

VASAVI COLLEGE OF ENGINEERING

Ibrahimbagh, Hyderabad-500031.

FORM 12BB

(See rule 26C)

TO BE FURNISHED BY ALL EMPLOYEES IRRESPECTIVE OF TAX PAYING OR NOT ON OR BEFORE 16.04.2026

Kindly furnish declaration for I.T. Computation for the Financial Year 2026-27

Name		Staff No	
DOB		Designation	
PAN No.		Department	
Choose Option for tax calculation (put tick mark) once selected option cannot be changed		With savings (OLD REGIME) []	Without savings (NEW REGIME) []

Address:

Savings/Rebate Details:

Section 10:

- | | <u>Rent Rs.</u> | <u>(Per Month)</u> | <u>No. of Months</u> |
|--|-------------------------------|--------------------|----------------------|
| 1) Employees not having own house, living in rented house | | | |
| 2) Employees having own house but living in rented house : a) reasons to live in rent house b) rent paid per month | | | |
| c) Details of rent realization with address | Rent Realization _____ | | |
| | Municipal/Panchayat tax _____ | | |
| 3) Employees having own house and self occupied fully or partially let out | Rent Realization _____ | | |
| | Municipal/Panchayat tax _____ | | |
| 4) a) Month and year of Home Loan availed: | | | |
| b) Loan amount Rs. _____ | | | |
| c) Month & year of house occupied: | | | |
| 5. Interest portion of Home loan EMI payable: | | | |

5) Deduction under chapter VIA of IT Act	all payments should be in 2026-27	DO NOT INCLUDE SALARY RECOVERY Direct payment only	
		Existing	Proposed
a) LIC			
b) PPF	1. Indicate only direct		
c) Annuities / Sukhanya samrudhi yojna	Payment during		
d) NSC	Current financial year		
e) ULIP	2. No need to indicate		
f) Pension Fund	Recoveries thro'		
g) Tuition Fee, No Of Children & amount	Salaries		
h) Repayment of Principle amount of Home loan EMI	3. Proof should be		
i) Stamp Duty regn.	Made available in		
J) Medical Insurance Premium-other than salary	All cases.		
k) Medical treatment of dependent - disability			
l) Medical treatment specified disease			
m) Higher education loan interest paid			
n) NPS			

o) Income from Previous employer upto date for 2026-27: _____

p) Any other income (Details) : _____

q) pension receipts: _____

I hereby certify that all investments will be made from current year taxable income

Date:

To : CFO

Signature of the Employee