No. 1/1/2017-Accounts-III 156
Central Water Commission
Accounts-III Section

8th Floor (S), Accounts Wing, Sewa Bhawan, R.K.Puram, New Delhi – 110066.

Dt: 12-12-2017

OFFICE MEMORANDUM

Income Tax Assessment for the Financial Year -2017-2018 (AY -2018-2019) for officers/officials of Central Water Commission (whose salaries are being drawn under DDO-I, CWC, New Delhi) is under process.

All officers/officials are therefore requested to submit their Savings/Assessment documents as per the format enclosed and <u>submit the same on or before 20-12-2017</u>, failing which Income Tax will be deducted as per Pay Bill Register.

Encl: As above.

(U K Pali) DDO-I, CWC

To

All Officers/officials of CWC through CWC website.

FORM NO.12BB

(See rule 26C)

1. Nam	e and address of the employee:			
	nanent Account Number of the			
employ	V (8-m) 1 m	I S N		
3. Finar	ncial year:			
		1		
Details of claims and evidence thereof				
SI No.	Nature of claim	Amount	Evidence /	
		(Rs.)	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	1		
	(iv) Permanent Account Number of the landlord		est	
140	Note: Permanent Account Number shall be furnished if the	3	3 RE R 10 R	
	aggregate rent paid during the previous year exceeds one lakh			
	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	8	*	
	(iv) Permanent Account Number of the lender			
	(a) Financial Institutions(if available)			
	(b) Employer(if available) (c) Others			
4	Deduction under Chapter VI-A		=	
4	(A) Section 80C,80CCC and 80CCD			
	(i) Section 80C			
	(a)			
	(b)		2	
	(c)		1	
	(d)			
	(e)		1	
	(f)			
	(g)			
31	(ii) Section 80CCC		u .	
	(iii) Section 80CCD			
-	(B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter			
	VI-A.		2.0	
s	(i) section	2 5		
	(ii) section			
	(iii) section	٥	X)	
	(iv) section	=		

VERIFICATION

I,do hereby certify that above is complete and correct.	the informatio	n given
Place	(Signature o	f the
Date	(Signature of employee) Full Name	
Designation	Full Name	