

TAXABLE INCOME AND DEDUCTION STATEMENT

Name:

Taxpayer ID:

Employer:

Assessment Year:

Period From:

Period To:

Particulars	Amount
1. Gross Income	
Salary / Wages	
Business / Professional Income	
Capital Gains	
Other Income Sources	
Total Gross Income (A)	
2. Allowable Deductions	
Standard Deduction	
Retirement / Pension Contributions	
Health Insurance Premium	
Donations / Charity	
Other Deductions	
Total Deductions (B)	
3. Net Taxable Income (A - B)	
4. Tax Computations & Payments	
Gross Tax Payable	
Less: Tax Deducted at Source (TDS)	
Less: Advance Tax Paid	
Net Tax Payable / (Refund Due)	

Signature of Taxpayer

Date: _____

**Signature of Authorized Preparer /
Employer**

Date: _____