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

SRINIVASA RAO TUMMALA FNo:202,PNo:406,SVS Sais AbodeRoad No 8B,Gopal NagarHyder Nagar,KukatpallyHyderabadTelangana

2.Permanent Account Number of the employee ACPPT6994B 3.Financial year 2020-21

| 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 t previous year exceeds one lakh rupees | he | |
| 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 | | |
| 4. | (iv) Permanent Account Number of the lender | | |
| | (a) Financial Institutions(if available) | | |
| | (b) Employer(if available) | | |
| | (c) Others | | |
| | Deduction under Chapter VI-A | | |
| | (A) Section 80C,80CCC and 80CCD | | |
| | (i) Section 80C | | |
| | Repayment of Housing loan(Principal amount) | 150,000.00 | |
| | Sukanya Samriddhi Yojana | 60,000.00 | |
| | (ii) Section 80CCC | | |
| | (iii) Section 80CCD | | |
| | Contribution to NPS 2015 | 50,000.00 | |
| | (B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A. | | |
| | 80D - Preventive Health Checkup - Dependant Parents | 5,000.00 | |
| | 80D - Medical Insurance Premium | 16,000.00 | |
| 5. | Deduction under Section 24 | | |
| | Interest on Housing Loan (Self Occupied) | 175,000.00 | |
| | Verification | | |
| | I, SRINIVASA RAO TUMMALA son/daughter of Tummala Subba Rao do hereby certify that the information given above is complete and correct. | | |
| | Place: | | |
| | Date: 28-Apr-2020 | (Signature | e of the employee) |
| | Designation: IT Consultant F | Full Name: SRINIVASA RAO TUMMALA | |