

**Proforma for Calculation of Income Tax for the year 2023-24 (AY 2024-25) Old Tax Regime
(To be submitted with Attested Photostate copies of Saving mentioned in Item No. H)**

PAN No. _____

A. Salary and other benefits/Allowances: (Received during financial year 2023-24)	Rs.	.....
B. Less : Income exempt u/s 10 (for service period)		
(i) H.R.A exemption		.....
(ii) Any other Exempted Receipt/Allowances		.....
(iii) Fixed Conveyance Allowance (subject to actual expenditure)		.....
Total Income from Salary		_____
C. Add: Income from House Property/other sources		_____
	Total	_____
D. Standard Deduction for Salaried (Rs. 50000/-)		
E. Less: Interest paid in case of self occupied residential improvement Loan (up to Rs. 30,000) (Rs. 2, 00,000/- in case construction of house is completed from borrowed capital on or after 1.4.99)		_____

Balance

F. Add : Income from other sources including interest from Bank and other deposits and investments	_____
G. Gross Total income	_____

H. Less : Deduction u/s 80C to 80CCF (Saving and investments made during the year Max. Rs. 150000)

i) GPF- Contribution towards Provident Fund	.....
ii) NPS-	.....
iii) PPF	.....
iv) GIS/GSLIS -	.....
v) LIC- Life Insurance Premium Payment	.....
vi) ULIP- Contribution to Unit Linked Insurance Plan UTI/LIC (Jeevan Dhara, Jeevan Akshay & Dhan Raksha)	.....
vii) Repayment of House Loan	.....
viii) NSC (investment +accrued before Maturity Year)	.....
ix) Tuition fees for 2 Children	.....
x) ELSS (Tax Saving Mutual fund)	.....
xi) Any Other	.....
xii) Any Other	.....
Total (Limited to Rs. 1,50,000/-)	_____

I. Less: - Additional Deduction under Sec 80CCD NPS (Max. Rs. 50000/-)

Less: - Deduction under chapter VI A for.....

J. TAXABLE INCOME (Rounded off to nearest ten rupees)

K. Computation of Tax	Rate	Amount	_____
i) On first Rs. 2,50,000	Nil	Nil	_____
ii) Rs. 2,50,001 to Rs. 5, 00, 000	5%	.....	_____
iii) Rs. 5,00,001 to Rs. 10,00,000	20%	.....	_____
iv) Exceeding Rs. 10,00,000	30%	.....	_____
TAX PAYABLE	Total	_____	_____

Note:- Senior citizen up to Rs. 300000/-

L. 1-Tax Rebate of Rs.12500/- if total Taxable Income less then Rs. 5 Lakh in a Year

M. Education+Health Cess @ 4% of above

N. Total Tax Payable (item No. K+M)

O. Tax deducted/paid at source (enclose certificates) issued u/s 203

P. Balance to be paid (item No. N-O)

Tax to be deducted in

Jan, 2024 _____

Feb, 2024 _____

Verification

I,..... do hereby declare that as stated above is true to the best of my knowledge and belief. Verified today, the
..... Day of _____ 2024.

Place

Date

(Signature of the Employee)

DDO O/o CVU

Checked by O/o CVU