FORM NO.16(PART B(Annexure

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Name and Address of the Employer				Name and Designation of the Employee		
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY				e cupreu		
(A unit of Lavu Educational Society)				S.SURESH		
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003 PAN/GIR NO. AAAALO584H TAN: VPNL00159F			Accounts Manager PAN NUMBER: ANUPS7212D			
TDS Circle where Annual Return			PAN NUMBER : ANUPS/212D			
Statement under section 206 is to be PERIOD			RIOD	ASSESSMENT YEAR		
filed.			FROM TO		<i>₺</i>	
			TO 31.03.19	- 2019-20		
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED						
			7.11. 01	114111110	Rs.	Rs.
1	Gross Salary				110.	110.
'	a. Salary as per provisions contained in sec.17(1)				1007500	
	b. Value of perquisites' u/s 17(2)(as per Form No.12BA where					
	ever applicable)				0	
	c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where ever applicable)				0	
	d. Total				1007500	1007500
2	Less :Allowance to the extent exempt under section.10					0
3						1007500
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)					965100
7	Add :Any other income reported by the employee					0
8	Gross Total Income (6 + 7)					965100
9	Deduction of Loss from House Property(Interest on Home Loan)				4.	0
10	Total Income (8 - 9)				, a	965100
11	Deductions under chapter VI-A					
	i) Under Section 80C,80CCC,80CC	D			21600	
	ii) Under Section 80D,80DD,80E,80				0	
12	Aggregate of deductible amount un	der chapter	VI-A (11	i - 11ii)		21600
13	Taxable Income (10 - 12)					943500
14	Under Section 89 (attach details)					0
15	Tax Payable and surcharge incl. Education Cess there on					105248
16	Less : Tax deducted at source					132100
17	Tax Refundable (15 - 16)					26852

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

Place:Visakhapatnam Date: 31.07.2019

