		FORM	NO.16(PAR	T B(Anne	xure)	
Name and Address of the Employer				Name and Designation of the Employee		
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Soceity)				T. PRABHAKAR		
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003				Record Assistant.		
	GIR NO. AAAALO584H	TAN: VPNL00159F		PAN NUMBER AABPT3470E		
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 SALA	RY PAID A	ND ANY OT	HER INC	OME AND TAX DEDUCTED	
, 1	Gross Salary		2		Rs.	Rs.
	a. Salary as per provisions contained in sec.17(1) 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 where ever applicable)			iere	301990	
				vhere	0	
	d. Total				301990	301990
2	Less :Allowance to the extent exempt under section.10					38990
3	Balance (1 - 2)					263000
4	Deductions					200000
	a) Standard Deduction			*	40000	
	b) Tax on Employment				1550	
5	Aggregate of 4 (a & b)					41550
6	Income chargeable under the head "Salaries" (3-5)					221450
7	Add :Any other income reported by the employee					0
8	Gross Total Income (6 + 7)					221450
9	Deduction of Loss from House Property(Interest on Home Loan)					0
10	Total Income (8 - 9)					221450
11	Deductions under chapter VI-A				,	
	i) Under Section 80C,80CCC,80CC				0	
	ii) Under Section 80D,80DD,80E,80			-	0	ż
12	Aggregate of deductible amount under chapter VI-A (11i - 11ii)			- 11ii)		0
13	Taxable Income (10 - 12)				*	221450
14	Under Section 89 (attach details)					0
15	Tax Payable and surcharge incl. Education Cess there on				a e	0
16	Less : Tax deducted at source					0
17	Tax Refundable (15 - 16)		(Pex)			0
	T. Comments of the comment of the co	E .		1		

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

Place:Visakhapatnam Date: 31.07.2019