


No.Y/P.483/Genl/Bills/MYS/I-Tax

To:

DECLARATION FOR DEDUCTION OF INCOME TAX FROM SALARY FOR THE FINANCIAL YEAR 2020-2021.

Please return the enclosed form (Annexure-I) duly filled in, so as to reach this office on or before **30.09.2020** certain for calculation and recovery of Income Tax. Any submission after the last date will be not considered. The particulars in Annexure-I are necessary for the correct calculation and recovery of Income Tax.


For Sr.DPO/MYSURU

1.	Name of the Employee	:	
2.	Designation and Station	:	
3.	P.F.Number(11 digit No)	:	
4.	Bill Unit No:	:	
5.	PAN No.(copy to be enclosed)	:	
6.	Aadhar No. (copy to be enclosed)	:	
7.	Mobile No (for enabling messages related to salary matters through IPAS)	:	
8.	Total Insurance premium payable during the year ending 31.03.2021, if recovery is not through salary deduction. (details to be furnished in Annexure-I).	:	
9.	Interest received (i) FD/RD (ii) SB/A/C	:	
10.	Interest paid on HBA (bank statement to be enclosed)	:	
11.	Whether living in a rented house, if Yes, amount of rent paid per month (rent receipt to be produced if rent is above 8,300 per month)	:	
12.	Residential address	:	
13.	Amount remitted towards health Insurance, if any under section 80DDB. Certificate to be submitted in prescribed format.	:	
15.	Physically Handicapped certificate, if any, for claiming of rebate under 80DD	:	
16.	Contribution made and eligible for rebate under 80G with proof	:	
17.	Gain from house property if any, other income if any (please give details)	:	
18.	If any other income(please give details)	:	

Signature of the employee

Date:

(To download, visit <https://swr.indianrailways.gov.in>-about us-Divisions-Mysore-Personnel Branch-Forms to download)

ANNEXURE-1

STATEMENT SHOWING THE PARTICULARS OF LIC/PLI/UTI & N.S.C.AMOUNT TO BE PAID DURING THE YEAR 2020-2021.

(OTHER THAN SALARY RECOVERY DETAILS ONLY TO BE SHOWN) - ZEROX COPY TO BE ATTACHED

Name of the Employee:

PF No.:

SL No.	Policy No.	Insured on whose life (other than salary recovery)	Company with insured	Total amount of premium payable during 2020-21	Date of Maturity	Remarks

Date:

Signature of the Employee