FORM NO.16(PART B(Annexure)

Name and Address of the Employer VIGNAN's INSTITUTE OF INFORMATION	ON TECHNO	Name and Designation of the Employee		
(A unit of Lavu Educational Soceity)			P.DHILLESWARA RAO	
# 8-1-13, Siripuram Junction, VISAKHAPATNAM - 500 003			CWYPP2416B	
PAN/GIR NO. AAAALO584H	TAN: VPNL00159F PERIOD		PAN NUMBER :	
TDS Circle where Annual Return Statement under section 206 is to be filed.			ASSESSMENT YEAR	
	FROM	TO		
	01.04.18	31.03.19	2019-20	
DETAILS OF SALA	RY PAID A	ND ANY OT	HER INCOME AND TAX DEDUCTED	

	01.04.10 51.05.19		
	DETAILS OF SALARY PAID AND ANY OTHER INC	OME AND TAX DEDUC	CTED
1	Constant	Rs.	Rs.
† '	o. 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	82919	
	ever applicable) c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where ever applicable)	0	
	d. Total	0	
2	Less :Allowance to the extent exempt under section.10	82919	82919
3	Balance (1 - 2)		40000
4			42919
	a) Entertainment allowance	_	
	b) Tax on Employment	0	[
5	Aggregate of 4 (a & b)	400	
6	Income chargeable under the head "Salaries" (3-5)		400
7	Add :Any other income reported by the employee		42519
8	Gross Total Income (6 + 7)		0
9	Deduction of Loss from House Property(Interest on Home Loan)		42519
10	Total Income (8 - 9)		0
11	Deductions under chapter VI-A		42519
	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)		0 42519
14	Under Section 89 (attach details)		
15	Tax Payable and surcharge incl. Education Cess there on		0
16	Less : Tax deducted at source		- 1
17	Tax Refundable (15 - 16)		0
1 0	CUREOU Of A TOTAL		

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: 27.07.2018 VIZAG