|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration for Investment/Expenditure in Name of Spouse/Children**  **AND / OR**  **Declaration for Expenditure for Spouse/Children**  I Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee ID \_\_\_\_\_\_\_\_\_\_\_) declare that, I have made the following investment from my taxable earnings in the name of Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (relationship), and the Income Tax exemption on the same is claimed only by me and not by the person in whose name investment has been made.  **Detail of Investment Financial Year: 2020 - 2021**   |  |  |  | | --- | --- | --- | | **Sl. No.** | **Type of Investment** | **Amount (INR)** | | 1. | Insurance Premium |  | | 2. | Public Provident Fund (PPF) |  | | 3. | Unit Linked Insurance Plan (ULIP) |  | | 4. | Health Insurance Premium |  | | **Total Investment Eligible for Tax Exemption** | |  |   I further declare that I spent money from my taxable earnings on below expenditure for my spouse/children and accordingly claiming the tax exemption on this expenditure. No other person, including my spouse and children, will claim tax exemption on this expenditure.  **Detail of Expenditure Financial Year: 2020 - 2021**   |  |  |  | | --- | --- | --- | | **Sl. No.** | **Type of Investment** | **Amount (INR)** | | 1. | Children’s Tuition Fees |  | | 2. | Repayment of Education Loan |  | | **Total Expenditure Eligible for Tax Exemption** | |  |   I undertake to reimburse the company, any liability arising out of disallowance of tax exemption on account of any of the above investment and/or expenditure by the concerned authorities.  Place: ========================  Date: Signature of the Employee |