01-13/2016-PB

Government of India/भारत सरकार

Ministry of Communications /संचार मंत्रालय

Department of Telecommunications/दुरसंचार विभाग

Sanchar Bhawan, 20, Ashoka Road, New Delhi-1/संचार भवन 20, अशोका रोड, नईदिल्ली-1

Dated: the 19th August, 2019

Circular

Sub: Submission of salary and Saving details for Income Tax calculation for the year Financial Year (F.Y.) 2019-20- reg.

All the Officers/Officials of DoT, are requested to submit the details regarding savings for income tax purpose for the F.Y. 2019-20 to the Pay Bill Section in the enclosed format on or before 16th September, 2019 positively, failing which the income tax will be deducted as per the standard rates. It is also mandatory to enclose the copy of the relevant document(s)/ paper(s)/ regarding savings with the enclosed format.

2. The Performa is also available at website dot.gov.in under the heading DOWNLOAD FORMS and also in e-office.

Encl: As above.

Section Officer (Pay Bill)
Ph. No.-01123036418

To

- 1. All Officers/Officials of DoT (HQ).
- 2. ADG (IT-II), DoT (HQ), with request to upload the Performa for the F.Y. 2019-20 on the website of DoT under the DOWNLOAD FORMS and remove the old Performa which is already available at website under the Heading Download Forms.

(See rule 26C)

Statement showing particulars of claims by an employee for deduction of tax under section 192

| 1. Nam | e of the employee: | | | | | |
|--|--|--------------------|-------------|--|--|--|
| 2. Emp | loyee Code of the Employee: | | | | | |
| 3. Designation of the employee: | | | | | | |
| 4. Permanent Account Number of the | | | | | | |
| employ | ee: | | | | | |
| 5. Finar | ncial year: | 2019-20 | | | | |
| 6. Gros | 6. Gross Salary for the above financial year: | | | | | |
| | | | | | | |
| | Details of claims and evidence thereof | | | | | |
| S1 | Nature of | Amount | Evidence / | | | |
| No. | claim | (Rs.) | 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 t | | | | | |
| | Note: Permanent Account Number shif the aggregate rent paid during the y lakh rupees | | | | | |
| Note 2: Further, those who are seeking HRA exemption, it is also mandatory to submit the Rent Receipt for all the months for which one is claiming exemption (revenue stamp affixed on receipt) or copy of Rent Agreement. | | | | | | |
| 2 | Loss for house Property (Proof to be attached) | | | | | |
| | (a) Bank Name (if applicable) | | | | | |
| | (b) PAN of the lender (Bank or Finar | ncial Institution) | | | | |
| | (c) Others | | | | | |
| | | | | | | |
| 3 | Income from other sources | | | | | |
| | (a) Sources 1 | | | | | |
| | (b) Source 2 | | | | | |
| | (c) | | | | | |
| | | | | | | |
| 4 | Deduction under Chapter VI-A | | | | | |
| | (A) Section 80C,80CCC and 80CCD (Max Rs.1,50,000) | | | | | |
| | (i) Section 80C (Relevant proofs to be attached) | | | | | |
| | (a) GPF | | | | | |
| | (b) PPF | | | | | |

| | (c) | CGEGIS | | | | | |
|--|---|-------------------------------------|------------|--|--|--|--|
| | (d) | PLI/LIC | | | | | |
| | | | | | | | |
| | ` ′ | Tuition Fees(Limited to 2 children) | | | | | |
| | (f) | HBA Installment (Principal) | | | | | |
| | (g) | | | | | | |
| | (h) | •••••• | | | | | |
| | (ii) Sect | (ii) Section 80CCC | | | | | |
| | (iii) Section 80CCD | | | | | | |
| | (iv) Section 80CCD (1B) (Proof to be attached) | | | | | | |
| | (B) Other sections (e.g. 80E, 80G, 80TTA, etc.) | | | | | | |
| | under Chapter VI-A. (With relevant proofs | | | | | | |
| | attached) | | | | | | |
| | | (i) section 80D (CGHS) | | | | | |
| | | (ii) section | | | | | |
| | | (iii) section | | | | | |
| | | (iv) section | | | | | |
| | | (v) section | | | | | |
| | | Verification | | | | | |
| I, | | | | | | | |
| the tax exemption of only above mentioned sections of the IT act and if the relevant documents | | | | | | | |
| are not furnished by me then the TAX may be deducted as per the standard rates. | | | | | | | |
| Place: | | | | | | | |
| Signatu | re of the em | | | | | | |
| | | | | | | | |
| Mobile | No | (signature) | | | | | |
| | | | Full Name: | | | | |
| Date | | | | | | | |
| <i></i> | | | | | | | |

All the necessary proofs are submitted by the officers/officials.

Dealing Assistant (Verified by AAO)