

FORM NO. 12BB

(See rule 26C)

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

1 Name and address of the employee :

2 Permanent account number :

3 Financial year : 2020 - 21

| Details of claims and evidence thereof | | | |
|--|--|--------------|-----------------------|
| Sl.No. | Nature of claim | Amount (Rs.) | Evidence /Particulars |
| (1) | (2) | (3) | (4) |
| 1. | House Rent Allowance: (i) Rent Paid to the Landlord: (ii) Name of the landlord: (iii) Address of the landlord: (iv) PAN of the landlord: Note: Permanent Account Number shall be furnished if the aggregate rent paid during the previous year exceeds onlakh rupees | | |
| 2. | Leave travel concessions or assistance | | |
| 3. | Deduction of interest on borrowing (i) Interest payable/paid to the lender (ii) Name of the lender (iii) Address of the lender (iv) PAN of the lender (Financial Institution/Employer/Others)-If available | | |
| 4. | Deduction under Chapter VI-A (A) Section 80C,80CCC and 80CCD (i) Section 80C a) LIC, PLI etc b) Purchase of NSC VIII issue c) Contribution to GPF d) Contribution to SLI, GIS, FBS, GPAIS e) Term deposit with Scheduled Bank f) Tution fees g) Housing Loan Repayment (Principal) h) Contribution to PPF i) Five year Time Deposit in Post Office j) k) l) (ii) 80CCC Contribution to Pension Fund (iii) Contribution to NPS | | |

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|--|---|--|--|
| | <p>(B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A,</p> <p>Housing Loan Interest</p> <p>Mediclaime Policies</p> <p>Medical treatment of dependent</p> <p>Medical treatment of Self</p> <p>Interest paid for Educational Loan</p> <p>Payment to Annuity Plan</p> <p>Donation to various charitable funds</p> <p>Contribution made to political party</p> <p>Deduction for person with disability</p> <p>Subscription to infrastructure Bonds</p> | | |
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Verification

I, , son/daughter of do

hereby certify that the information given above is complete and correct.

Place:

Date:

Signature: