FORM NO.16(PART B(Annexure)

			N			
Name and Address of the Employer				Name and Designation of the Employee		
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Soceity)				B.SATYA VARA PRASADA RAO		
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003			Assistant Professor			
PAN/GIR NO. AAAALO584H TAN: VPNL00159F			PAN NUMBER : CNIPB1345L			
TDS Circle where Annual Return			TAN NOMBER : ON BIOTOE			
Statement under section 206 is to be		PERIOD .		ASSESSMENT YEAR		
filed.		FROM TO		· ·		
		FROM TO 01.04.18 31.03.19	2019-20			
	DETAILS OF SALA		HER INC	OME AND TAX DEDUCT	rED	
	DETAILS OF SABA			Rs.	Rs.	
1	Gross Salary				1.0.	
'	a. Salary as per provisions contained in sec.17(1) b. Value of perquisites' u/s 17(2)(as per Form No.12BA where ever applicable) c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where ever applicable)			306968		
				0		
				0		
	d. Total				306968	
2					40000	
3					266968	
4						
7	a) Entertainment allowance			0		
,	b) Tax on Employment			1800		
5	Aggregate of 4 (a & b)				1800	
6	Income chargeable under the head "Salaries" (3-5)				265168	
7	Add :Any other income reported by the employee				0	
8	Gross Total Income (6 + 7)				265168	
9	Deduction of Loss from House Property(Interest on Home Loan)				0	
10	Total Income (8 - 9)				265168	
11	Deductions under chapter VI-A					
	i) Under Section 80C,80CCC,80CC	CD		0		
	ii) Under Section 80D,80DD,80E,8			0		
12	Aggregate of deductible amount ur		i - 11ii)		0	
13	Taxable Income (10 - 12)				265168	
14	Under Section 89 (attach details)			7	0	
15	Tax Payable and surcharge incl. Education Cess there on			1	0	
16	Less : Tax deducted at source			W	0	
17	Tax Refundable (15 - 16)				0	
	· • • • • • • • • • • • • • • • • • • •				1	

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

Place:Visakhapatnam Date: 15.06.2019