



The Peoples Republic of Bangladesh
National Board of Revenue of Bangladesh

Income Tax Return Acknowledgement / Certificate

Assessment Year : **2024-2025**

Name of Assessee **Akter Sultana**

NID / Passport no **19496112011464000**

TIN **1 3 2 4 3 5 8 0 6 4 8 2**

Tax Circle **130**

Tax Zone **6**

Total Income TK **562,485.00**

Total Tax paid TK **47,807.00**

Return Register Serial No	৪২৬
Return Register volume No	
Date of Return Submission	

Office Seal **21 DEC 2025**

Attested
28/12/25

ডা. মোঃ হারুন-আব-রশীদ
এম.বি.বি.এস (সিওসেক)
রিসিএস (স্বাস্থ্য)
সিনিয়র অফিসার
উপ-স্বরূপ ক্যান্টন, কুলাইল, গাজীপুর।

[Signature]
উপ-স্বরূপ পরিচালনার
রুম, সার্কেল-১৩০,
পল্লী-৬, ঢাকা
Sign and seal of Return Receiver Officer

NATIONAL BOARD OF REVENUE

www.nbr.gov.bd

FOR OFFICE USE ONLY

Serial no of Return Register	
Volume no of return Register	
Date of Return Submission	

Return of Individual

1. Name of the Assessee : Akter Sultana
2. National ID/ Passport No. (if any) : 19496112011464000
3. TIN : 1 3 2 4 3 5 8 0 6 4 8 2
4. a. Circle : 130 b. Taxes Zone : 6
5. Assessment Year : 2024-2025 6. Residential Status: Resident

7. Mark for Special faciliated Assessee :
- Gadgeted Injured Freedom Fighter Femail Third Gender Disable Person
- 65 years or more aged Assessee Legal Guardian of Disable Person

8. Date of birth :
Day_Month _ Year 0 7 0 4 1 9 4 9

9. Name of Wife/ Husband :

If wife / husband is Assessee then TIN no

10. Mailing Address : Apt-D-2, 11-7/G, R- 51, Gulshan,Dhaka

Telephone MobileE_mail.....

11. Employers name when Assessee is Employee (If More Employer then last organization Name) :

12. A Name of Business Organization

- B Business Identification no (NID)

13. The Name and TIN of Partners/ members when it is Firm or Association (If neede please use Loos paper)

At Home
H.D.
20/11/25
ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওসেক)
বিসিএস (স্বাস্থ্য)
মেডিকেল অফিসার
উপজেলা স্বাস্থ্য কমপ্লেক্স, কুলাউড়া, ময়মনসিংহ।

**Statement of income or Income Tax
for the year ended 30th June ...2025..... Income Year**

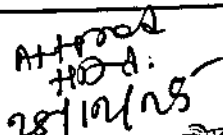
Name of Assessee :

Akter Sultana

TIN

132435806482

Sl. No.	Particulars of income	Amount in taka
1.	Income from Salary: (as per schedule of this Return) Pension	287,436.00
2.	Income from House Rent (as per schedule 2 of this Return)	
3.	Income from Agriculture (as per schedule 3 of this Return)	108,000.00
4.	Income from business or profession: U/S 21 (as per Schedule 4 of this Return)	
5.	Income from Capital Gain	
6.	Income from Financial Instrument (Bank Interest / profit, Dividend, Interest on FSC, Income from Security)	167,049.00
7.	Income from Others Sources (Royalty, Licence Fee, Honorium, Govt Cash Incentive)	
8.	Income Portion from Firm / Associatio	
9.	Income from Minor aged Chilled, Wife/ Husband (If not Assessee)	
10.	Income incurred from Foreign	
11.	Total income (Summation From Serial 1 to 10)	562,485.00
TAX CALCULATION		
12.	Leviabale Tax from Tax Calculation on Such Income	
13.	Tax Rebate (as per Schedule 5 of this Return)	
14.	Tax Liability and Payable Tax after Tax Rebate	
15.	Minimum Tax	
16.	Tax Payable (Which is more in srl 14 and 15)	
17.	A Sarcharge on Net Assets (If Applicable)	
	B Sarcharge on Green Environment (If any)	
18.	Delay Interest, Fine or other amount as per payable of this Incime Tax Law	
19.	Total Payable Tax (16+17+18)	


 28/12/25
 ডা. মোঃ হারুন-অর-রশীদ
 এম.বি.বি.এস (সিএমএক)
 বিসিএস (স্বাস্থ্য)
 বেডিকেল অফিসার
 ওপজেল স্বাস্থ্য কমপ্লেক্স, কুলাঙ্গার, ময়মনসিংহ।

