FORM NO.16(PART B(Annexure)

		FORM N	10.16(PAR	T B(Anne	xure)		
Name and Address of the Employer				Name and Designation of the Employee			
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY				VOLUMENICAT MAIDIL			
(A unit of Lavu Educational Soceity) # 8-1-13. Siripuram Junction, VISAKHAPATNAM – 500 003				KOLLI VENKAT NAIDU Database Administrator			
				· · · · · · · · · · · · · · · · · · ·			
	PAN/CIR NO. AAAALO584H TAN: VPNL00159F			PAN NUMBER:			
	ement under section 206 is to be	PERIOD			ASSESSMENT YEAR		
filed.							
	FROM TO			2019-20			
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED							
	DETAIL OF OREA	KI I AID AI	IID AITT O	TILIC INC.	Rs.	Rs.	
	Cross Salary				11.5.	l No.	
	a Salary as per provisions contained in sec.17(1)				299000		
	b. Value of perquisites' u/s 17(2)(as per Form No.12BA where				255000		
	ever applicable)				0		
	c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where ever applicable)				0		
	a Total				299000	299000	
5	Less :Allowance to the extent exempt under section.10				233000	293000	
9	Balance (1 - 2)					299000	
4	Deductions					233000	
	a) Standard Deduction				40000		
	b) Tax on Employment				2400		
- 5	Aggregate of 4 (a & b)				2100	42400	
	Income chargeable under the head "Salaries" (3-5)					256600	
	Add :Any other income reported by the employee					0	
8	Cross Total Income (6 + 7)					256600	
9	Deduction of Loss from House Property(Interest on Home Loan)					0	
10	Total Income (8 - 9)					256600	
11	Deductions under chapter VI-A				40		
	Under Section 80C,80CCC,80CC	D		100	21600		
	Under Section 80D,80DD,80E,80		U		0		
12	Aggregate of deductible amount und	der chapter	VI-A (11	i - 11ii)		21600	
13	1	,	,	,		235000	
14	Under Section 89 (attach details)					0	
15	Tax Payable and surcharge incl. Education Cess there on						
16	Less : Tax deducted at source					0	
17	7 Tax Refundable (15 - 16)					0	

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 Dale: 31.07.2019

