sec. 90), 115AB, 115B, 115BB, 115BBA, 115E, 161 (1A), 164, 164A, 167B, 293A)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Section</th> <th>Amount</th> <th>Rate of tax</th> <th>Amount</th> <th>Rate of tax</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>	Section	Amount	Rate of tax	Amount	Rate of tax
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<p>20) Rebate / relief u/s 88, 88A & 89(1) Section</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Section</th> <th>Rebate/Relief of tax</th> <th>Rebate/Relief of tax</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>	Section	Rebate/Relief of tax	Rebate/Relief of tax											
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<p>20A) 30% of book profits computed u/s 115 J 21) Number of documents attached regarding prepaid taxes 22) Number of other statements/documents attached to the return 23) Total number of documents in figures and words</p>																					
<p>Date: 28/08/92 Signature of the assessee Satish Moh</p>																					
<p>Received the return of income and enclosures as per details given Receipt No. _____ Date: _____ Signature of the receiving official Name: _____ Stamp: _____</p>	<p style="text-align: right; font-size: 24pt;">713628</p> <div style="border: 2px solid black; padding: 5px; transform: rotate(-15deg); text-align: center;"> <p>RECEIVED MINISTRY OF FINANCE TREASURY DEPARTMENT INCOME TAX DEPARTMENT 28/08/1992 1</p> </div>																				
<p>Note: 1. Assessee are required to fill in the top portion and the left hand side column only and only items up to S. No. 23. 2. Before filling the acknowledgement form please read the notes given at the end of the return form giving guidance for filling this acknowledgement form. * 3. In case of HUFs, AOPs, Trusts and Companies etc. full name may be given in the normal order. ** 4. Required details to be given against items Nos. 9 to 20A</p>																					

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7/19/63

NAME	:	...
RESIDING AT	:	...
C.I.T. No.	:	...
NAME OF BUSINESS	:	...

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Unabsorbed losses to be carried forward Rs. 17,50,000/-

Tax thereon goes to Rs. Nil

Taxes paid
TDS on interest Rs. 2,000

Tax on income returned Nil

Balance refundable; Rs. 2,000

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EXPENSES

• Salary	60,000.00
• Insurance	4,000.00
• Office Supplies	1,000.00
• Printing & Reproduction	1,000.00
• Telephone	1,000.00
• Postage	1,000.00
• Travel	1,000.00
• Entertainment	1,000.00
• Utilities	1,000.00
• Depreciation	1,000.00
• Vehicle Expenses	1,000.00
• Health Insurance	1,000.00
• Life Insurance	1,000.00
• Pension	1,000.00
• Profit Sharing	1,000.00
• 401(k)	1,000.00
• 529 Plan	1,000.00
• Charitable	1,000.00
• Education	1,000.00
• Mortgage	1,000.00
• Property Tax	1,000.00
• Homeowners Insurance	1,000.00
• Real Estate	1,000.00
• Legal	1,000.00
• Accounting	1,000.00
• Consulting	1,000.00
• Other	1,000.00

TOTAL

INCOME

• Salary	60,000.00
• Dividends	1,000.00
• Interest	1,000.00
• Capital Gains	1,000.00
• Rental Income	1,000.00
• Business Income	1,000.00
• Other	1,000.00

TOTAL