## Name of Employer/Authorized Representative Details furnished on (By Employer) Filer License No. ₹ ð, ¥ Æ ∂ EDF Admn. ö 60 EDLI Admn. EDLI EPS EPF Statement of member-wise Dues S S Other Misc. Payments Total Dues towards EPFO Business Number 118141811101010111 Penal Interst on Refund of EDLI Inspection Charges EPF Inspection Charges Advance/Overpayment (Sum of P) Recovery of Overpayment (Sum of O) **EDLI Administrative Charges** EPS Contributions (Sum of L) **EDLI Contributions EPF Administration Charges** EPF Contributions (K+N) Wage (Sum of E) Social Security Number (SSN) of members w Form R1 - Monthly Return for Employers Hy a J 53 4 90 THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO, FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accomposate all the members in your establishment. Fill only item 1 and 6 in such additional forms. (Amount in Rs.) Amount AP/HYD/53490 SHAN LES LEBY Full Name of the Establishment (including the member's in additional sheets, if any) SUMMIT BUILDERS 1998 C \*AJ Interst u/s 7Q \*Al Penal Damages e a 2 8 Direct/ contract (In case Penal Damages & Interest U/s 7Q is paid for more than 1-month, attach annexure giving monthwise details as per Column 'Al', 'AJ') 16 6 4 œ Wages 636 7 2 2 00 h \*\*\* 200 000 Branch Address Bank Name (On which Cheque drawn) Amount Paid (in Rs.) 6840 Cheque/DD No. 40 Challan Ref. No. Details of payment made (tick the applicable option) \* Note : In case payment is made using multiple cheques by details of each ChequesDD should be runished as per column 8. 000 Base Branch Name 8-16 .. EMPLOYEES' PROVIDENT FUND ORGANISATION DOJ 2-digit 00 DOL æ AA Interest on Securities. 2-digit Legal Charges RFL Code Payment Under Protest NCP Days Date of deposit of ChequeiDD 87 - 014 - 200 VPF Rates EPS Voluntary MG-K3 Cheque/DD Date For the Month M M Y Y Y Y Employee PF Contributions EDLI 2 8 228 <u>888</u> 80 <u><u>e</u></u> 36 6 8 EDF. Admn. Then pond Was Regular Supplementary Type of return (Tick mark any one) alab EPS Contributions 125 125 1<u>65</u>3 So EDLI Admn. EPS on Higher Wages (Y/N) ζ Employee C Retired under Voluntary Heurentra Common. D Migrating from India for permanent settlement abroad/taking up employment abroad. E Retrenched from Services. F Discharged from service on receiving compensation under the Industrial Dispute Act, 1947. Column 'L' to ± A Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years. \*B Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental 1. Column E ployee. 7. In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'. 6. In case exempted under EPS scheme, leave column 'L' and item 'T' blank. Column F: DOJ means 'Date of Joining'. Give date in 'DD' format only in respect employee's who have joined in the month. Code for RFL\* (Reason for Leaving) Refund of Advances Column G: DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employee's who left during the month. instructions Resignation / Exit of Employment before attaining 55 years of age. Retired on Infirmity. . In case ex fill item W Closure of establishment Resignation for getting married female employee. Column H: RFL means 'Reason for Leaving Service'. Select Proper code from box below. Revised Z be filled only for members less than 58 years of age D ; Please mention 'D' if member is a direct employee, and 'C' if contr empted under EPF scheme, leave columns 'K' & 'N' & item 'A' & 'S' blank and Employer 5. Contribution paid under protest Employee Recovery of Overpayment 0 Employer Pages of Employee | Employer Penal Interest on Refund of advance/over payment cr em TRED EX:

Designation of Employer/Authorized Representative

MANASEL-

ADMIN

Statement of member-wise Dues

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## EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

