EXEMPT INCOME DECLARATION FORM

Financial Year: 20___ - 20___

1. PERSONAL DETAILS

Name of the Declarant:

_____

Employee ID / Ref No:

_____

PAN / Tax Identification No:

_____

Department / Designation:

_____

2. DETAILS OF EXEMPT INCOME

Nature of Exempt Income / Relevant Tax Provision	Declared Amount
House Rent Allowance (HRA) exemption	
Leave Travel Allowance (LTA) / Assistance	
Agricultural Income	
Receipts from Life Insurance Policy	
Gratuity / Commuted Pension / Retrenchment Compensation	
Interest from Tax-Free Bonds / Provident Fund	
Other Exempt Income (Specify: _____)	
Other Exempt Income (Specify: _____)	
Total Exempt Income:	

3. DECLARATION & UNDERTAKING

I hereby declare that the particulars given above are correct and complete in all respects. The income declared under this form is exempt from tax under the prevailing tax laws and regulations. I undertake to retain and produce all original documents, receipts, and certificates supporting the above-declared exempt income as and when required by the organization or the tax authorities. I understand that I am solely responsible for any inaccuracies or omissions in this declaration.

_____

Date

_____

Signature of the Declarant