

|   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
|---|--------------------------------------|-----------|--------|---------------|--|---------------|--------|--|--------|--|--------|--------|---------|-----|-----------|------|---------------|--|--|--|--|--|
| <b>Accenture India</b><br><b>Tax Proof Tracking Sheet - Exit Cases</b>  |                                      |           |        |               |  | Employee Name |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
|   |                                      |           |        |               |  | Employee ID   |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| <b>Proofs from April / DoJ (whichever later) to DOL only</b>  |                                      |           |        |               |  | DOJ           |        |  |        | DOL  |        |        |         |     |           |      |               |  |  |  |  |  |
|   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| R539 Reimbursements   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| <table border="1"> <tr> <td>Medical</td> <td>LTA</td> <td>Car Maint</td> <td>Fuel</td> <td>Driver Salary</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                                      |           |        |               |  |               |        |  |        |  |        |        | Medical | LTA | Car Maint | Fuel | Driver Salary |  |  |  |  |  |
| Medical   | LTA                                  | Car Maint | Fuel   | Driver Salary |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
|   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| Rent Receipts   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| Month   | Apr-21                               | May-21    | Jun-21 | Jul-21        | Aug-21   | Sep-21        | Oct-21 | Nov-21   | Dec-21 | Jan-22   | Feb-22 | Mar-22 |         |     |           |      |               |  |  |  |  |  |
| Location  |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| Rent  |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| Previous Employer's details (if joined after 1st April, 2021)   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
|   | Gross Salary after u/s 10 deductions |           |        |               | PF deducted from Apr 2021 till date of leaving |               |        | Prof Tax deducted from Apr 2021 till date of leaving |        | Income Tax deducted from Apr 2021 till date of leaving |        |        |         |     |           |      |               |  |  |  |  |  |
|   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |
| Remarks   |                                      |           |        |               |  |               |        |  |        |  |        |        |         |     |           |      |               |  |  |  |  |  |

- Form 12BB is mandatory for claiming tax benefits as per income tax notification No. 30/2016 effective from 1<sup>st</sup> June 2016.

**FORM NO. 12BB****(See rule 26C)****Statement showing particulars of claims by an employee for deduction of tax under Section 192**

|   |             |
|---|-------------|
| 1. Name and address of the employee:              |             |
| 2. Permanent Account Number(PAN) of the employee: |             |
| 3. Financial year:                                | 2021 - 2022 |

**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 Rs.100000 per annum or Rs.8333 per month. |              |                        |
| 2.     | Leave travel concessions or assistance  |              |                        |

|    |   |  |  |
|----|---|--|--|
| 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. | Deduction under Chapter VI-A   |  |  |
|    | (A) Section 80C, 80CCC and 80CCD   |  |  |
|    | (i) Section 80C  |  |  |
|    | (a) Life Insurance Premium   |  |  |
|    | (b) Public Provident Fund (PPF)  |  |  |
|    | (c) National Savings Certificate (NSC)   |  |  |
|    | (d) Fixed Deposit (FD)   |  |  |
|    | (e) Tuition Fees (TF)  |  |  |
|    | (f) Equity Linked Savings Scheme (ELSS) / Mutual Fund                            |  |  |
|    | (g) Unit Linked Insurance Plans (ULIP)   |  |  |
|    | (h) Annuity Plan   |  |  |
|    | (i) Housing Loan Principal Repayment   |  |  |
|    | (j) Sukanya Samiriddhi Account   |  |  |
|    | (ii) Section 80CCC Pension Fund  |  |  |
|    | (iii) Section 80CCD National Pension Scheme                                      |  |  |
|    |  |  |  |
|    | (B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A               |  |  |
|    | (i) section 80EE Additional Deduction on Home Loan interest for first time buyer |  |  |

|  |   |                             |  |
|--|---|-----------------------------|--|
|  | (ii) section 80D Medical Claim                        |                             |  |
|  | (iii) section 80DD Handicapped Dependents             |                             |  |
|  | (iv) section 80DDB Medical Expenses, Chronic Diseases |                             |  |
|  | (v) section 80E Education loan repayment              |                             |  |
|  | (vi) section 80U Permanent Physical disability        |                             |  |
| Verification   |   |                             |  |
| I,.....son/daughter of.....do hereby certify that the information given above is complete and correct. |   |                             |  |
|  | Place.....  |                             |  |
|  | Date.....   | (Signature of the employee) |  |
|  | Designation .....                                     | Full Name:...               |  |