

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 Socieity) # 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003		V.SRINIVASA RAVI KUMAR Computer Operator	
PAN/GIR NO. AAAALO584H	TAN : VPNL00159F	PAN NUMBER AMHPV1133G	
TDS Circle where Annual Return Statement under section 206 is to be filed.	PERIOD	ASSESSMENT YEAR	
	FROM 01.04.18 TO 31.03.19		
		2019-20	
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED			
		Rs.	Rs.
1	Gross Salary		
	a. Salary as per provisions contained in sec.17(1)	198000	
	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	198000	198000
2	Less :Allowance to the extent exempt under section.10		20129
3	Balance (1 - 2)		177871
4	Deductions		
	a) Standard Deduction	40000	
	b) Tax on Employment	1500	
5	Aggregate of 4 (a & b)		41500
6	Income chargeable under the head "Salaries" (3-5)		136371
7	Add :Any other income reported by the employee		0
8	Gross Total Income (6 + 7)		136371
9	Deduction of Loss from House Property(Interest on Home Loan)		0
10	Total Income (8 - 9)		136371
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)		136371
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

