KERALA UNIVERSITY OF HEALTH SCIENCES

INCOME TAX STATEMENT FINANCIAL YEAR 2019-2020 (AY 2020-21)

Name											
Designation	n :										
			PAN.No								
A. Gross in	ncome from s	alaries & Ar	rears:								
Month	Pay	AGP	DA	HRA	Other			Total			
Mar-19											,
Apr-19											,
May-19											
Jun-19											
Jul-19											
Aug-19											
Sep-19											,
Oct-19											
Nov-19											
Dec-19											
Jan-20											
Feb-20											
Festival Allow	ance	•	•	•							
Pay Revision a	nrrear										
DA Arrear											•
E.L Surrender											
	y & Arrears)										
	oyer's contril	oution									
Other inco	me										
Total Incom	me (A)										
B.DEDUC	TIONS										
i	Less stand	dard deduction	on (Maximun	50000)	Rs.	500	00				
ii	Profession	Professional Tax (2500)									
iii	Employer's	Employer's Contribution to NPS (Maximum 10% of salary)									
iv	Housing 1	Housing loan interest Maximum 200000									
v	Medical I	Medical Insurance (For Cheque Payments Only)			Rs.						
vi		CM's Flood Relief Fund (80G)									
vii	HRA (only in Eligible cases)										
Total Deductions:					Rs.						
C. Total Income: (A-B)					Rs.						

D.SAVIN	IGS ELIGIBLE FOR TAX BENEFIT	
1	General Provident fund	Rs.
2	L.I.CPremium	Rs.
3	Group Insurance	Rs.
4	SLI	Rs.
5	Housing loan Principle (Provide Proof)	Rs.
6	Postal Life Insurance	Rs.
7	Tuition Fees	Rs.
8	NPS-80CCD(1) (Maximum 10% of salary)	Rs.
9	Others (Provide Proof)	Rs.
10		Rs.
Total of Deu	uction u/s 80 C	Rs.
	RMISSIBLE DEDUCTIONS (up to Rs. 150000)	Rs.
Deduction u	s/s 80 Excl 80C, 80TTA and 80TTB) ((Provide Proof))	Rs.
Additi	onal Deduction for NPS-80CCD (1B) unused portion u/s 80CCD(1) maximum 50000	Rs.
D.Total		Rs.
Taxable ii	ncome (C-D)	Rs.
TAX CAI	CULATION	
	Rs. 1-250000	Rs. NIL
	Rs. 250000-500000 ()@5%	Rs.
	Rs. 500000-1000000()@20%	Rs.
	Above Rs. 1000000 ()@30%	Rs.
Е	Total Tax on income	Rs.
F	Tax rebate (Relief for income upto 5 lakh u/s 87A, Rs.12500)	Rs.
G	Tax Payable (E-F)	Rs.
Н	Educational cess@4%	Rs.
I	Total Tax Payable (G+H)	Rs.

Place :	Signature:
Date :	Name:

Office Seal