

Form No. 1ee6

Name of the Employer		Name and deewqesignation of the Employee
ORANE CONSULTING PRIVATE LIMITED		Mohit Sahu Developer - Java
PAN / GIR No. AABCO2224J	TAN DELO03744G	PAN / GIR No. KXZPS4645K

Tax Regime Chosen : New Tax Regime

Suggested Tax Regime : New Tax Regime

PART B (Annexure)

DETAILS OF SALARY PAID AND ANY OTHER INCOME AND TAX DEDUCTED

1. Gross Salary			
a) Salary as per provisions containewwd in sec.17(1)	185350		
b) Value of perquisites u/s. 17(2) (as per Form No.12BA, wherever applicable)	0		
c) Profits in lieu of salary u/s 17(3)(as per Form No.12BA, wherever applicable)	0		
d) Total		185350	
e) Reported total amount of salary received from other	0		
2. Less: Allowance to the extent exempt u/s. 10 :			
b) Death-cum-retirement gratuity under section 10(10)	0		
d) Cash equivalent of leave salary encashment under section 10(10AA)	0		
3. Total amount of salary received from current employer [1(d)-2(h)]			185350
4. Less: Deductions under section 16			
a) Standard Deduction under section 16(ia)	50000		
b) Entertainment Allowance under section 16(ii)	0		
c) Tax on Employment under section	0		
5. Total amount of deductions under section 16 [4(a)+4(b)+4(c)]		50000	
6. Income chargeable under the head "Salaries" [(3+1(e)-5]			135350
7. Add: Any other income reported by the employee under as per section 192 (2B)			
8. Total amount of other income reported by the employee [7(a)+7(b)]			0
9. Gross total income			135350
10. Deductions under Chapter VIA			
(A) Sections 80C,80CCC and 80CCD	Gross Amount		Deductible Amount
(B) Other sections (for e.g.,80E,80G etc.) under chapter VIA	Gross Amount	Qualifying Amount	Deductible Amount
11.Aggregate of deductible amount under Chapter VI-A 0 [10(a) +10(b)+10(c)+10(d)+10(e)+10(f)+10(g)+10(h)+10(i)+10(j)+10(l)]			0
12. Total Income (8-11)			135350
13. Tax on total income			0
14. Rebate under section 87A, if applicable			0
15. Surcharge wherever applicable			0
16. Health and Education Cess			0
17. Tax payable (13 +15+16-14)			0
18. Less: Relief under section 89 (attach details)		0	
19. Tax payable (17-18)			0

VERIFICATION

I son/daughter of working in the capacity of (designation) do hereby certify the information given above is true, complete and correct and is based on the books of account, documents, TDS statements, and other available records..

Place :

Signature of the person responsible for deduction of tax

Date : 24/01/2024

Full Name :