

Tax Proof Submission Form for FY 2017 - 2018

Form 12BB (See rule 26C)



(Statement showing particulars of claims by an employee for deduction of tax under section 192)

Novartis

S

For ADP Purpose Only

Document Control No.

A-523

☐ S & I

Date:

Sign:

☐ Auditor

Date:

Sign:

☐ QC

Date:

Sign:

☐ ECC

Date:

Sign:

☐ Process Admin

Date:

Sign:

Dear Sirs,

I give below the required information to compute my Income Tax liability for the F.Y. 2017-2018 (01-Apr-2017 to 31-Mar-2018). During the current financial year, I have made the following investments/payments. Please note that the amounts given below do not include deductions made from my salary towards provident fund, voluntary PF, parental insurance and LIC, if any

[Employee Details]

SAP Personnel ID: 40006550

PAN: AJUPM3852H

Employee Name: Vinay Mahajan

No of children studying: 1

Employee Address: C305, Ramky Towers, Gachibowli, Hyderabad,
Telangana, 500032.

Date of Joining: 02-Jul-2001

Date Of Submission: 22-Jan-2018

LIFE INSURANCE POLICIES

S.No	Beneficiary Relationship	Policy Doc/Ref No	Amount	Actual/Projection
1	Self	902169430	1891	Actual I will not terminate the Insurance contract within two years of it's commencement. In the event of termination, I agree to pay the entire tax liability for the period and revise my tax return immediately.
2	Self	902169431	3731	Actual I will not terminate the Insurance contract within two years of it's commencement. In the event of termination, I agree to pay the entire tax liability for the period and revise my tax return immediately.
3	Self	921378170	24520	Actual I will not terminate the Insurance contract within two years of it's commencement. In the event of termination, I agree to pay the entire tax liability for the period and revise my tax return immediately.

Total: 30142

File Name	Uploaded On
MAHAJVII_LifeInsurancePolicies_1.pdf	Mon 22-Jan-2018, 10:39:00 AM

Note:

- Premium can be paid only for self, spouse or children
- E-Statement of account or a consolidated premium statement from Life Insurance Company for premiums paid can be accepted, however, it should clearly mention that the said policy is covered under Sec 80C.

Documents to be Submitted:

- Copy of Premium Receipt is mandatory. Late payment interest charged will not be included as premium paid.
- For the premium falling due later, previous year receipt with the declaration saying that the actual premium payment receipt will be submitted on or before 31st March.
- Premium receipts issued by Other Companies can be considered for qualifications if it specifies that the policy is covered under Sec 80C or 80D.

PENSION PLAN

S.No	Beneficiary Relationship	Policy Doc/Ref No	Amount	Actual/Projection
1	Self	925247729	6785	Actual
2	Self	925247735	3997	Actual
3	Self	925247717	28746	Actual
4	Self	925247741	2934	Actual
5	Self	925247740	3127	Actual
6	Self	925247733	4851	Actual
7	Self	925247731	5674	Actual
8	Self	925247720	17962	Actual
9	Self	925247726	9202	Actual
10	Self	925247725	10206	Actual
11	Self	925247721	15841	Actual
12	Self	925247736	3744	Actual
13	Self	925247727	8270	Actual
14	Self	925247738	3276	Actual
15	Self	925247722	14134	Actual
16	Self	925247718	24575	Actual
17	Self	925247728	7418	Actual
18	Self	925247723	12641	Actual
19	Self	925247734	4411	Actual
20	Self	925247719	20569	Actual
21	Self	925247737	3381	Actual
22	Self	925247739	3203	Actual
23	Self	925247730	6208	Actual
24	Self	925247732	5320	Actual
25	Self	925247724	11521	Actual
26	Self	925247716	32574	Actual

Total: 270570

File Name	Uploaded On
MAHAJVII_PensionPlan_1.pdf	Mon 22-Jan-2018, 10:48:00 AM

Documents to be Submitted:

- Copy of all premium receipts issued by the insurance company.

DECLARATION:

☒ I, son/ daughter of **Narayan Mahajan**, do hereby certify that the information given above is complete and correct.

DECLARATION:

- a. The amount of investments/payments referred above is / will be paid out of the Income earned during the FY 2017-2018 chargeable to tax.
- b. I have attached the photocopies of proof(s) as required to be submitted alongwith this form. All original documents have been retained by me and the same shall be produced by me to the Company or to the Tax authorities as and when required.
- c. I will not terminate any Insurance contract within two years of it's commencement.(If applicable)
- d. I will not terminate participation Unit Linked Insurance Plan details of which are given above.(If applicable)
- e. I will not transfer any House Property referred in part 1 above before the expiry of five years from the end of the financial year in which possession of such house property is obtained by me.(If applicable)
- f. I will not terminate the Term Deposit invested in Scheduled Bank before five years as referred in Part 4 above.(If applicable)
- g. I also undertake to inform the Company in the event of occurrence of any events mentioned in (e) and (f) above within one week of happening of the event and will give complete details of the deductions claimed in any earlier years to facilitate the Company to disallow any deductions claimed by me.
- h. The information provided by me above is true and correct. I also undertake to indemnify the Company from any Loss / Liability that may arise in the event of the above information being incorrect.

Place:

Designation:

Signature(*This is a computer generated form, hence signature is not required*)

Date	: 22-Jan-2018
SAP Personnel ID:	: 40006550
Employee Name:	: Vinay Mahajan
PAN:	: AJUPM3852H