

**FORM NO.16(PART B(Annexure))**

<b>Name and Address of the Employer</b> VIGNAN's INSTITUTE OF INFORMATION TECHNOLOGY (A unit of Lavu Educational Soceity) # 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003		<b>Name and Designation of the Employee</b> D.DONGA BABU	
<b>PAN/GIR NO.</b> AAAALO584H	<b>TAN : VPNL00159F</b>	<b>PAN NUMBER</b> CEVPD8743Q	
TDS Circle where Annual Return Statement under section 206 is to be filed.	<b>PERIOD</b>		<b>ASSESSMENT YEAR</b>
	<b>FROM</b>	<b>TO</b>	2019-20
	01.04.18	31.03.19	

**DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED**

	Rs.	Rs.
1 Gross Salary		
a. Salary as per provisions contained in sec.17(1)	345000	
b. Value of perquisites' u/s 17(2)(as per Form No.12BA where ever applicable)	0	
c. Profits in lieu of Salary u/s 17(3) as per Form No.12BA where ever applicable)	0	
d. Total	345000	345000
2 Less :Allowance to the extent exempt under section.10		38581
3 Balance (1 - 2)		306419
4 Deductions		
a) Standard Deduction	40000	
b) Tax on Employment	2600	
5 Aggregate of 4 (a & b )		42600
6 Income chargeable under the head "Salaries" (3-5)		263819
7 Add :Any other income reported by the employee		0
8 Gross Total Income (6 + 7)		263819
9 Deduction of Loss from House Property(Interest on Home Loan)		0
10 Total Income (8 - 9)		263819
11 Deductions under chapter VI-A		
i) Under Section 80C,80CCC,80CCD	0	
ii) Under Section 80D,80DD,80E,80GG and 80U	0	
12 Aggregate of deductible amount under chapter VI-A (11i - 11ii)		0
13 Taxable Income (10 - 12)		263819
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

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

