	v	FORM NO.16(PAR	T B(Anne	xure)		
Name and Address of the Employer				Name and Designation of the Employee		
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Soceity)				ADAVARAPU VENU GOPAL		
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003				Computer Operator		
	GIR NO. AAAALO584H	TAN: VPNL00159F	PAN NUMBER ATAPA7535R			
State	TDS Circle where Annual Return Statement under section 206 is to be filed.  PERIOD			ASSESSMENT YEAR		
		FROM TO 01.04.18 31.03.19		2019-20		
	DETAILS OF SALA	ARY PAID AND ANY O	THER INC	OME AND TAX DEDUCTE	:D	
1	Gross Salary			Rs.	Rs.	
	a. Salary as per provisions contained in sec.17(1) b. Value of perquisites' u/s 17(2)(as per Form No.12BA where		here	42000		
	ever applicable) c. Profits in lieu of Salary u/s 17(3) ever applicable)	as per Form No.12BA	where	0		
	d. Total			42000	42000	
2	Less :Allowance to the extent exer	mpt under section.10		12000	4697	
3	Balance (1 - 2)				37303	
4	Deductions				07000	
	a) Standard Deduction			36903	·	
	b) Tax on Employment			400	v.	
5	Aggregate of 4 (a & b )				37303	
6	Income chargeable under the head	d "Salaries" (3-5)			0	
7	Add :Any other income reported by	the employee		2	0	
8	Gross Total Income (6 + 7)				0	
9	Deduction of Loss from House Property(Interest on Home Loan)			*	0	
10	Total Income (8 - 9)				0	
11	Deductions under chapter VI-A			9		
	i) Under Section 80C,80CCC,80CC	CD	ti .	0		
	ii) Under Section 80D,80DD,80E,8	0GG and 80U		0		
12	Aggregate of deductible amount ur	nder chapter VI-A (11	i - 11ii)	×	0	
13	Taxable Income (10 - 12)			9	0	
14	Under Section 89 (attach details)			5.	0	
15	Tax Payable and surcharge incl. E	ducation Cess there on			0	
16	Less : Tax deducted at source				0	
17	Tax Refundable (15 - 16)			-	0	

I, <u>S.SURESH</u> S/o <u>Janardhana Rao</u> Working in the capacity of <u>Accounts Manager</u> do hereby certify that the above amount has been deducted and paid to the credit of the Central Government. I further certify that the information given above is true and correct based on the book of accounts, documents and other available records.

For LAVU EDUCATIONAL SOCIETY,

Authorized signatory

Signature of the person responsible

Full Name: S.SURESH

**Designation: Accounts Manager** 

VIZAG

Place:Visakhapatnam Date: 31.07.2019