FORM NO.16(PART B(Annexure)						
Name and Address of the Employer				Name and Designation of the Employee		
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Soceity)				SUPRIYA NANDIGAM		
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003				Campus Incharge		
PAN/GIR NO. AAAALO584H TAN: VPNL00159F			PAN NUMBER: BPPPK1916J			
State	Circle where Annual Return ment under section 206 is to be	PERIOD		ASSESSMENT YEAR		
filed.		FROM 01.04.18	TO 31.03.19	2019-20		
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED						
			7	TILIT III	Rs.	Rs.
1	Gross Salary				110.	110.
	a. Salary as per provisions contained in sec.17(1)				600000	
	b. Value of perquisites' u/s 17(2)(as per Form No.12BA where					
	ever applicable) c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where				0	
	ever applicable)				0	
	d. Total				600000	600000
2	Less :Allowance to the extent exempt under section.10					o
3	Balance (1 - 2)					600000
4	Deductions					
	a) Standard Deduction				40000	
	b) Tax on Employment				1600	
5	Aggregate of 4 (a & b)					41600
6	Income chargeable under the head "Salaries" (3-5)					558400
7	Add :Any other income reported by the employee					0
8	Gross Total Income (6 + 7)					558400
9	Deduction of Loss from House Property(Interest on Home Loan)					0
10	Total Income (8 - 9)				•	558400
11	Deductions under chapter VI-A					
	i) Under Section 80C,80CCC,80CCD				103400	
	ii) Under Section 80D,80DD,80E,80GG and 80U				0	
12	Aggregate of deductible amount un	der chapter	VI-A (11i	- 11ii)		103400
13	Taxable Income (10 - 12)					455000
14	Under Section 89 (attach details)					0
15						10660
16	Less : Tax deducted at source					25000
17	Tax Refundable (15 - 16)					14340

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

