## **Declaration Format for Claiming Deduction from Salary for F.Y. 2019-20**

PLEASE NOTE:

» PAN & Address are mandatory. Please do not fail to furnish the same.

Income 1	Tax Perma	nent $\Delta / \epsilon$	c. (PAN	No. :
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	ls of the Employee:						
Mr. /Mrs./Ms.							
Address:							
Date of Birth:		Designation:					
Contact No	o.:	Department:					
Male / Fen	nale:	Employee ID:					
Date of Joi	ining:	ersonal Email Id:					
(B) Dedu	ction available from salary income under chapter VI A:						
C: No	Paradaktar of the same	Danisanta Bassitus I	Mandage Harte (Da.)	Amount			
Sr. No.	Description of Investment	Documents Required	Maximum Limit (Rs.)	in Rs.			
		Original Rent Receipts every month (with Revenue Stamp					
	House Rent paid to the Landlord -24(B)	above Rs. 4999/-) or Rent Agreement. Receipt should contain	Nil				
1		PAN of Landlord and also Xerox Copy of PAN required					
	From Date to Date	Full Address of Rented Property	Pan No. Landload	City			
2	New Pension Plan 90CCD(1)	Conv. of Dayment Resoint / Dasshook	150,000/- or 10%				
2	New Pension Plan- <b>80CCD(1)</b>	Copy of Payment Receipt / Passbook	of Basic Pay + D.A				
2		Copy of Payment Receipt / Passbook (Atal Pension Yojna has	50.000/				
3 1	New Pension Plan-80CCD(1B)	been notified by CG for this additional 50,000/- dedcution)	50,000/-				
4	Mediclaim – 80D (Self, Family & Parents)	Mediclaim Policy Copy or Premium Certificate	25,000/-				
5		Mediclaim Policy Copy or	50,000/-				
	Mediclaim – 80D (Self, Family & Parents Sen. Citizen)	Premium Certificate	50,000/-				
h	Preventive Health Check-up for Family & Himself &	Original Medical Bills	5,000/-				
	& Family & parents (Senior Citizen or Not)-80D  Medical Expenditure for Himself, Family, Parents (Sen. Citizen or not)		· · ·				
7	(not having Mediclaim Policy) -80D	Original Medical Bills	50,000/-				
8	Interest on Housing Loan (Loan taken prior to 01/04/99)	Certificate from Bank / Financial Institution	30,000/-				
	Interest on Housing Loan (Loan taken after 01/04/99)	Certificate from Bank / Financial Institution	2,00,000/-				
9	Full Address of Property Against which Loan taken						
	City With Date of Occupation( DD/MM/YYYY)						
10	Expenditure on Maintainence or Medical treatment being Dependant with – Disability Rs. 75,000 – Several Disability Rs. 1,25,000-80DD	Certificate from Prescribed Authority in Rule 11A in Form No. 10-IA Sec. 80 DD	75,000/- Or 1,25,000/-				
	with Disability No. 75,000 Several Disability No. 1,25,000-6000	10-1A Sec. 80 DD	01 1,23,000/-				
11	Expense on Dependent for Specified Disease[Very Sen. Citizen ie., (80	Certificate from Prescribed Authority in Rule 11DD in Form No.	40,000/-				
	years) - Rs. 1,00,000, For others Rs 40,000] -80DDB	10-I Sec. 80 DDB	Or 1,00,000/-				
12	Himself with – Disability Rs. 75,000 – Several Disability Rs. 1,25,000- <b>80U</b>	Certificate from Prescribed Authority as per rule 11A in Form No. 10-IA	75,000/- Or 1,25,000/-				
13	Interest on Education Loan-80E	Certificate from Bank / Financial Institution	01 1,23,000/- Nil				
	Donation - <b>80G</b>	Copy of Payment Receipt/Certificate	10% of GTA				
	Other Investment - 80GGA, 80GGC, 80QQB, 80RRB	Copy of Payment Receipt/Certificate	10% of GTA				
	Interest Income From Saving Account-80TTA	Copy of Passbook	10,000/-				
17	Interest Income From FDR & Saving Account-80TTB (Sen. Citizen)	Copy of Passbook & Interest certificate	50,000/-				
(C) Previ	ous Employment Please attach Income Tax Computation Sheet Fr	om Previous Employer For FY 2018-19 - Payslips for All M	lonths				
1	Income after Section 10 exemption (joined after 01/04/18)	Employee & Employer Provident Fund	Professional Tax(P Tax)	TDS Deducted			
1							
(D) Dedu	iction u/s 80C						
Sr. No.	Description of Investment	Documents Required	Maximum Limit (Rs.)	Amount in Rs.			
	Public Provident Fund	Copy of Payment Receipt / Passbook					
	Life Insurance Premium:- Pension Plan & ULIP	Copy of Premium Payment Receipt	ncial Institution  1,50,000/-				
	Repayment of Housing Loan <b>Principal</b> Tax Saving Mutual Fund / ELSS (Equity) (Sec. 10(23D))	Certificate from Bank / Financial Institution Statement of Holding					
	NSC Purchased during the year	Copy of NSC Certificate/s					
	Interest on NSC Purchased	Statement regarding date of purchase & amount					
	Tuition Fees (Up to Two Children)	Copy of Payment Receipt from School					
8	National Saving Scheme	Copy of NSS Certificate/s					
	Tax Saving Bank or Post Office Fixed Deposit (5 Years Terns)	Copy of FD Receipt	[				
	Sukanya Samriddhi Account	Copy of Deposit Receipt					
(E) Pleas	e Note						

- 1.Deduction under section 80C+80CCC+80CCD(1) can't excedds Rs 150,000/- ( Section 80CCE)
- 2.Deduction of Rs. 50,000/- under section 80CCD(1B) is over & above deductuon under section 80CCD(1). Thus Section 80CCE in point 1. above will not applicable to this deduction
- 3. Provided No Deduction under section 80CCD(1B) shall be allowed in respect of the amount on which a deduction has been claimed and allowed u/s 80CCD(1)
- 4. Deduction u/s 80D shall be allowed only if the payment is made by any mode other than cash. Exception is only for amount paid for Preventive health check up.
- 5. Maximum Deduction u/s 80D shall be allowed only upto RS 30,000/- in case point 5 & 7 AND RS 25,000/- in any other case.
- 6. For Increst on housing loan:- provided such acquisition or construction is completed within [three] years from the end of the financial year in which capital was borrowed.

## DECLARATION

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I, declare that the above statement is true to the best of my knowledge and belief. In the event of any change that may occur during the year pertaining to the information given in the form, I undertake to inform the same to the company. Income Tax liability arising due to failure, if any, for not making / not intimating payment / investment made or proposed to be made by me and / or any wrong declaration would be my responsibility.

I further undertake to provide all documentary proofs of payment made by me before 31st Januray 2019 and if I fail to do so, the company can make full deduction of income tax dues from Febuary 2019 & March 2019 salary or Last salary receivable from the company

Date: Sign. of the Employee