Nome and Add	FORM	NO.16(PAR	T B(Anne	exure)		
Name and Address of the Employer VIGNAN VIDYALAYAM SCHOOL			Name and Designation of the Employee			
(A unit of Lavu Educational Soceity)			B.SRINIVAS IP			
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003						
DANI/CID NO						
N/GIR NO. AAAALO584H TAN: VPNL00159F S Circle where Annual Return		PAN NUMBER: GJYPS2130C				
Statement under section 206 is to be filed.	PEI	PERIOD		ASSESSMENT YEAR		
med.	FROM					
FROM TO 01.04.18 31.03.19			2019-20			
DETAILS OF SALARY PAID AND ANY OTH				2019-20		
	INT I AID A	ND ANT OT	HER INC	OME AND TAX DEDU	CTED	
1 Gross Salary				Rs.	Rs.	
a. Salary as per provisions contain	ed in sec 17	'/1)				
ever applicable)				270319		
				0		
c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA wher ever applicable)				V		
d. Total						
2 Less :Allowance to the extent exempt under section.10				270319	270319	
3 Balance (1 - 2)					0	
4 Deductions					270319	
a) Standard Deduction						
b) Tax on Employment				40000		
Aggregate of 4 (a & b)				2350		
6 Income chargeable under the beautions				*	42350	
Add :Any other income reported by the employee					227969	
Gross Total Income (6 + 7)					0	
Deduction of Loss from House Property(Interest on Home Loan)					263218	
Total Income (8 - 9)				a ,	0	
11 Deductions under chapter VI-A	Deductions under chapter VI-A				263218	
i) Under Section 80C,80CCC.80CCI	i) Under Section 80C,80CCC,80CCD					
ii) Under Section 80D,80DD,80E,800		0				
Aggregate of deductible amount and				0	x	
Taxable Income (10 - 12) (11i - 11i					0	
Under Section 89 (attach details)	Under Section 89 (attach details)				263218	
Tax Payable and surcharge incl. Education Cess there on					0	
Less : Tax deducted at source					0	
7 Tax Refundable (15 - 16)					0	
S SURESH S/o love H					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

