FORM NO.16(PART B(Annexure)

<u> </u>	FURIVI	10.16(PAR	I B(Annexure)
Name and Address of the Employer		Name and Designation of the Employee	
VIGNAN'S INSTITUTE OF INFORMATION (A unit of Lavu Educational Society)	ON TECHNO	S.BHASKARA RAO	
#8-1-13, Siripuram Junction, VISAKHAP	ATNAM – 5	00 003	
PAN/GIR NO. AAAALO584H	TAN: VPNL00159F		PAN NUMBER : GLNPS9615H
TDS Circle where Annual Return Statement under section 206 is to be P filed.		RIOD	ASSESSMENT YEAR
	FROM	ТО	0040.00
	01.04.18 31.		2019-20
DETAILS OF SALA	RY PAID A	ND ANY OT	HER INCOME AND TAY DEDUCTED

	01.04.18   31.03.19		
	DETAILS OF SALARY PAID AND ANY OTHER INC	OME AND TAX DEDUC	TED
		Rs.	Rs.
1	C. Coo Calary		
	a. Salary as per provisions contained in sec.17(1) b. Value of perquisites' u/s 17(2)(as per Form No.12BA where	158306	
	ever applicable) c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where	0	
	ever applicable)	0	
	d. Total	158306	158306
2	Less :Allowance to the extent exempt under section.10		0
3	Balance (1 - 2)		158306
4	Deductions		
	a) Standard Deduction	40000	
	b) Tax on Employment	300	
5	Aggregate of 4 (a & b )		40300
6	Income chargeable under the head "Salaries" (3-5)		118006
7	Add :Any other income reported by the employee		0
8	Gross Total Income (6 + 7)		153958
9	Deduction of Loss from House Property(Interest on Home Loan)		0
10	Total Income (8 - 9)		153958
11	Deductions under chapter VI-A	P	
	i) Under Section 80C,80CCC,80CCD	0	
	ii) Under Section 80D,80DD,80E,80GG and 80U	0	
12	Aggregate of deductible amount under chapter VI-A (11i - 11ii)		0
13	Taxable Income (10 - 12)		153958
14	Under Section 89 (attach details)		0
15	Tax Payable and surcharge incl. Education Cess there on		0
16	Less : Tax deducted at source		0
17	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 Date: 31.07.2019