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Filer License No. **Total Dues towards EPFO** EDLI Admn. EDF Admn. Other Misc. Payments EPS Contributions (Sum of L) EDLI Contributions EDLI Inspection Charges EPF Inspection Charges **EDLI Administrative Charges EPF Administration Charges** Wage (Sum of E) Recovery of Overpayment (Sum of O) Advance/Overpayment (Sum of P) EPF Contributions (K+N) Penal Interst on Refund of Social Security Number (SSN) of members Amount (Amount in Rs.) Amount 90/HYD 153459 Full Name of the Establishment SUMMIT (Including the member's in a PF Account No. 20000 \*AJ Interst u/s 7Q \*Al Penal Damages 25 213 Direct/ BUILDERS contract additional sheets, if any) (In case Penal Damages & Interest U/s 7Q is paid for more than 1 month, attach annexure giving monthwise details as per Column 'Ai', 'AJ') 5/0/2 27000 0 0 Bank Name (On which Cheque drawn) Branch Address Branch Name Base Branch Name HOFC Details of payment made (tick the applicable option) \* Note: In case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 8. Amount Paid (in Rs.) 13110 Cheque/DD No. Challan Ref. No. Cheque DOJ 2-digit DOL 2-digit 8 AB Legal Charges AA Interest on Securities RFL Code Payment Under Protest NCP Days KNUL S.D KOON HOR Date of deposit of Cheque/DD EPS Hote HOPE BACK Voluntary Bank SU Roud A A A A W W 3. For the Month Cheque/DD Date \_\_\_\_\_ -Employee PF Contributions 61 हावावाय - जाव - मिर् <u>E</u> 360 722 Lood Base Branch Code 000 Rood 000 Secto Employer EDF Admn. カ ク ー Regular Supplementary Revised 4. Type of return (Tick mark any one) ቃ Contributions びなら ひな EDLI Admn. EPS on 3 Higher Wages (Y/N) Employee G Resigned not H Resignation / I A Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.

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Designation of Employer/Authorized Representative

Name of Employer/Authorized Representative

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Closure of establishment

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## EMPLOYEES' PROVIDENT FUND ORGANISATION

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Form R1 - Monthly Return for Employers

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mployer/Authorized Representative

ADMIN OFFICER

POINT PEN ONLY.

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Form R1 - Monthly Return for Employers

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E Retrenched from Services.

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Designation of Employer/Authorized Representative

ADMIN OFFICER

Signature of Employer/Authorized Representative

Name of Employer/Authorized Representative

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∋signation of Employer/Authorized Representative

ADMIN OFFICER

## EMPLOYEES' PROVIDENT FUND ORGANISATION

Pages **27** of **21** 

EMIPLOIEES FILES FILES FORM SHALL BE FILED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO, FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY.

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Designation of Employer/Authorized Representative | MMIN OFFICER

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Form R1 - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY.

Please use additional sheets of the same form if rows provided are not sufficient to accomposite all the members in your establishment. Fill only Item 1 and 6 in such additional forms.

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Designation of Employer/Authorized Representative

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Signature of Employer/Authorized Representative

Name of Employer/Authorized Representative

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# - EMPLOYEES' PROVIDENT FUND ORGANISATION

Pages 01 of 0

Form R1 - Monthly Heturn for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO, FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY.

Please use additional sheets of the same form if rows provided are not sufficient to accomplate all the members in your establishment. Fill only Item 1 and 6 in such additional forms.

