FORM NO. 34
[*See* rule 68]

Report for deduction in respect of additional employee cost under section 146 of the Act

Part - A **Basic Information**			
1.	**Details of the assessee**		
	(i)	**Name**	*(refer Note 1)*
	(ii)	**Address**	*(refer Note 2)*
	(iii)	**Permanent Account Number**	
	(iv)	**Nature of Business**	
2.	**Tax Year**		
Part- B **Deduction Details**			
3.	**New Business**		
	(i)	**Amount of the emoluments paid/payable during the said tax year.**	*(refer Note 3)*
	(ii)	**30% of emoluments eligible as deduction under section 146. [30% of (i)]**	
4.	**Additional employee cost for existing Business** *(refer Note 3)*		
	(i)	**Number of employees as on the last day of the immediately preceding tax year:**	
	(ii)	**Number of employees employed during the tax year:**	
	(iii)	**Number of additional employees, the emoluments of whom is eligible for deduction under section 146:** *(refer Note 3)*	
		(a) Employed during the tax year	
		(b) Employed during the immediately preceding tax year	
	(iv)	**Total amount of emoluments paid or payable to additional employees entitled for deduction under section 146 in respect of:** *(refer Note 3)*	
		(a) Additional employees referred to in (iii)(a)	
		(b) Additional employees referred to in (iii)(b)	
		(c) Total [(iv)(a) + (iv)(b)]	
	(v)	**The amount of deduction eligible under section 146 in respect of payments for the emoluments paid or payable to the additional employee in respect of:** *(refer Note 3)*	
		(a) the tax year [30% of the amount computed in (iv)(c)]	
		(b) the immediately preceding year to the tax year	
		(c) the year prior to the immediately preceding tax year	
	(vi)	**The amount of deduction eligible u/s 146 [(v)(a) + (v)(b) + (v)(c)]**	

VERIFICATION

I_____(name), holding Permanent Account Number _____, have examined the accounts and records of the said assessee for the said tax year and certify that the eligible deduction under section 146 as worked out above is as per row 3(ii) or 4(vi).

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Date:
Place:

Signature
Name of the Accountant:
Designation:
Membership Number:
UDIN details, if any:
Name of proprietorship/Firm:
Firm registration Number:

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, the name shall be provided in full.
2. The address shall contain (i) Country/Region, (ii) Flat/Door/Building, (iii) Road/Street/ Block/Sector, (iv) PIN/ZIP Code, (v) Post Office, (vi) Area/locality, (vii) District and (viii) State.
3. For definition of "additional employee cost", "additional employee" and "emoluments", refer to sections 146(5)(a), 146(5)(b) and 146(5)(c) respectively of the Act.
4. Amounts to be filled in ₹ unless otherwise provided.

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