FORM NO.16(PART B(Annexure)

FORM NO. TOTAL						
Name and Address of the Employer VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY				Name and Designation of the Employee		
(A unit of Lavu Educational Soceity)			G.MANMADHA RAO			
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003			Sr.Asst			
PAN/GIR NO. AAAALO584H TAN: VPNL00159			PAN NUMBER: BCGPG0957H			
	Circle where Annual Return					
Statement under section 206 is to be		PERIOD		ASSESSMENT	T YEAR	
filed.		FROM TO				
		01.04.18 31.03.19	2019-20			
	DETAILS OF SALAI	RY PAID AND ANY OT	HER INC	OME AND TAX DEDUC	TED	
	***************************************			t Rs.	Rs.	
1	Gross Salary					
	a. Salary as per provisions contained in sec.17(1)			429000		
	b. Value of perquisites' u/s 17(2)(as per Form No.12BA where					
	ever applicable) c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA v			0		
	ever applicable)			0		
	d. Total			429000	4290	000
2	Less :Allowance to the extent exempt under section.10				482	40
3	Balance (1 - 2)				3807	'60
4	Deductions					
n	a) Standard Deduction			40000		
	b) Tax on Employment			2400		
5	Aggregate of 4 (a & b )				424	00
6	Income chargeable under the head "Salaries" (3-5)				3383	60
7	Add :Any other income reported by the employee			70		0
8 '	Gross Total Income (6 + 7)				3383	60
9	Deduction of Loss from House Property(Interest on Home Loa					0
10	Total Income (8 - 9)				3383	60
11	Deductions under chapter VI-A					
	i) Under Section 80C,80CCC,80CC	D		60052		
	ii) Under Section 80D,80DD,80E,80	GG and 80U		0		
12	Aggregate of deductible amount under chapter VI-A (11i				600	52
13	Taxable Income (10 - 12)				2783	-08
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

SSURESH 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** 

Designati

VIZAG OO TOO

Place Visakhapatnam Date 31.07.2019