Statement of Tax Paid			
20	Source Tax / Collected Tax (Provide the Documents)		22,807.00
21	Advance Tax Paid (Provide Documents)		25,000.00
22	Refundable Tax Adjustment (If any) (Discribe such Refundable tax year/ Years)		
23	Remain Tax paid with this year (Provide Documents)		
24	Total Tax paid (21+22+23)		47,807.00
25	Excess Tax paid		

26	Tax Free or Tax Exempted Income (Provide the Documents)		
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List of provided all documents with this Return			
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Declaration

I Aker Sultana Father/Husband

TIN 132435806482

is correct and fulfilment as far my beliefness.

is declaring that this Return and attached documents

Places

Date

*Attested
HOD.
22/11/15*

Signature

ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওমেক)
বিসিএস (স্বাস্থ্য)
মেডিকেল অফিসার
উপজেলা স্বাস্থ্য কমপ্লেক্স, কুলবাড়িয়া, ময়মনসিংহ।

Schedule-I (Income from Salary)

If any income from Salary then fill below form
Applicable for only Govt Job Holder

Name Of Assessee

Akter Sultana

ITN

132135506182

Description	Total Income	Tax Free Income	Net Taxable Income
Basic Salary			
Accrual Salary (Which is not included with Taxable Income Provisions)			
Special Salary			
House Rent Allowance			
Medical Allowance			
Conveyance Allowance			
Festival Bonus			
Allowance for Employess Assistant			
Leave Allowance			
Honorium Prize			
Overtime Allowance			
Boishakhi Allowance			
Interest on Providend Fund			
Lump Grant			
Gratuity			
Others Income , If any (Provide Description)			
Total			

(B) This part is applicable only for non Govt Service Holder (Other than Govt Job Holder)

Description	Income	Income
Salary		
Allowances		
Advance / Accrual Salary		
Gratuity, Annuity, Pension or its Assistance		
Paracuisite		
Receipt or Exess receipts alternet Salry or Wages		
Income from Workers share schim		
Residence Allowance		
Motor ear Facilities		
Others facilities by the Employer		
Donation paid by the Employer Contributry Providend fund		
Others , if any (Provide description)		
Total Salary Receipts		
Portion of Tax Free Income (as per 6th Sch of It Law 2023)		
Total Income from Job		

Attached
H.O.
২৪/৭/১৫

ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওয়েক)
বিসিএস (স্বাস্থ্য)
মেডিকেল অফিসার
উপকেন্দ্র স্বাস্থ্য কমপ্লেক্স, কুলাবাড়ি, ময়মনসিংহ।

Schedule -2

If the Income from House Rent then fill up the bellow schedule

Name of the Assessee :

Akter Sultana

TIN

132435806482

Position of Property, Description and proportion of owner	Calculation of Total Rent Value		Amount TK	Amount TK
	1	Amount of Rent Received or annual Value which is minor both of this		
2	Advance Rent Received			
3	Received any sum or facility by financial Value (Excess money which is describe in 1 & 2)			
4	Adjusted advance money			
5	Rent less Allowance			
6	Total Rent Value (1+2+3)-4-5			
7	Admissable Expenditures			
A	Maintainance Costs etc			
B	City Corporation or Local Tax			
C	Tax on Land			
D	Interest Paid on Loan/ Lease/ Capital Charges			
E	Insurance premium paid			
F	Others (If any)			
8	Total Admissable Expenses			
9	Total Income (SI 6 - 8)			
10	Portion of Assessee (if applicable)			

Schedule -3

If Income from Agriculture then fillup bellows schedule

Sl	Summery of Income	TK
	Sales / Turnover/ Receipts	
	Gross Profit	
	Common Expenditure , Cost of Goods Sold , Land Development Tax, Tax, / Interest on Loan, Insurance Premium, and others Expenditures	
	Net Income (From Sl no 2 minus sl no 3)	

Attested

H.O.

28/12/15

ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওফেল)
বিসিএস (স্বাস্থ্য)
মেডিকেল অফিসার
ওপজেনা হাট কমপ্লেক্স, পল্লবড়িয়া, ময়মনসিংহ।

Schedule 4

If Income From Business then fill up the bellow Schedule

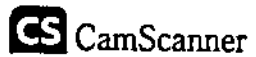
Name of Assessee :	Akter Sultana	TIN	132435806482
Name of Business :		Type of Business :	
Business Adress :			

SL	Summary of Income	TK
1	Sales / Turnover / Receipts	
2	Gross Profit	
3	General Administrative , sales and others Expenditure	
4	Expense of Bad debt	
5	Net Profit	

