

FORM NO.16(PART B(Annexure))

Name and Address of the Employer VIGNAN's INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Soceity) # 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003		Name and Designation of the Employee R.RUDRABHIRAM Associate Professor	
PAN/GIR NO. AAAALO584H	TAN : VPNL00159F	PAN NUMBER : AEOPR0365K	
TDS Circle where Annual Return Statement under section 206 is to be filed.	PERIOD		ASSESSMENT YEAR
	FROM 01.04.18	TO 31.03.19	2019-20
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED			
		Rs.	Rs.
1 Gross Salary			
a. Salary as per provisions contained in sec.17(1)		922810	
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		922810	922810
2 Less :Allowance to the extent exempt under section.10			40000
3 Balance (1 - 2)			882810
4 Deductions			
a) Entertainment allowance		0	
b) Tax on Employment		2400	
5 Aggregate of 4 (a & b)			2400
6 Income chargeable under the head "Salaries" (3-5)			880410
7 Add :Any other income reported by the employee			0
8 Gross Total Income (6 + 7)			880410
9 Deduction of Loss from House Property(Interest on Home Loan)			171523
10 Total Income (8 - 9)			708887
11 Deductions under chapter VI-A			
i) Under Section 80C,80CCC,80CCD		178644	
ii) Under Section 80D,80DD,80E,80GG and 80U		0	
12 Aggregate of deductible amount under chapter VI-A (11i - 11ii)			150000
13 Taxable Income (10 - 12)			558887
14 Under Section 89 (attach details)			0
15 Tax Payable and surcharge incl. Education Cess there on			25251
16 Less : Tax deducted at source			25260
17 Tax Refundable (15 - 16)			9

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: 27.07.2018

