**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** |