

**SACRED HEART COLLEGE (ATUONOMOUS), TIRUPATTUR, VELLORE DT – 635 601**  
**Income Tax on Salaries and Other Income From 1<sup>st</sup> April 2019 to March 2020**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ P.A.No. \_\_\_\_\_

1. Total Salary		_____
2. Less : Allowances under Section 10(13A)		_____
(a) Actual amount of rent paid		_____
(b) 10 % of (Basic Pay +DA)		_____
(c) a – b		_____
(d) 40% of (Basic Pay +DA)		_____
(e) Actual amount of HRA received		_____
Note : (Actual amount of HRA or rent in excess of 1/10 salary or 40% of salary which ever is the least)(-)		
3. Basic Salary (1-2)		_____
4. Deductions : Standard Deduction		_____
5. Income Chargeable under salary ( 3 – 4 )		_____
6. Add : Income from any other source:		
(a) Shift-II Remuneration		_____
(b) Exam Remuneration		_____
(c)		_____
7 Aggregate of 6 (a to c)		_____
8. LESS : Interest payable on housing loan ( Loan taken after 01-04-1999)		_____
9. Gross Total: (5 + 7-8)		_____
10. Deduction under Chapter VIA		
	Gross Amt. Rs.	Qualifying Amt. Rs
	Deductible Amt.Rs.	
U/S 80C (Total of _____ form III Maximum Rs.150000)		
a) ACPF/CPS	_____	_____
b) Group Insurance	_____	_____
c) SPF	_____	_____
d) Housing Loan	_____	_____
e) Tuition Fees	_____	_____
f) LIC	_____	_____
11. Aggregate of deductible Amount (a+b+c+d+e+f)		(-) _____
12. Deduction u/s 80D Health Insurance Scheme		(-) _____
13. Total Income (Round off to Rs. 10)		_____
14. TAX ON TOTAL INCOME (Round off to Re. 1/-)		_____
15. Add : Educational cess @ 4%		_____
16. Total Tax (14+15)		_____
17. Tax deducted and remitted		_____
18. Balance (16-17) (to be deducted in Jan.2020 Rs.....Feb.2020 Rs.....)		_____

**CERTIFICATE**

1. Certified that the particulars furnished above are correct.
2. Certified that I am occupying rented house at (give address) \_\_\_\_\_  
\_\_\_\_\_ and I am paying a monthly rent of Rs. \_\_\_\_\_
3. Certified that I am paying a sum of Rs. \_\_\_\_\_ towards life Insurance Premia and the Policy/ Policies/ is/ are kept alive.

Dated : \_\_\_\_\_

Name : \_\_\_\_\_ Designation: \_\_\_\_\_ Signature of the Assessee

**FORM - III**

**2019-2020**

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<b>1) N.S.Cs. (New)</b>		
<b>No.</b>	<b>Date</b>	<b>Amount</b>
<b>TOTAL</b>		

**2) N.S.Cs. (Old Certificates) VIII Issue**

The year for which Interest accrued	01-03-2001 to 28-02-2002	01-03-2002 to 28-02-2003	01-03-2003 to 30-11-2011	01-12-2011 to 31-03-2012	01-04-2012 to 31-03-2013	01-04-2013 onwards	Interest rate Rs. 1000 Per Year
<b>I Year</b>	<b>97.20</b>	<b>92.00</b>	<b>81.60</b>	<b>85.80</b>	<b>87.80</b>	<b>86.80</b>	
<b>II Year</b>	<b>106.70</b>	<b>100.50</b>	<b>88.30</b>	<b>93.10</b>	<b>95.60</b>	<b>94.30</b>	
<b>III Year</b>	<b>117.10</b>	<b>109.70</b>	<b>95.50</b>	<b>101.10</b>	<b>104.00</b>	<b>102.50</b>	
<b>IV Year</b>	<b>128.50</b>	<b>119.80</b>	<b>103.30</b>	<b>109.80</b>	<b>113.10</b>	<b>111.40</b>	
<b>V Year</b>	<b>141.00</b>	<b>130.90</b>	<b>111.70</b>	<b>119.20</b>	<b>123.00</b>	<b>121.10</b>	
<b>VI Year</b>	<b>154.70</b>	<b>142.90</b>	<b>120.80</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	
<b>Total interest for Section 80C</b>							

**3) L.I.P. (Paid by individuals)**

Policy Number	Premium	Amount
<b>Total</b>		

**4) Postal Insurance**

Policy Number	Premium	Amount
<b>Total</b>		

**\* Furnish only the year-wise total amount of all the certificates purchased. Certificate number not necessary**

**FORM - III**  
**2019-2020**

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<b>5) Public Provident Fund</b>		
No.	Date	Amount
<b>Total</b>		
<b>6) Housing Loan (Capital repayment only)</b>		
No.	Date	Amount
<b>Total</b>		
<b>7) ULIP</b>		
No.	Date	Amount
<b>Total</b>		
<b>8) Post office CTD</b>		
10/15 Years	No.	Amount
<b>Total</b>		
<b>9) Any other items</b>		
<b>Total</b>		
<b>Total of 1 to 9 as per Form III (for Section 80C)</b>		
<b>Total Savings as per Form II</b>		
<b>Grand Total</b>		

Certified that all the above entries are correct. (all the entries should be supported by documents).

