

OFFICER OF THE COMMISSIONER OF CUSTOMS (GENERAL)
PREVENTIVE PAYBILL SECTION, FIRST FLOOR,
NEW CUSTOM HOUSE, BALLARD ESTATE,
MUMBAI- 01

F. No. S/26-01/2020-21 Prev. Paybill Part NCH

Date: 20.10.2023

C I R C U L A R

In order to assess the Income Tax payable for the Financial Year 2023-24 (A.Y. 2024-25) after taking into account of various investment, all the Group B Officers (Superintendents/Preventive Officers) are requested to fill up the declaration form attached as Annexure latest by 31.10.2023 and the same may be forwarded to this section (Xerox copies of the investments has to be produced before 31.03.2024).

OFFICERS WHO WANT TO OPT FOR NEW TAX REGIME, PLEASE
INTIMATE THE SALARY SECTION BEFORE 31.10.2023.

Minal Nibam
Chief Accounts Officer,
Preventive Pay Bill,
NCH, Mumbai - 01.

o/c

Encl: Annexure - Investment Declaration form 23-24

To,

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PREVENTIVE PAYBILL SECTION, FIRST FLOOR,
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MUMBAI- 01

Investment Declaration Form For the financial year 2023-24 (A.Y. 2024-25)

Officers who want to opt for Old / New Tax regime, please intimate the salary section before 31.10.2023.

Tax Regime opted: Old / New Regime

Employee name:

PAN:

Designation:

Mobile No.:

I hereby declare that the following investment has been/will be made by me during the whole financial year 2023-2024 starting from 1st of April 2023 to 31st of March 2024 (Xerox copies of investment to be produced).

Item Name	Particulars	Eligibility(Rs.)	Amount
Exemption u/s 10			
House Rent Exemption (See Rule 2-A of IT Rules, 1962)	I am staying in a rented house and I agree to submit rent receipts or copy of rent agreement whenever required.	Metro / Non Metro	Total: _____
	Rent Paid is: _____ Months _____ Months		Note: Owner's PAN is required if total is more than 1,00,000/-
Leave Travel Allowance	Claims of HTC/LTC received in this financial year		
	Claims for the year 2021	Yes/No	
	Claims for the year 2020	Yes/No	
	Claims for the year 2019	Yes/No	
	Claims for the year 2018	Yes/No	
Tuition Fees	Re-imbursement of tuition fees received during the financial year from the employer		
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 Submitted).	up to 3,00,000/-	
2	Interest on housing loan, if self occupied and loan was taken after 01/04/1999 (Bankers Certificate to be Submitted).	Up to 2,00,000/-	
3	Interest on housing loan, if let out/deemed to be lent out (If the property is LET-OUT-Rental income need to be specified).	No Limit	

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

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

Deduction under Section 80 (Other than 80C and its sub sections)

80D	Medical insurance premium paid (Self/spouse/Children/Parents)	Max 25000/- (if not senior citizen parents) Max 30000/- (Senior citizen parents)	
80D	Preventive health check up	Max 5000/- (within above mentioned limit of 25000 or 30000 as the case may be)	
80DD	Medical treatment for wholly-dependent differently-abled (Divyang) member. Note: Disability is as defined under section 2(i) of the Persons of Disabilities Act, 1995.	Nil (0% to 40% disability) 75,000/- (41%-80% disability) 1,25,000/- (above 80% disability)	
80DDB	Medical treatment for Specified disease. (See Rule 11DD of IT act 1961)	40000 (For non senior citizen patient) 60000 (For senior citizen patient)	
80E	Interest on loan taken for higher education	No limit (Only Interest)	
80U	For differently-abled (Divyang) assessee	75,000/- (41%-80% disability) 1,25,000/- (above 80% disability)	
Other (Please specified)			

Income from other sources:-

1. *Income from previous employer:*
2. *Income from Family Pension:*
3. *Income From House Rent:*
4. *Any Other (Please Specify):*

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 if arises, in the event of the above information being incorrect.

Date:

Place:

Signature of the employee