

Manage Assessment Form

S.N	FINANCIAL YEAR	SHEET NO.	FIELD NAME	FIELD DESCRIPTION	ACTION
1.	2018-19	SHEET1	HOUSE_PROPERTY_INCOME	Income from House property (as per computation of income attached including interest on HBL subject to a limit of Rs. 2 lakhs)	
2.	2018-19	SHEET1	ANY_OTHER_INCOME_A	Any other income reported by the employee (Please mention sources of Income) (a)	
3.	2018-19	SHEET1	ANY_OTHER_INCOME_B	Any other income reported by the employee (Please mention sources of Income) (a)	
4.	2018-19	SHEET1	PPF	PPF	
5.	2018-19	SHEET1	PEN_FUND	PEN FUND	
6.	2018-19	SHEET1	GIS	GIS Rs.	
7.	2018-19	SHEET1	LIC	LIC	
8.	2018-19	SHEET1	PLI	PLI	
9.	2018-19	SHEET1	NEW_NSC	New NSCs	
10.	2018-19	SHEET1	HBL	HBL Rs.	
11.	2018-19	SHEET1	ELSS	ELSS	
12.	2017-18	SHEET1	MED_INS_DED_80D	Deduction for medical insurance premia U/S 80 D (max. Rs.15000) Deduction for medical insurance premia U/S 80 D (max. Rs.15000) Attach proof of payment	
13.	2018-19	SHEET1	PH_REBATE_80DD	Physically Handicapped rebate u/s 80 DD	
14.	2018-19	SHEET1	OTHER_DEDUCTIONS_A	Other deductions if any, Please specify. (a)	
15.	2018-19	SHEET1	OTHER_DEDUCTIONS_B	Other deductions if any, Please specify. (b)	
16.	2018-19	SHEET2	BONUS	BONUS	
17.	2018-19	SHEET2	VALUE_OF_PREQUIESTES	Value of perquisites (rent free house)	
18.	2018-19	SHEET2	PER_OF_PREQUIESTS	10% cost of perquisites	
19.	2018-19	SHEET2	OTHER_INCOME_RECEIPTS	Other income / receipts	