SL	Summary of Balance sheet	TK
6	Balance Of Cash in hand / Bank	
7	Closing Inventory	
8	Fixed Assets	
9	Others Properties	
10	Total Propert and Assets (6+7+8+9)	
11	Opening Capital	
12	Net Profit during this year	
13	Drawing from Business of this year	
14	Closing Capital (11+12-13)	
15	All Liabilities	
16	Total Capital and Liabilities (14+15)	

Attested
 H.D.
 28/12/25

ডা. মোঃ হারুন-অর-রশীদ
 এম.বি.বি.এস (সিওসেক)
 বিসিএস (স্বাস্থ্য)
 মেডিকেল অফিসার
 উপজেলা স্বাস্থ্য কমপ্লেক্স, কুলবাড়িয়া, যশোরসিংহ।



Schedule 5

If you Claim Tax Rebate then you fill the bellow schedule

Name of assessee:

Akter Sultana

TIN:

132435806482

Particulars of rebatable investment, contribution, etc

SL	Description	TK.
1.	Insurance Premium or Contractual deferred Annuity paid in Bangladesh	
2.	Donation Paid in Peposit Pension scheme / monthly savings Account	
3.	Investment in Govt Securities, Unit Certificate, Mutual Fund, ETF or group Investment scheme investment	
4.	Investment in any security which is approved by stock exchange	
5.	Assessee's Donation any fund as per providend fund Act 1925	
6.	Donation Paid any providend fund by the assessee and his Employer	
7.	Donation paid Approved Old age fund	
8.	Donation paid any wellfare fund / Group Insurance fund	
9.	Donation paid any Zakat Fund	
10.	Others Investment If any (Please provide discription	
11.	Total Investment (Fro SI 1 to sl 10)	
12.	Amount of Tax Rebate on Investment	

Attested

[Signature]
০২/১১/১৫

ডা. মোঃ হারুন-আর-রশীদ
এম.বি.বি.এস (সিওমেক)
বিসিএস (স্বাস্থ্য)
মেডিকেল অফিসার
উপজেলা স্বাস্থ্য কমপ্লেক্স, কুলবাড়িয়া, ময়মনসিংহ।

Statement of Life Style
(applicable only for Individual Assessee)

Name of Assessee: Akter Sultana TIN 132135806482

Sl.	Description of Expenditure (Yearly)	TK /	Remarks
1	Personal and Family Maintenance Expenditure	75,000.00	
2	House Rent Expenditure		depend on husband
3	Personal Transport Expenditure	20,000.00	
4	Utility Expenditure (Electricity, Gas, Wasa, Tel, Internet Others	10,000.00	
5	Education Cost		
6	Travel / Recreation in Local or Abroad by own cost	30,000.00	
7	Festival or others special cost	40,000.00	
8	Source Tax Deduction / Collected Tax (Including Tax deduction (On FSC) And Tax deduction paid on last years Tax Return	25,000.00	
9	Interest Paid on Institutional or Othres source Loan		
Total		200,000.00	

Declaration

I am declaring this that It-10BB (2023) The data which I provide this return is actual and truth as my rememberand my beelifness

.....
Signature and Date

Attested
HO
28/12/23

জা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওসেক)
বিসিএস (সহ)
মেডিকেল অফিসার
উপকেন্দ্র স্বাস্থ্য কমপ্লেক্স, কুলুয়াডাঙ্গা, মহম্মদিয়া।

**Statement of Property assets , capital and Liabilities and Expenditure
as at the date of.....30.06.2025.....**

Applicable for whom

- * All Public Servants
- * Total Assets Value is more Tk 4000000 in local and Foreign
- * Whom persons total assets is bellow 4000000 but he is owned a motor car or invested in house or apartment or owned any properties or hold any Directorship by share or security in the abroad
- * Any non residence Bangladesh individual person or individual Assessee who is bangladeshi provide all of their properties informatin this statement

Name of Assessee :

Akter Sultana

TIN

132435806482

1 Incurred Funds :			
A	Total income shown in this Return (as per sl no 11 of this Return)	TK	562,485.00
B	Tax Exempted Income Received (as per Notable on attechd Advisaly with this Return)	TK	
C	Gift Receipt / Others any Receipts	TK	
	Total Incurred Funds	TK	562,485.00
2	Net Assets on Last Income Year :	TK	11,223,287.00
3	Summation of Incurred Funds and last Income years Net Assets	TK	11,785,772.00
4	A Cost of Life style (cost as per IT 11 GA)	TK	200,000.00
	B this type of Gift Paid / Cost or Lost which is not provide in this 11GA	TK	
	Total Cost and Loss	TK	
5	Net Assets the last date of this year (3-4)	TK	11,585,772.00
6	Personal Liabilities (Excluding Business)	TK	
	A Institutional Liabilities	TK	
	B Un Institutional Liabilities	TK	
	C Others Liabilities	TK	
	Total Income excluding Business	TK	
7	Total Assets (Summation of Sl 5 and sl 6)	TK	11,585,772.00
8	Head wise description of Assets in Bangladesh (if needed please attechd loose paper)	TK	
	A Total Property and Assets of Business	TK	
	Less : Total Liabilities of Business (Institutional or Uninstitutional)	TK	
	Business capital (Difference between Assets and Liabilities)	TK	
	Business capital (Difference of Assets and Liabilities)	TK	

