### imageभारत सरकार GOVERNMENT OF INDIA

### वित्त मंत्रालय MINISTRY OF FINANCE

राजस्व विभाग DEPARTMENT OF REVENUE

**सीमा शुल्क** **आयुक्त** **का कार्यालय**

**OFFICE OF THE COMMISSIONER OF CUSTOMS**

** सीमा शुल्क गृह, विल्लिंग्टन आईलेंड, कोच्चिन-682009**

**CUSTOM HOUSE, WILLINGDON ISLAND, COCHIN-682009**

|  |  |  |
| --- | --- | --- |
| **Sevottam Compliant** | **C:\Users\PS\Documents\bis.jpg** | **An IS 15700 certified Custom House** |

**Website:** [**www.cochincustoms.gov.in**](http://www.cochincustoms.gov.in) **Control Room: 0484-2666422**

**E-mail:** [**commr@cochincustoms.gov.in**](mailto:commr@cochincustoms.gov.in) **Fax: 0484-2668468**

**Ph: 0484-2666861-64/774/776**

**Investment Declaration Form**

**For the financial year 2018-19 (A.Y. 2019-20)**

**(Should be submitted to Admin pay bill Section, Custom House latest by 30th November 2018)**

**Employee Name: PAN:**

**Designation: Mobile Number:**

**I hereby declare that the following investment has been /will be made by me during the whole financial year 2018-2019 starting from 1st April 2018 to 31st of March 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Item Name** | | |  | **Particulars** | |  | **Eligibility(Rs.)** |  |  | **Amount** | |
|  | | |  |  | |  |  |  |  |  |  |  |  |  |
| **Exemption u/s 10** | | | | | |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | **I am staying in a Rented** | | |  |  |  |  |  |  |
|  |  | |  |  |  | **House and I agree to submit** | | |  |  |  | **Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  |  | |  |  |  | **Rent receipts or Rent** | | |  |  |  |  |  |  |
|  |  | |  |  |  | **Agreement with the** | | | **Metro/Non Metro** | | | **Note: Owner’s PAN Is** | | |
|  | **House Rent Allowance** | | | | | **Landlord when required.** | | |  |  |  | **required if total is more** | | |
|  |  |  | |  |  |  |  |  |  |  |  | **than 1,00,000/-** | | |
|  |  |  | |  |  | **Rent Paid is:** | | |  |  |  |  |  |  |
|  |  |  | |  |  | **\_\_\_\_\_\_\_\_\_x\_\_\_\_\_ Months** | | |  |  |  |  |  |  |
|  |  |  | |  |  | **\_\_\_\_\_\_\_\_\_x\_\_\_\_\_ Months** | | |  |  |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  | | |
|  |  |  | |  |  | **Claims of HTC/LTC received** | | |  |  |  | **Amount** | | |
|  |  |  | |  |  | **in this financial year** | | |  |  |  |  |  |  |
|  |  |  | | | |  | | |  |  |  |  |  |  |
|  |  | **LTA** | | | | **Claims for the year 2018** | | |  | **Yes/No** |  |  |  |  |
|  |  |  | |  |  | **Claims for the year 2015** | | |  | **Yes/No** |  |  |  |  |
|  |  |  | |  |  | **Claims for the year 2016** | | |  | **Yes/No** |  |  |  |  |
|  |  |  | |  |  | **Claims for the year 2017** | | |  | **Yes/No** |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |  |  |
|  |  |  | |  |  | Re-imbursement of tuition fees received during the financial year from the Tuition Fees employer | | |  |  |  |  |  |  |
|  |  | **Tution Fees** | |  |  |  | | |  |  |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |  |  |
|  |  |  | |  |  |  | | |  |  |  |  |  |  |
|  |  | **Medical Reimbursement** | |  | **(Please write total amount received during the F.Y)** | | | | | |  |  |  |  |

**Exemption under section 24**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Interest on housing loan, if self occupied and loan was | |  |  |
|  | taken before 01/04/1999 (Bankers Certificate to be | | up to 30000/- |  |
|  | Submitted). | |  |  |
| 2 | Interest on housing loan, if self occupied and loan was | |  |  |
|  | taken after 01/04/1999 (Bankers Certificate to be | | Up to 2,00,000/- |  |
|  | Submitted). | |  |  |
| 3 | Interest on housing loan, if let out/deemed to be lent | |  |  |
|  | out (If the property is LET-OUT-Rental income need to | | No Limit |  |
|  | be specified). | |  |  |
|  |  |

**Deduction Under section 80C (Maximum up to Rs. 1, 50,000/-)**

|  |  |  |
| --- | --- | --- |
| 1 | Life Insurance Premium(LIC) |  |
| 2 | Provident Fund(PF) |  |
| 3 | Public Provident Fund(PPF) |  |
| 4 | Voluntary Provident Fund(VPF) |  |
| 5 | National Savings Certificate(NSC) |  |
| 6 | Interest accrued on NSC(Re-invested) |  |
| 7 | Unit Linked Insurance Policy(ULIP) |  |
| 8 | Equity Linked Savings Scheme(ELSS)-Mutual Fund |  |
| 9 | Tuition Fees Paid To school By employee (Max. 2 Children) |  |
| 10 | Principal Repayment Of Housing Loan |  |
| 11 | Stamp Duty, Registration charges incurred for Buying House (1st Year Only) |  |
| 12 | Postal Life Insurance (PLI) |  |
| 13 | Bank Fixed Deposit For 5 Years & Above |  |
| 14 | Post Office Term Deposit For 5 Years & Above |  |

**Deduction under Section 80**

|  |  |  |  |
| --- | --- | --- | --- |
| 80D | Medical insurance premium | Max 25000/-(if not |  |
|  | (Self/spouse/Children) | senior citizen) |  |
| 80D | Medical insurance premium(Parents) | Max 30000/-(Senior |  |
|  | citizen) |  |
|  |  |  |
| 80D | Preventive health check up | Max 5000/- (Inclusive |  |
|  | 25000/30000) |  |
|  |  |  |
| 80DD | Medical treatment for dependent | 75000(40% to 80%) |  |
|  | Handicap | 125000(above 80%) |  |
| 80DDB |  | 40000(For non senior |  |
|  | Medical treatment for Specified disease | citizen patient) |  |
|  |  | 60000(For senior citizen |  |
|  |  | patient) |  |
| 80E | Interest on loan taken for higher education | No limit (Only Interest) |  |
| 80U | Permanent Physical disability of | 75000(40% to 80%) |  |
|  | 125000(above 80%) |  |
|  | assessee |  |
|  |  |  |
|  |  |  |  |
| Other |  |  |  |
| (Please |  |  |  |
| specified) |  |  |  |

**Income from Previous Employment:-**

1. *Income after exemptions:*
2. *Provident Fund (PF):*
3. *Professional Tax (PT):*
4. *Tax Deducted At Source(TDS):*

**Declaration:-**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that the information given above is correct and true in all respects. I also undertake to indemnify the department for any loss/liability may arise in the event of the above information being incorrect.

Date:

Place: Signature of Employee