FORM NO.16(PART B(Annexure)

Name and Address of the Employer				Name and Designation of the Employee			
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY					pioyee		
(A unit of Lavu Educational Soceity)			P.RAM	AKRISHNA			
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003			ASST. PROFESSOR				
PAN/GIR NO. AAAALO584H TAN: VPNL00159F			PAN NUMBER AYWPR4961P				
TDS Circle where Annual Return Statement under section 206 is to be filed.		PERIOD	ASSESSMENT YEAR				
		FROM TO 2019-20		)			
	DETAILS OF SALAI		HER INC	OME AND TAX DEDUC	TFD		
				Rs.	T	Rs.	
1	Gross Salary			113.		13.	
	a. Salary as per provisions containe	ed in sec.17(1)		315950			
	b. Value of perquisites' u/s 17(2)(as		ere	0.0000			
	ever applicable)	oo nor Form No 10DA	ا	0			
	c. Profits in lieu of Salary u/s 17(3) ever applicable)	as per Form No.12BA w	vnere	0			
	d. Total			315950	a	315950	
2	Less :Allowance to the extent exempt under section.10			010000		28080	
3	Balance (1 - 2)					287870	
4	Deductions					20.0.0	
	a) Standard Deduction			40000			
	b) Tax on Employment			1950	P		
5	Aggregate of 4 (a & b )				, s	41950	
6	Income chargeable under the head "Salaries" (3-5)					245920	
7	Add :Any other income reported by the employee						
8	Gross Total Income (6 + 7)			*		245920	
9	Deduction of Loss from House Property(Interest on Home L			a a		C	
10	Total Income (8 - 9)					245920	
11	Deductions under chapter VI-A						
	i) Under Section 80C,80CCC,80CC	D a		21600			
	ii) Under Section 80D,80DD,80E,80	GG and 80U		0			
12	Aggregate of deductible amount und	der chapter VI-A (11i	- 11ii)			21600	
13	Taxable Income (10 - 12)			18		224320	
14	Under Section 89 (attach details)					C	
15	Tax Payable and surcharge incl. Education Cess there on					C	
16	Less : Tax deducted at source					C	
17	Tax Refundable (15 - 16)			a •		. 0	

I, <u>S.SURESH</u> S/o <u>Janardhana Rao</u> Working in the capacity of <u>Accounts Manager</u> 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

VIZAG OCC

Place: Visakhapatnam Date: 31.07.2019