



Name of the premises/Building

Road/Street/Lane

Area/Locality

Town/City/District

State

Pin Code

5. Has address of Employer/person responsible for paying salary charged since filling the last return? Yes ..... No .....

6. Details of salary paid and tax deducted thereon from the employees



(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	

7. Details of tax deducted and paid to the credit of the Central Government

(a) By or on behalf of Central Government  
Central Government

Sl. No. (1)	Amount deducted (2)	Transfer Voucher No. (3)	Date of Transfer Voucher (4)
Total			

(b) By person responsible for paying other than

S. No. (1)	Amount deducted (2)	Transfer Voucher No (3)	Date Transfer Voucher (4)
Total			

8. I certify that:

- (i) the above return consists of ..... Pages serially numbered from ..... to ..... and furnished the particulars in respect of ..... (given number) employees;
- (ii) the above return contains complete details of total amount chargeable under the head "salaries" paid by ..... to all persons whose income for the head "salaries" exceeded the maximum amount is not taxable under the Finance Act of the year;
- (iii) the amount of tax shown in column 28 has been paid to the credit of the Central Government *Vide* particulars given in item number 6 above.
- (iv) all the particulars furnished in the return and the Annexure are correct:

Place .....

*Name and Signature of the employer/person responsible for paying salary.*

Date .....

*Designation .....*

**Note :**

1. Please give employer classification code according to the following table, namely:

TABLE

Code No.	Description of employer	Code No.	Description of employer
01	Central Government	05	Sate Government company/corporation established by a state or Providential Act
02	State Government	06	Company no falling under Code 04 or 05
03	Local Authority	07	Firm
	Central Government company/corporation established by a Central Act	08	Individual
04		09	Any other

1. Please give occupational code according to the following Table, namely

Code no.	Occupation of employee	Code no.	Occupation of employee	Code no.	Occupation of employee
01	Architects, Engineers, Technologists, Surveyors and Technicians	04	Lawyers	08	Sales Workers
02	Physicians Surgeons	05	Teachers	09	Services Workers
03	Accountant, Auditors and related workers	06	Rest of profession al, technical and related workers*	10	Production and related workers, transport equipment
		07	Administrative, executive, clerical and related workers		

1. Salary includes wages, annuity, pension, gratuity, fees, commission, bonus repayment of amount deposited under the Additional Emolument (Compulsory Deposit) Act, 1974, or profits in lieu of





	Empl oyees Serial number in form No. 24.	Where accom modati on in unfurn ished	Value as if accomm odation is unfurnis hed	Cost of furniture (including TV sets, radio sets, refrigerators, other household appliances and air- conditioning plant or equipment)	Pe rq uis ite va lu e of fur nit ur e 10 % of co lu m n 5)	T o t a l o f C o l u m s 4 a n d 6	Re nt, if an y, pa id by th e em pl oy ee	Value of perqui site (Colu mn 3 minus Colum n 8 or Colum n 7 minus Colum n 8 as may be applic able)	Whe re any conv eyan ce has been provi ded by the empl oyer free or at a conc essio nal rate or where the empl oyee is allow ed the use of one or more moto r-cars owne d or hired by the empl oyer, estim ated value of perqui site (give detail s	R e m u n e r a t i o n p a y m e n t /	Val ue of free con cess iona l pass age s on ho me leav e and othe r trav elli ng to the exte nt char gea ble to tax (giv e deta ils)	E s ti m a t e d v a l u e o f a n y p r o v i d e d b y t h e em pl oy ee	Empl oyer's contrib ution to recogn ised provid ent fund in excess of 10% of the emplo yee's salary	Inter est credit ed to the asses see's acco unt in recog nised provid ent fund in exces s of 1/3 <sup>rd</sup> of the salar y or in exces s of rate fixed by Centr al Gove rnme nt	Tot al of colu mns 9 to 15 carr ied to colu mn 6 of Fro m No. 24
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Place \_\_\_\_\_

Date : \_\_\_\_\_

Name and signature of employer/person responsible or paying salary

\_\_\_\_\_

*Designation* \_\_\_\_\_