FORM NO.16(PART B(Annexure)

Name and Address of the Employer			Name and Designation of the Employee			
VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY			A.MURALI KRISHNA			
(A unit of Lavu Educational Society)			A.MURA	ALI KRISHNA		
# 8-1-13, Siripuram Junction, VISAKHAPATNAM – 500 003 PAN/GIR NO. AAAALO584H TAN: VPNL00159F				DAN NUMBER - AZORA44CON		
PAN/GIR NO. AAAALO584H TAN: VPNL00159F TDS Circle where Annual Return			PAN NUMBER: AZGPA1162N			
Statement under section 206 is to be PERIOD			ASSESSMENT YEAR			
filed.	filed.					
FROM TO 01.04.18 31.03.19			2019-20			
DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED						
				Rs.	Rs.	
1	Gross Salary			1101		
	a. Salary as per provisions contained in sec.17(1)			52000		
6	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			0		
	ever applicable)			0		
	d. Total			52000	52000	
2	2 Less :Allowance to the extent exempt under section.10				0	
3	Balance (1 - 2)				52000	
4	Deductions			*		
	a) Standard Deduction			40000		
	b) Tax on Employment			200		
5	Aggregate of 4 (a & b)				40200	
6	Income chargeable under the head "Salaries" (3-5)				11800	
7	Add :Any other income reported by the employee				0	
8	Gross Total Income (6 + 7)				14800	
9	Deduction of Loss from House Property(Interest on Home Loan)				0	
10	Total Income (8 - 9)				14800	
11	Deductions under chapter VI-A	_				
İ	i) Under Section 80C,80CCC,80CC			0		
اسرا	ii) Under Section 80D,80DD,80E,80		4.44	0		
12	Aggregate of deductible amount und	der chapter VI-A (11i	- 11ii)		0	
13	Taxable Income (10 - 12)			V-	14800	
14	Under Section 89 (attach details)	45	0			
15	Tax Payable and surcharge incl. Ed		0			
16	I i				0	
17	rax Refundable (15 - 16)		0			

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

