

For Office Use	
Serial No. of Return Register	10020409996
Volume No. of Return Register	
Date of Return Submission	23/12/2025

FORM OF RETURN OF INCOME FOR
INDIVIDUAL PERSON

1. Name of the Taxpayer: MD. IMRAN KHAN

2. National ID No. / Passport No. (If No NID): 5524191292

3. TIN:

8	1	7	3	1	7	2	4	7	6	3	4
---	---	---	---	---	---	---	---	---	---	---	---

4. (a) Circle Circle-09 (Chougacha) (b) Taxes Zone: Jashore

5. Assessment Year: 2025-2026 6. Residential Status: Resident Non-resident

7. Taxpayer's Status: Individual Firm Hindu Undivided Family Others

8. Tick (✓) on the box for getting special benefit:

A gazette war-wounded freedom fighter Female Third Gender Disable Person

Aged 65 years or more A parent of a person with disability

9. Date of Birth (DD MM YYYY):

1	7	0	5	1	9	9	4
---	---	---	---	---	---	---	---

10. Wife/Husband's Name:

TIN (if spouse is a Taxpayer):

11. Address: Shinghajulli, Shinghajulli, Chaugachha, Jashore

Telephone: 01925672684

Mobile: 01925672684

e-mail: siful8981@gmail.com

12. If employed, employer's name (latest employer's name in case of multiple employment):

13. (a) Name of Organization:

(b) Business Identification number (BIN):

14. Name and TIN of Partners / Members in case of Firm / Association of Persons:

Attest
Imran
23/12/25

ডা. সি. এম. সালেহ আলম
সিনিয়র অফিসার (সিআই)
জি.এস. টিক্স অফিস
ঢাকা, বাংলাদেশ