

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 _____

II. U/S 10(13A) and rule 2A

House Rent actually paying and since when

- i) Rent paid to the landlord, Rs. _____
- ii) Name of the landlord _____
- iii) Address of the landlord _____
- iv) PAN No. of the landlord _____

Note: Permanent Account Number shall be furnished if the aggregate rent exceeds rupees one lakh during the year.

III. AMOUNT QUALIFYING FOR TAX REBATE U/S 80C

A) LIC Premium

Individual deposits

DECLARATION OF LIC PREMIUM

Certified that my (individual) Policy/ies is/are in force for the full sum Assured and the next premium will fall on the dates mentioned against each as under:

Name of the Policy Holder	Policy Number	Sum Assured	Mode of Payment	Date of Payment	Amount of Premium Paid	Due date Next Premium

B) Public Provident Fund Account No. _____

Date of Deposit	Amount of Deposit (Rs.)

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