FORM NO.16(PART B(Annexure)

		FORIVI N	0.16(PAR						
Name and Address of the Employer					Name and Designation of the Employee				
	N/GIR NO. AAAALO584H TAN: VPNL00159F PAN NUMBER								
# 8-1-13, Siripuram Junction, VISAKHAPATNAM - 500 003			00 003	Associate Professor					
PAN/GIR NO. AAAALO584H TAN: VPNL00159F			PAN NUMBER						
TDS Circle where Annual Return Statement under section 206 is to be filed.		PERIOD		ASSESSMENT YEAR					
		FROM TO 01.04.18 31.03.19		2019-20					
	DETAILS OF SALA			HER INC	OME AND TAX	DEDUCT	ED .		
	DETAILS OF SALA				Rs.			Rs.	
1	Gross Salary				,				
1	a. Salary as per provisions contain	ed in sec 17	7(1)	ā		81119			
	b. Value of perquisites' u/s 17(2)(a:	s per Form I	No.12BA wł	nere					
	ever applicable)					0			
	c. Profits in lieu of Salary u/s 17(3)	as per Forn	n No.12BA	where		0			
	ever applicable)					81119		81119	
	d. Total	ant under co	oction 10			01110			
2	Less : Allowance to the extent exent Balance (1 - 2)	iipt uiidei se	oction. To			50 To		81119	
3	The second secon								
4	Deductions Other dead Deduction					40000		•	
	a) Standard Deduction					200			
_	b) Tax on Employment					200		40200	
5	Aggregate of 4 (a & b)	4 "Colorico"	(2 E)					40919	
6								(
7		rine employ	/66					40919	
8	Gross Total Income (6 + 7) Deduction of Loss from House Pro	norty/Intoro	et on Home	l oan)				(
9		perty(intere	St off Floring	Loan	2			40919	
10	Total Income (8 - 9)				A 5				
11	Deductions under chapter VI-A	CD.				0			
	i) Under Section 80C,80CCC,80CC		וור		4	0			
10	ii) Under Section 80D,80DD,80E,8			1i _ 11ii\		3			
12	Aggregate of deductible amount un Taxable Income (10 - 12)	nder chapte	1 VI-74 (I	11 - 1 111)		•		4091	
13								1007	
14	Under Section 89 (attach details)	iducation Co	ace there or	1					
15	Tax Payable and surcharge incl. E	.uucallon Ct	535 HICIE OI	1				e e e e e e e e e e e e e e e e e e e	
16							, ,		
17	Tax Refundable (15 - 16)								

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