| FORM NO. 12 BB | | | | | | | | | |
|---|---|-------------------------|--------|-----------------------------|-----|-------------|-----------------|---------------------------|--|
| (See rule 26 C) | | | | | | | | | |
| 1 | 1 Name of the Employee | | | | | | | | |
| 2 | Perm | naner | nt Acc | ount Number (PAN) | : | | | | |
| 3 | Finar | ncial | Year | | : | | | | |
| 4 Which Regime Opted (Tick & Strike) : | | | | | | New In | come Tax Regime | e / Old Income Tax Regime | |
| DETAILS OF CLAIM AND EVIDENCE THEREOF | | | | | | | | | |
| S No | | | | | | | | | |
| | | se Re | nt All | owance | | <i>'</i> | | | |
| | (i) | Rent | paid | to the landlord | | | | | |
| | (ii) | Nam | e of t | he landlor | | | | | |
| | (iii) Address of the landlord | | | | | | | | |
| | (iv) | iv) PAN of the landlord | | | | | | | |
| 2 | Leave travel concession or assistance | | | | | | | | |
| 3 | 3 Deduction of interest on borrowing | | | | | | | | |
| | (i) | Inter | est pa | ayable / paid to the lender | | | | | |
| | (ii) | Nam | e of t | he lender | | | | | |
| | (iii) | Addr | ess o | f the lender | | | | | |
| | (iv) | PAN | of the | e lender | | | | | |
| | (a) Financial Institutions (if available) | | | | | | | | |
| | (b) Employer (if available) | | | | | | | | |
| | (C) Others | | | | | | | | |
| 4 | Deduction under Chapter VI-A | | | | | | | | |
| | (A) Section 80C, 80CCC and 80 CCD | | | | | | | | |
| | (i) | | | | | | | | |
| | | (a) GPF / CPF | | | | | | | |
| | | (b) LIC | | | | | | | |
| | | (c) | PLI | | | | | | |
| | | (d) PPF | | | | | | | |
| | | (e) Mutual Fund | | | | | | | |
| | | (f) | | | | | | | |
| | | (g) | | | | | | | |
| | . , | | ion 80 | | | | | | |
| | (iii) | | | CCD - New Pension Scher | | | | | |
| | (B) Other sections (e.g. 80E, 80G, 80TTA etc) | | | | | | | | |
| | under Chapter VI-A | | | | | | | | |
| | | (i) | | Health Insurance | | | | | |
| | | (ii) | | Intt. On Edu Loan | | | | | |
| | | (iii) | 80G | Donation | | | | | |
| | | (iv) | | | | | | | |
| | | (v) | | | 1/- | ification | | | |
| Verification | | | | | | | | | |
| I, Son / daughter of do hereby certify that the information given above is complete and correct. | | | | | | | | | |
| (Signature of the employee) | | | | | | | | employee) | |
| Place : | | | | | | Full Name: | | | |
| Date : | | | | | | Designation | | | |
| | | | | | | | | | |