OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF GST & CENTRAL EXCISE
TN & PUDUCHERRY
No.26/1, MAHATHMA GANDHI ROAD, CHENNAI – 600 034

C.No.II/19/01/2016-CCO (Accounts)                        Date: 14.11.2019

Sub : IT Calculation Worksheet for the FY 2019-20(AY 2020-21)
      Submission – Reg.

All Officers under the Pr.CCO Accounts payroll are requested to submit online the

2. Officers are also required to submit hard copy of FORM 12BB (specimen uploaded
   at www.centralexcisechennai.gov.in) enclosing respective photocopies as proof of payments
   for the exemptions claimed as tabulated below:

<table>
<thead>
<tr>
<th>Exemption Claimed</th>
<th>Photocopy to be enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>Photocopies of Rent Receipt(s)/Lease agreement with details of house owner.</td>
</tr>
<tr>
<td></td>
<td>(NOTE: PAN of the owner should be quoted in case of annual rent paid exceeding Rs.1,00,000/- (Rupees One Lakh))</td>
</tr>
<tr>
<td>Interest on Home Loan</td>
<td>Photocopies of Certificate of repayment of interest &amp; principal, issued by the concern bank/institution.</td>
</tr>
<tr>
<td></td>
<td>In case of department’s HBA, worksheet for accrued interest is to be submitted.</td>
</tr>
<tr>
<td></td>
<td>(NOTE: Amount paid in r/o HBA INTEREST will not be taken for deduction under this Section as the interest on HBA is allowable as a deduction only ON ACCRUAL BASIS and NOT ON ACTUAL BASIS.)</td>
</tr>
<tr>
<td>Deductions under Chapter VI-A</td>
<td>Photocopies of Proof of payments / Particulars of payments</td>
</tr>
<tr>
<td></td>
<td>(NOTE: proof of payments towards GPF, CGEGIS, LICSSS, Dept. HBA Principal is not required)</td>
</tr>
</tbody>
</table>
3. Officers are requested to submit representations regarding change in TDS recovery CPE Subs on or before 20th of the month of November 2019 at Accounts section.

4. Due date for submitting hard copy of 12BB along with photocopy for proof of payments at Pr. CCO-Accounts sections 22.11.2019.

5. It is also informed that, the appropriate tax as computed by PFMS-EIS-Income Tax will be deducted as TDS from the salary of the officer concerned without any prior intimation (as per sec.192 of IT act).

Encl: 1) Form 12 BBPr. CCO, CHENNAI

To

The All the Officers of Pr. CCO, TN&PUDUCHERRY

Copy to : The Superintendent-Computer Section (for displaying the circularat office website.)
Copy to : The Notice Board
FORM NO.12BB

1. Name and address of the employee:

2. Permanent Account Number of the employee:

3. Financial year:

<table>
<thead>
<tr>
<th>Details of claims and evidence thereof</th>
</tr>
</thead>
<tbody>
<tr>
<td>SI No.</td>
</tr>
<tr>
<td>(1)</td>
</tr>
</tbody>
</table>

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