

Form No.12BB

(See Rule 26)

Statement showing particulars of claims by an employee for deduction of tax under section 192 For the Financial Year : 2024 - 2025

1. Name and address of the employee: Anandhakumar Radhakrishnan ()

2. Permanent Account Number of the employee: DMYPA1276B

3. Financial year: 2024 - 2025

Details of claims and evidence thereof			
Sl.No.	Nature of claim	Amount(Rs.)	Evidence/particulars
(1)	(2)	(3)	(4)
1	House Rent Allowance: (i) Rent paid to the landlord (ii) Name of the landlord (iii) Address of the landlord (iv) Permanent Account Number of the landlord Note: Permanent Account Number shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees	0.00	
2	Leave travel concessions or assistance	0.00	
3	Deduction of interest on borrowing: (i) Interest payable/paid to the lender (ii) Name of the lender (iii) Address of the lender (iv) Permanent Account Number of the lender		

	(a) Financial Institutions(if available)		
	(b) Employer(if available)		
	(c) Others		
4	Income from Self Occupied House Property	0.00	
5	Income from Letout House Property	0.00	
6	Deduction under Chapter VI-A		
	(A) Section 80C,80CCC and 80CCD		
	(i) Section 80C		
	1. Statutory Provident Fund	21600.00	
	(ii) Section 80CCC	0.00	
	(iii) Section 80CCD(1)	0.00	
	(B)Other sections (e.g. 80E, 80G, 80TTA, etc.) Under Chapter VI-A.		
	(i) Section 80CCD(1B)	0.00	
	(ii) Section 80CCD(2)	0.00	
	(iii) Section 80CCG	0.00	
	(iv) Section 80DD	0.00	
	(v) Section 80DDB	0.00	
	(vi) Section 80D	0.00	
	(vii) Section 80E	0.00	
	(viii) Section 80EE	0.00	
	(ix) Section 80EEA	0.00	
	(x) Section 80EEB	0.00	
	(xi) Section 80G	0.00	
	(xii) Section 80GG	0.00	

(xiii) Section 80GGA	0.00	
(xiv) Section 80GGC	0.00	
(xv) Section 80QQB	0.00	
(xvi) Section 80RRB	0.00	
(xvii) Section 80TTA	0.00	
(xviii) Section 80TTB	0.00	
(xix) Section 80U	0.00	
(xx) Section 80JJAA	0.00	
(xxi) Section 80CCH	0.00	
(xxii) Section _____		
(xxiii) Section _____		

Verification

I, **Anandhakumar Radhakrishnan**, son/daughter of **Radhakrishnan R** do hereby certify that the information given above is complete and correct.

Place : _____

Date : _____

Designation : Associate

Signature of the employee

Full Name: Anandhakumar Radhakrishnan