Signature

Date:

Name : \_\_\_\_\_

**FORM – 12C**  
**(See Rule 26B)**

**(Form for sending particulars of income under Section 192(2B))**

1. Name and address of the employee :
2. Permanent Account Number :
3. Residential Status :
4. Particulars of income under the head of Income :  
other than “Salaries” (Not being a loss under any  
such head other than the loss under the head  
“Income from House Property”) received in the  
financial year.
- i) Income from house property (In case :  
of loss, enclose computation thereof)
  - ii) Profits and gains of business or :  
profession.
  - iii) Capital Gains :
  - iv) Income from other Sources  
(a) Dividends :  
(b) Interest (including NSC) :  
(c) Other incomes (Specify) :
- TOTAL** :
- :
- :
- : \_\_\_\_\_
- :
- : \_\_\_\_\_
5. Aggregate of sub-items (i) to (vi) of item 4 :
6. Tax deducted at source (Enclose Certificate(s) :  
issued under Section 203)

Place :

Dated :

Signature of the Employee

**VERIFICATION**

I, \_\_\_\_\_ do hereby declare  
that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 2020 .

Place :

Dated :

Signature of the Employee

**Extract from Form 3**

**Income From House Property**

1. Address (es) of the Property (ies) \_\_\_\_\_  
\_\_\_\_\_

2. Self-occupied : Yes / No

3. Annual lettable value / Annual  
rent received or receivable  
(Whichever is higher) : Rs.

4. Less : Deduction claimed U/S 23

a) : Rs. \_\_\_\_\_

b) : Rs. \_\_\_\_\_

c) : Rs. \_\_\_\_\_

5. Total of 4 Rs . \_\_\_\_\_

6. Balance (3-5) Rs. \_\_\_\_\_

7. Less : Deduction claimed U/S 24

a) Repairs : Rs. \_\_\_\_\_

b) Interest on Loan : Rs. \_\_\_\_\_

c) : Rs. \_\_\_\_\_

d) : Rs. \_\_\_\_\_

8. Total of deductions of 7 Rs . \_\_\_\_\_

9. Income Chargeable under the  
Head " Income From House Property" (6-8) Rs . \_\_\_\_\_

Signature of the Employee

**FORM –II**  
**STATEMENT SHOWING PAY AND ALLOWANCE AND OTHER INCOME RECEIVED DURING THE YEAR 2019-2020**

INCOME						DEDUCTION							
Month	Pay	DA	HRA	MA	Total	CPS	CPS Arr.	GI	SPFG	HF	IT	IT CESS	P.Tax
1	2	3	4	5	6	7	8	9	10	11	12	13	14
March	2019												
April	2019												
May	2019												
June	2019												
July	2019												
August	2019												
September	2019												
October	2019												
November	2019												
December	2019												
January	2020												
February	2020												
EL Arrear													
DA Arrear 1													
DA Arrear 2													
Arrears													
<b>TOTAL</b>													
					<b>TOTAL (2 to 5)</b>		<b>Grand Total (7 to 10)</b>						

**Dated :**

**Name :** \_\_\_\_\_

**Signature of the Assessee** \_\_\_\_\_

**FORM –II**  
**STATEMENT SHOWING PAY AND ALLOWANCE AND OTHER INCOME RECEIVED DURING THE YEAR 2019-2020**

INCOME							DEDUCTION					
Month	Pay	DA	HRA	MA	Total	ACPF	GI	SPFG	HF	IT	IT CESS	P.Tax
1	2	3	4	5	6	7	8	9	10	11	12	13
March 2019												
April 2019												
May 2019												
June 2019												
July 2019												
August 2019												
September 2019												
October 2019												
November 2019												
December 2019												
January 2020												
February 2020												
Arrears												
EL Arrear												
DA Arrear 1												
DA Arrear 2												
UGC Arrear												
<b>TOTAL</b>												
						<b>TOTAL (2 to 5)</b>		<b>Grand Total (7 to 9)</b>				

**Dated :**

**Name :** \_\_\_\_\_

**Signature of the Assessee** \_\_\_\_\_