FORM NO.16(PART B(Annexure)							
Name and Address of the Employer				Name and Designation of the Employee			
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY				S TIDUDATIN DAG			
(A unit of Lavu Educational Society)				B.TIRUPATHI RAO			
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003				Commercial Officer			
	GIR NO. AAAALO584H TAN: VPNL00159F Diricle where Annual Return			PAN NUMBER: AHSPB0364P			
	nient under section 206 is to be	PERIOD			ASSESSMENT YEAR		
fillers.			2011				
			TO 31.03.19	2019-20			
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED							
Rs. Rs.							
	Gross Salary				N5.	N5.	
	a. Salary as per provisions contained in sec.17(1)				319375		
b. Value of perquisites' u/s 17(2)(as per Form No.12BA where				nere	319370		
ever applicable)					0		
c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA who ever applicable)				where	0		
	d. Total				319375	319375	
	Less :Allowance to the extent exempt under section.10				010070	013373	
5	Balance (1 - 2)					319375	
10	Deductions				*	013070	
	a) Standard Deduction				40000		
	b) Tax on Employment				2400		
- 5	Aggregate of 4 (a & b)					42400	
6	Income chargeable under the head "Salaries" (3-5)					276975	
7	Add :Any other income reported by the employee					0	
	Gross Total Income (6 + 7)					276975	
9	Deduction of Loss from House Property(Interest on Home Loan)					0	
30	Total Income (8 - 9)					276975	
11	Deductions under chapter VI-A						
	Under Section 80C,80CCC,80CCD				21600		
	un) Under Section 80D,80DD,80E,80GG and 80U				0		
12	Aggregate of deductible amount under chapter VI-A (11i - 11ii)					21600	
=13	Taxable Income (10 - 12)					255375	
10	Under Section 89 (attach details)				€0	0	
15	Tax Payable and surcharge incl. Education Cess there on					0	
16	ess : Tax deducted at source					0	
77	Tax Refundable (15 - 16)					0	

I. S.SURESH S/o Janardhana Rao Working in the capacity of Accounts Manager 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

Piace Visakhapatnam Date: 31.07,2019

