

**DIRECTORATE OF AUDIT
GOVERNMENT OF N.C.T OF DELHI
C-WING, 4TH LEVEL, DELHI SACHIVALAYA,
I.P.ESTATE, NEW DELHI.**

NO.F. 12(2)/DOA/ACCOUNTS/MISC./ 5624

Dated: 16-09-19

CIRCULAR

SUBJECT: DETAILS OF SAVINGS OF INCOME-TAX FOR THE FINANCIAL YEAR 2019-20.

All the officers/officials are requested to intimate their savings made/to be made during Financial Year 2019-2020 in addition to their savings as per P.B.R. This information may please be sent to undersigned latest by 08.10.2019 positively, in the enclosed proforma, failing which Income- Tax at the prevailing rates for the financial year 2019-2020 shall be calculated and recovered. Any other relevant information for Income Tax calculation, in addition to above, may also be provided.


**DRAWING & DISBURSING OFFICER
DTE. OF AUDIT**

Encl. As above (Proforma overleaf)

Copy to:

1. Sr. A.O/A.O. (Head Quarter), Dte. of Audit, with the request to circulate the proforma to all the officers/officials working in field audit parties.
2. Officers/ Staff working in diverted capacity.
3. PA to Controller of Accounts (Audit)/Joint Secretary Finance(Accounts).
4. AAO (Admn./Accounts)
5. AAO (website), Dte. of Audit
6. Notice Board for information to all concerned
7. Guard File


**DRAWING & DISBURSING OFFICER
DTE. OF AUDIT**

FORM NO.12BB

(See rule 26C)

1. Name and address of the employee:	
2. Permanent Account Number of the employee:	
3. Financial year:	

Details of claims and evidence thereof

SI 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) Permanent Account Number of the landlord Note: Permanent Account Number shall be furnished if the 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 (iv) Permanent Account Number of the lender (a) Financial Institutions(if available) (b) Employer(if available) (c) Others		
4	Deduction under Chapter VI-A (A) Section 80C,80CCC and 80CCD (i) Section 80C (a) (b) (c) (d) (e) (f) (g) (ii) Section 80CCC (iii) Section 80CCD (B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A. (i) section..... (ii) section..... (iii) section..... (iv) section..... (v) section.....		

Verification

I,.....,son/daughter of..... do hereby certify that the information given above is complete and correct.

Place.....

Date.....

Designation

(Signature of the employee)

Full Name