**Hamdard Institute of Medical Sciences & Research & its Associated HAHC Hospital New Delhi-110062**

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

\_\_

**Emp. ID………….**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee:........................................................................

Designation:.............................................

Department: …….....................................

PAN NO:........................................... ….

DOB...........................

Gender. : Male/Female...........

Sr. Citizen: (Yes) (NO)

Handicapped: (Yes) (NO)

Following are the tax saving instruments (other than through salary) during the **FY 2019-20 (ending March 31st 2020).** Kindly calculate tax on the basis of the following information:

1. **Detail required for claiming HRA Exemption**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section | Landlord Name & , Address | \*PAN of Landlord | Accommodation Address | \*\*Rent Payable (per month) | Rent w.e.f |
| U/s 10(13A)  U/s 80GG (attached form 10BA) | |  | | --- | |  | | (copy to attach) |  |  |  |

***\*As per current Income Tax Act. Copy of PAN of Landlords is mandatory for Rent payment exceeding Rs. 1 lac, \*\*Rent Receipts/Rent agreement is required***

1. ***Deduction u/s 80C of IT:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *SNo.* | *Particulars of saving* | *Max.Limit* | *Annual Amount (Rs)* | *Remark* |
| *1* |  | ***150000.00*** |  | *Regular / Proposed* |
| *2* |  |  | *Regular / Proposed* |
| *3* |  |  | *Regular / Proposed* |
| *4* |  |  | *Regular / Proposed* |
| *5* |  |  | *Regular / Proposed* |
| *6* |  |  | *Regular / Proposed* |

1. ***Deduction Under Chapter VI-A***

|  |  |  |
| --- | --- | --- |
| *Section* | *Particulars* | *Annual Amount (Rs)* |
| *U/s 80D* | *Mediclaim policy Premium* |  |
| *U/s 80DD* | *Expenses incurred for Medical treatment of dependent with specified disability* ***(Attached Form No 10(A))*** |  |
| *U/s 80DDB\** | *Expenses incurred for Medical treatment of specified Diseases, self-spouse, dependent*  *(\*see list of disease applicable)* |  |
| *U/s 80U* | *Expenses incurred for self-medical treatment of handicapped employees* ***(Attached Form No 10(A))*** |  |
| *U/s 80E* | *Repayment of Interest on Higher Education Loan* |  |
| *…………….* | *OTHER……………………….* |  |

1. ***Deduction u/s 24: Repayment of interest on Housing Loan (also filled attached annexure)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Section* | *Particular* | ***Max. Limit*** | *Annual amount* |  |
| *U/s (24 (b)* | *Interest on Housing loan* |  |  | *-House should be in possession*  *-Exemption can only be claimed in respect of one house, in -case of joint ownership of house, only proportionate deduction of interest will be allowed*  *-In case of employee is taking the benefit of HRA exemption, reason for not staying in self-owned accommodation* |
| *I****ncome from House Property :***  *If yes, then Form 12C detailing other income is attached* | | ***Fill Form 12C*** |  | *For 12 C along with the calculation of loss on house property need to be attached for considering loss in house property.* |

|  |
| --- |
| **Declaration for availing tax concession/rebate for expenditure on purchase of house/Home loan** |

***(See Rule 24(b) of IT ACT 1961)***

Name of the Brower/co-Brower......................................................................................................................

Location/Address of Flat ...............................................................................................................................

Loan Amount sanctioned Rs. ........................................ EMI .Rs................................................................

Name of the Bank/Housing Finance Co…………………………………………… PAN………………………..

Interest paid u/s 24(b) of IT For the FY April 20.. to 31 March ....Rs......................................................

Principal paid u/s 80C of IT For the FY April 20.. to 31 March .... Rs......................................................

Proportionate deduction (in case of joint loan)…………………………………………………………

Period of Pre-construction (dt of start of construction and dt of completion)........................................................................

Date /FY for the got possession of the flat..................................................................................................

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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………………………………………. | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Place : |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Date : |  |  |  |  | **Signature of the employee** | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form No. 12-C** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **Form for sending particulars of Income under section 192(2B) for the year ending ……………….**   1. Name and address of the employee………………………………………………………………………………. 2. Permanent Account No……………………………………………………………………………………………... 3. Residential status……………………………………………………………………………………………………. 4. Particulars of income under any 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 5. Income from House property  |  |  |  | | --- | --- | --- | | Detail of house property/properties owned by self /spouse | Flat/House-1  (Self / Spouse) | Flat/House-2  (Self / Spouse) | | Address |  |  | | Area (Sqft) |  |  | | Area Circle rate ( Rent) per Sqft |  |  | | Actual Rent Received |  |  |  |  | | --- | |  |   ii) In case of loss from House property | | | | | | | | |
|  |  |  | | | |  |  |  |
|  | iii) | Profits and gains of business or profession | | | |  |  |  |
|  | iv) | Capital gains |  |  |  |  |  |  |
|  | v) | Income from other sources | |  | **Rs.** |  |  |  |
|  | a) | Dividends |  |  |  |  |  |  |
|  | b) | Interest |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | c) | Other Incomes | |  |  |  |  |  |
|  |  | (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **5** | Aggregate of sub-items | |  |  | TOTAL |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **6** | Tax deducted at source (enclose certificates issued under sec-203) | | | | |  |  |  |
|  |  |  |  |  |  | - |  |  |
|  |  |  |  |  |  |  |  |  |
| **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………………………………………. | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Place : |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Date : |  |  |  |  | **Signature of the employee** | | |