		FORM NO.16(PART	ΓB(Annex	ure)	*		
Name and Address of the Employer				Name and Designation of the Employee			
VIGNAN's INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Society)				SHYAM CHANDRA JHA			
# 8-1-13, Siripuram Junction, VISAKHAPATNAM - 500 003				Lab Assistant			
PAN/GIR NO. AAAALO584H TAN: VPNL00159F			PAN NUMBER CLSPS3142J				
TDS Circle where Annual Return Statement under section 206 is to be filed. PERIOD			ASSESSMENT YEAR				
illeu.		FROM TO 01.04.18 31.03.19	2019-20				
	DETAILS OF SALA	ARY PAID AND ANY O	THER INC	OME AND TAX DEDUCTE			
0				Rs.	Rs.		
1	Gross Salary			= =			
	a. Salary as per provisions contain	ned in sec.17(1)		360000			
2	b. Value of perquisites' u/s 17(2)(a ever applicable)			0			
	c. Profits in lieu of Salary u/s 17(3 ever applicable)) as per Form No. 125A	Where	0			
	d. Total			360000		360000	
2	Less :Allowance to the extent exe	mpt under section.10		1 1 1 1		38245	
3	Balance (1 - 2)			, 3		321755	
4	Deductions			я У			
7	a) Standard Deduction			40000			
	b) Tax on Employment			1800			
5	Aggregate of 4 (a & b)					41800	
6	Income chargeable under the head "Salaries" (3-5)					279955	
7	Add :Any other income reported by the employee			*		0	
8	Gross Total Income (6 + 7)			A		279955	
9	Deduction of Loss from House Property(Interest on Home Loan)			v .		0	
10	Total Income (8 - 9)					279955	
11	Deductions under chapter VI-A						
	i) Under Section 80C,80CCC,80C	CD		0			
	ii) Under Section 80D,80DD,80E,			0			
12	Aggregate of deductible amount u		1i - 11ii)			0	
13	Taxable Income (10 - 12)			· ·		279955	
14	Under Section 89 (attach details)					0	
15	Tax Payable and surcharge incl.	Education Cess there or	n			0	
16	Less : Tax deducted at source					0	
						Λ	

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

VIZAG

Place:Visakhapatnam Date: 31.07.2019

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Tax Refundable (15 - 16)