FORM NO.16(PART B(Annexure)

		TOTAL HOLIOTE PARE			
				lame and Designation of the Employee	
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY			N.ARUNDATHI		
(A unit of Lavu Educational Soceity) # 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003			N.ARUN	IDA I HI	
PAN/GIR NO. AAAALO584H TAN: VPNL00159F TDS Circle where Annual Return		PAN NUMBER: BMWPG9880R			
Statement under section 206 is to be		PERIOD		ASSESSMENT YEAR	
filed.		EDOM TO			
- V		FROM TO 01.04.18 31.03.19	2019-20		
	DETAILS OF SALA		HEB INC	OME AND TAX DEDUC	TED
	DETAILS OF SALA	KT I AID AID AIT O	TIER INC	Rs.	Rs.
1	Gross Salary			1/3.	N5.
	a. Salary as per provisions contained	ed in sec 17(1)		382968	
	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)			002300	
				0	
				0	
	d. Total			382968	382968
2	Less :Allowance to the extent exempt under section.10				55022
3	·				327946
4	Deductions				
	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)				285546
7	Add :Any other income reported by the employee				0
8	Gross Total Income (6 + 7)				321449
9	Deduction of Loss from House Property(Interest on Home Loan)				0
10	Total Income (8 - 9)				321449
11	Deductions under chapter VI-A				
	i) Under Section 80C,80CCC,80CC			0	
	ii) Under Section 80D,80DD,80E,80			0	
12	Aggregate of deductible amount und	der chapter VI-A (11i	- 11ii)		0
13	Taxable Income (10 - 12)				321449
14	Under Section 89 (attach details)		0		
15					1123
16	Less : Tax deducted at source		1200		
17	Tax Refundable (15 - 16)				77

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,

ay

Authorized signatory

Signature of the person responsible

Full Name: S.SURESH

**Designation: Accounts Manager** 

Place:Visakhapatnam Date: 31.07.2019