Attested
H.O.
28/12/25

ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওমেক)
বিসিএস (ফাইন)
মেডিকেল অফিসার
উপজেলা স্বাস্থ্য কমপ্লেক্স, কুলবাড়িয়া, মহেশপুর।

B Investment in Share as a Director of a Company							
C Total balance of Capital on Partnership firm							
D Purchase value Including Legal Cost / Accrued Value/ Development Cost / Investment	Bf	TK					
Quantity and address and description of Non agriculture Property(If Needed use loose paper)							
E Agricultural Properties (Purchase value / Accrued value Including Legal Cost)	Bf	TK					
Quantity and address and description of Non agriculture Property(If Needed use loose paper)							
F Financial Assets							
A Share / Debenture/ Bond / Securities / Unit Certificate etc	FDR	Bf					
B Savings Certificate / Deposit pension scheme							
C Loan Paid (Describe the loan receivers Name and NID No							
D Savings / Term/ Fixed Deposit							
E Provident Fund / others Fund (If any)							
F Others Investment							
Total Financial Assets							2,000,000.00
G Motor Car (purchase price including Registration cost)							
Nature of motor car provide registration no							
H Jewelleries (Provide Quantity)	Bf						
I Furnitur and Electric Goods							
J Others assets and Properties (excluding mentioned sl no K Describe it)							
K cash in hand and fund excluding Business							
A Cash at Bank							
B Cash in hand							
C Others Cash							
Total Financial Assets							2,854,500.00
9 Total Assets and Property which is in Bangladesh							
Assets and Properties in outside of Bangladesh							
10 Total Assets and Properties Inside of Bangladesh and outside of Bangladesh	8+9	TK					11,585,772.00

I am declaring this that The data which I provide this returns It is actual and truth as my remember

Name of Assessee and signature
Date:

Attested
H.O.
28/11/23
ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওয়েক)
বিসিএস (যাত্রা)
মেডিকেল অফিসার
উপজেলা স্বাস্থ্য কমপ্লেক্স, কুলবাড়িয়া, ময়মনসিংহ।



Following Instruction to fill up this Return

- 1 This Return must be signed and following by the Individual Assessee or Specific Person which is defined by this Law
- 2 Attached all the documents (If Applicable)
 - A Salary statement of salary Income , Bank statement for Bank Profit Interest , Bank Certificate when income is Interest on Savings certificate , Lease/ rental Deed when income from House property, Receipts on City Corporation Tax or Khazna paid , Loan Giver institution Certificate , Statement of Interest charge on House Property Loan. If paid Insurance premium then provide Receipts , If any Income from Partnership Firm then provide Tax return , Income statement, and balancesheet. Provide document if any Capital Gain Income, Dividend Received Certificate if any dividend received, Others document if any others source of income and Savings certificate, LIP, DPS , Zakat , Stock / Share if any investment.
 - C Depreciation Statement if any claim Depreciation as per such schedule.
 - D Income Calculation as per Income Tax Law 2023
- 3 Provide another statement :
 - A If any Income from Assesses Wife or Husband , Minor Childs or others dependants
 - B income from Tax free or tax exempted then provided documents as per schedule and as per SRO
 - C Claimed Tax Free income as per schedule 1 of Income Tax Tax law 2023.
- 4 All Documents which is provided must be signed by Assessee and his appointed Representative
- 5 Please provide following information
 - A If assessee is Partner of a partnership firm then Name of Firm , Adress including TIN
 - B If Assessee is share holder of a Company please provide Name of Company, Adress including TIN
- 6 If assessee Husband and wife (If is not an Assessee), Minor aged Children and dependands please Provide statement of assets and Liabilty as per It 11GA
- 7 It is bounded signatur by the Assessee and his/ her Representative.
- 8 Signature on IT 11 and It 11Ga is bund by Assessee , if The Assessee is a normal Individual.
- 9 Use Loose sheet if there is no enough page of this return.

Attended
HOD.
৯৪/১০/১৬

ডা. মোঃ হারুন-অর-রশীদ
এম.বি.বি.এস (সিওমেক)
বিসিএস (স্বাস্থ্য)
মেডিকেল অফিসার
উপজেলা স্বাস্থ্য কমপ্লেক্স, ফুলবাড়িয়া, ময়মনসিংহ।