Details furnished on (By Employer) Filer License No. 19 ដ 9 EDLI Admn. EDL 8 2 8 8 8 EDF Admn. EPS EPF S S Ø Total Dues towards EPFO Other Misc. Payments Statement of member-wise Dues 1814811010111 Business Number Advance/Overpayment (Sum of P) Penal Interst on Refund of Recovery of Overpayment (Sum of O) EPF Inspection Charges **EDLI Administrative Charges EDLI Contributions** EPS Contributions (Sum of L) EPF Administration Charges EDLI Inspection Charges Wage (Sum of E) EPF Contributions (K+N) Social Security Number (SSN) of members Amount E (Amount in Rs.) Amount Full Name of the Establishment (including the member's in additional sheets, if any) MS- SUMMIT BUILDERS PF Account No. ဂ \*AJ Interst u/s 7Q \*Al Penal Damages 18 TABL ग्रह्मश्रा 239 17 Direct O contract this lake (In case Penal Damages & Interest U/s 7Q is paid for more than 1-month, attach annexure giving monthwise details as per Column 'Al', 'Al') Wages \*\*\* m Branch Address Branch Name Bank Name (On which Cheque drawn) Amount Paid (in Rs.) 393 Details of payment made (tick the applicable option) \* Note: In case payment is made using multiple cheques/DDs, details of each Cheque/DD should be turnished as per column 8. Cheque/DD No. Challan Ref. No. Base Branch Name Cheque DOJ 2-digit 8 DOL 2-digit ଦ AB Legal Charges AA Interest on Securities HAYC BANK ATD RFL Code Payment Under Protest NCP Date of deposit of Cheque/DD 211 - 111 - 2000 7 VPF EPS Voluntary Road Top of Cheque/DD Date TOOLS OIL For the Month BANK ATD Employee PF Contributions 11813 8 Le Bad Base Branch Code Employer Admn. 4. Type of return (Tick mark any one) Fegular Supplementary Revised EPS Contributions N W W EDLI Admn. EPS on Higher Wages (Y/N) ≤ Employee G Resig A Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.

B Retired on Account of Permanent and Total Incapacity for work due to Bodily / Men Infirmity.  $\mathbf{m} \mathbf{m} \mathbf{o} \mathbf{o}$ 6. In case exempted under EPS scheme, leave column 'L' and item 'T' blank. 5. In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'. 4. Column H: RFL means 'Reason for Leaving Service'. Select Proper code from box below. Column F: DOJ means 'Date of Joining'; Give date in 'DD' format only in respect of employee's who have joined in the month.
 Column G: DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employee's who left during the month. 7. In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'. 1. Column D : Please mention 'D' if member is a direct employee, and 'C' if contract employee. Code for RFL\* (Reason for Leaving) Refund Instructions Closure of establishment Discharged from service on receiving compensation under the Industrial Dispute Act 1947. Petre Migrating from India for permanent settlement abroad/taking up employment abroad. Retired under Voluntary Retirement Scheme. mation for getting married female employee. inched from Services. ed on Account of Permanent and Total Incapacity for work due to Bodily / Mentat nation / Exit of Employment before attaining 55 years of age. ned not employed in any factory to which the EPF Scheme applies. of Advances z Employer Employee Contribution paid under protest Recovery of Overpayment 0 Employer Employee Penal Interest on Refundational Penal Interest on Refundation τ Employer

Designation of Employer/Authorized Representative

MANAGER

BAMM

Signature of Employer/Authorized Representative

Column

'L' to be filled only for members less than 58 years of age

NAMERICA

REDDY

Name of Employer/Authorized Representative

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Alla proces 1. Busin # LHY B (53490

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Form R1 - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EFFO, FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY.

Please use additional sheets of the same form if rows provided are not sufficient to accomplate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

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Name of Employer/Authorized Representative

Details furnished on (By Emproyer)

Filer License No.

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\*Al Penal Damages \*AJ Interst u/s 7Q

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**Branch Address** 

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Designation of Employer/Authorized Representative

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Signature of Employer/Authorized Representative

\* (In case Penal Damages & Interest U/s 7Q is paid for more than 1 month, attach annexure giving monthwise details as per Column 'Al', 'AJ')

- Infirmity.

- C Retired under Voluntary Retirement Scheme.

  D Migrating from India for permanent settlement

  E Retrenched from Services.

  F Discharged from service on receiving comper Migrating from India for permanent settlement abroad/taking up employment abroad. Retrenched from Services.
- Discharged from service on receiving compensation under the Industrial Dispute Act. 1947.
- G Resigned not employed in any factory to which the EPF Scheme applies.

  H Resignation / Exit of Employment before attaining 55 years of age.

  H Resignation for getting married female employee.

  J Closure of establishment
- Closu

Column 'L' to be filled only for members less than 58 years of age