

# Vendor Response Form

## 1. Name and address of your Company/ Organisation

Name

Address 1

Address 2

## 2. Please state turnover of your company/organisation for F.Y. 2019-20

More than Rs. 10 cr.

Less than or equal to Rs 10 cr.

## 3. Please state turnover of your company/organisation for F.Y. 2020-21

More than Rs. 10 cr.

Less than or equal to Rs. 10 cr.

## 4. Your Permanent Account Number (mention PANNOTAVBL, if PAN is not available)

## 5. Have you filed your income-tax return for F.Y. 2018-19

Yes

No

## 6. Have you filed your income-tax return F.Y. 2019-20

Yes

No

## 7. Please share E-filing Acknowledgement Number of your income-tax return filed for F.Y 2018-19 and/or FY. 2019-20. In case if you have not filed please mention NOTFILEITR.

F.Y. 2018-19

F.Y. 2019-20

**8. Please mention date of filing of income-tax return for F.Y. 2018-19 and F.Y. 2019-20. Please mention "01/01/1990" if not filed.**

F.Y. 2018-19  
Date

F.Y. 2019-20  
Date

**9. Whether aggregate of TDS + TCS is Rs. 50,000 or more in F.Y. 2018-19**

Yes

No

**10. Whether aggregate of TDS + TCS is Rs. 50,000 or more in F.Y. 2019-20**

Yes

No

**11. Filing of return of income and threshold limit for TDS+TCS for AY 2021-22 (This point is to be filled only if the Income tax return has not been filed for AY 2020-21 AND the aggregate of TDS and TCS in your case for AY 2020-21 is INR 50,000 or more). Aggregate of TDS and TCS in my/our case for AY 2021-22 is equal to or in excess of INR 50,000/-**

Yes

No

**12. Due date for filing of income-return in my/our case is  
A.Y. 2021-22**

Date

**13. I/ We will intimate you as and when I/we file the Income tax return. In case I/we do not intimate you and aggregate of TDS and TCS for AY 2021-22 is INR 50,000 or more, then I/we authorize you to deduct tax at the higher rates as may be applicable under the provisions of section 206AB of the Act.**

I accept

#### **14. Contact details of authorized person providing the details**

Name of the person filling the form

Designation

Address 1

Address 2

City / Town

PIN Code

State

Country

Email Address

Mobile No

Landline No

**15. We hereby acknowledge that the information contained herein will enable a member of SAVA Healthcare Ltd to comply with the provisions of section 194Q and section 206AB as introduced by Finance Act, 2021. We further certify that the information submitted by us is true and correct. We further undertake to hold SAVA Healthcare Ltd members harmless for any liability arising on account of false/ incorrect declaration.**

I accept