FORM NO.16(PART B(Annexure)

		FURIVI NO.16(PAR)				
Name and Address of the Employer				Name and Designation of the Employee		
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY				Α.		
(A unit of Lavu Educational Society)			P.ARUNA			
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003			Director			
PAN/GIR NO. AAAALO584H TAN: VPNL00159F TDS Circle where Annual Return			PAN NUMBER: ARUPP2855P			
Statement under section 206 is to be		PERIOD	ASSESSMENT YEAR			
filed.						
		FROM TO	2019-20			
	DETAIL O OF CALLA	01.04.18 31.03.19	UED INO	OME AND TAY DEDUC	TED	
	DETAILS OF SALAI	RY PAID AND ANY OT	HER INC	OME AND TAX DEDUC		
				Rs.	Rs.	
1	Gross Salary					
	a. Salary as per provisions contained in sec.17(1) b. Value of perquisites' u/s 17(2)(as per Form No.12BA where			225000		
	ever applicable)			0		
	c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where		where			
	ever applicable)			0		
	d. Total		225000	225000		
2	·				0	
3	Balance (1 - 2)				225000	
4	Deductions					
	a) Standard Deduction			40000		
	b) Tax on Employment			600	THE PERSON NAMED IN COLUMN TO SERVICE AND	
5	Aggregate of 4 (a & b)				40600	
6	Income chargeable under the head "Salaries" (3-5)				184400	
7	Add :Any other income reported by the employee				0	
8	Gross Total Income (6 + 7)				184400	
9	Deduction of Loss from House Property(Interest on Home Loan)				0	
10	Total Income (8 - 9)				184400	
11	Deductions under chapter VI-A			*		
	i) Under Section 80C,80CCC,80CC			5400		
	ii) Under Section 80D,80DD,80E,80			0		
12	Aggregate of deductible amount un	der chapter VI-A (11	i - 11ii)		5400	
13	Taxable Income (10 - 12)				179000	
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						

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

