

## FORM NO.16(PART B(Annexure))

Name and Address of the Employer <b>VIGNAN's INSTITUTE OF INFORMATION TECHNOLOGY</b> (A unit of Lavu Educational Socety) # 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003		Name and Designation of the Employee <b>M. CHAITANYA</b> Assistant Professor	
PAN/GIR NO. AAAALO584H	TAN : VPNL00159F	PAN NUMBER : CLNPM3403P	
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
<b>DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED</b>			
		Rs.	Rs.
1	Gross Salary		
	a. Salary as per provisions contained in sec.17(1)	364101	
	b. Value of perquisites' u/s 17(2)(as per Form No.12BA where ever applicable)	0	
	c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where ever applicable)	0	
	d. Total		364101
2	Less :Allowance to the extent exempt under section.10		40000
3	Balance (1 - 2)		324101
4	Deductions		
	a) Entertainment allowance	0	
	b) Tax on Employment	2000	
5	Aggregate of 4 (a & b )		2000
6	Income chargeable under the head "Salaries" (3-5)		322101
7	Add :Any other income reported by the employee		0
8	Gross Total Income (6 + 7)		322101
9	Deduction of Loss from House Property(Interest on Home Loan)		0
10	Total Income (8 - 9)		322101
11	Deductions under chapter VI-A		
	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)		322101
14	Under Section 89 (attach details)		0
15	Tax Payable and surcharge incl. Education Cess there on		1220
16	Less : Tax deducted at source		1220
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: 15.06.2019