

DYAL SINGH COLLEGE
FORM FOR COMPUTATION OF TAXABLE INCOME OF SALARIES FOR THE FINANCIAL
YEAR _____ ASSESSMENT YEAR _____

[To be submitted by _____]

PARTICULARS TO BE SUPPLIED BY THE EMPLOYEES

Employee Salary Code No _____ PAN No. _____

ADHAAR No. _____ Mobile No. _____

- 1 Name of the Employee _____
- 2 Designation _____ Department _____
- 3 Residential Add. _____
- 4 Nature of Appointment (Permanent/Temp/Adhoc/Retiree) _____
- 5 Particulars of ANY OTHER INCOME of the Employee which He/She desires to be included in taxable income for TDS.
 - a) _____ Rs. _____
 - b) _____ Rs. _____
 - c) _____ Rs. _____

ADMISSABLE DEDUCTIONS/EXEMPTIONS

- I. Details of INTEREST on house building loan u/s 24**
- a) Address of the Property _____
 - b) Name (s) of the Joint owner (s) & their respective share (if any) _____
 - c) State whether self-occupied or Rented _____
 - d) State whether Construction is completed or under Construction/possession _____
 - e) Give details of deduction claimed u/s 24 by the Co-owner (if any) _____
 - f) Amount of deduction claimed _____
(Attach details/certificate duly self-attested for verification & ownership, possession share)
 - g) Name of the lender/Financial Institution _____
 - h) Address of the lender _____
 - i) PAN No. of the lender _____

C) ULIP

Contribution of ULIP/Mutual Fund

| Date of Deposit | Policy/Receipt Number | Amount Paid (Rs.) |
|-----------------|-----------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

D) Principal Amount of House Building Advance paid

E) Investment in Infrastructure Bonds

| Date of investment | Institutions | Types of Securities | Amount (Rs.) |
|--------------------|--------------|---------------------|--------------|
| | | | |
| | | | |
| | | | |

F) Any Other item (Specify details)

List of Enclosures:

- I _____
- II _____
- III _____
- IV _____

I hereby declare that the information furnished above is correct to the best of my knowledge and belief.

Note: Self-Attested photocopy of all relevant documents to be attached.

Date:

Signature of Employee