

National Board of Revenue

IT-11GA (2023)

For Office Use

Serial No. of Return Register 6553448780  
 Volume No. of Return Register  
 Date of Return Submission 10/26/2025

বাংলাদেশ  
কোর্ট ফি

1. Name of the Taxpayer: S.M. Rafiqul Islam

2. National ID No. / Passport No. (If No NID): 8670599631

3. TIN: 7 9 3 9 3 3 8 8 3 9 7 8

4. (a) Circle Circle-210 (Salary) (b) Taxes Zone 10, Dhaka

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 2 0 5 1 9 6 3

10. Wife/Husband's Name: SHARMIN AKTER

TIN (if spouse is a Taxpayer):

11. Address: Flat No-D/5,7, Mymensing Road, Shahbag, Dhaka

Telephone: 01711322196 Mobile: 01711322196 e-mail:

12. If employed, employer's name (latest employer's name in case of multiple employment): ENAM MEDICAL COLLEGE &amp; HOSPITAL

13. (a) Name of Organization:

(b) Business Identification number (BIN):

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

অবিকল নকল সত্যায়িত কপির জন্য

আবেদনের তারিখ... ০২/১২/২০২৫

নকল প্রস্তুতের তারিখ... ০২/১২/২০২৫

কপি সরবরাহের তারিখ... ০২/১২/২০২৫

প্রস্তুতকারীর স্বাক্ষর...

পরীক্ষকের স্বাক্ষর...

Attested

ডাঃ শফিকুল ইসলাম  
 কোড নং-১৩১৮২৫  
 উপজেলা যাহা পঃ পঃ কর্মকর্তা  
 শ্রীপুর, গাজীপুর।

## অবিকল নকল সত্যায়িত

## Statement of Income and Tax during the Income Year ended on 30/6/2025

Name of the Taxpayer: S.M. Rafiqul Islam

TIN: 7 9 3 9 3 3 8 8 3 9



Particulars of Income	Amount in Taka
1. Income from Employment (annex Schedule 1)	7,25,333
2. Income from Rent (annex Schedule 2)	1,80,000
3. Income from Agriculture (annex Schedule 3)	0
4. Income from Business (annex Schedule 4)	0
5. Income from Capital Gain	0
6. Income from Financial Assets (Bank Interest, Dividend, Securities Profit etc.)	13,735
7. Income from Other Sources (Royalty, License Fees, Honorarium, Govt. Incentive etc.)	0
8. Share of Income from Firm or AoP	0
9. Income of Minor or Spouse (if not Taxpayer)	0
10. Taxable Income from Abroad	0
11. Total Income (Aggregate of Serial 1 to 10)	9,19,068

Tax Computation	Amount in Taka
12. Gross Tax on Taxable Income	55,360
13. Tax Rebate (annex Schedule 5)	5,175
14. Net Tax after Rebate (12 - 13)	50,185
15. Minimum Tax	5,000
16. Tax Payable (Higher of 14 and 15)	50,185
17. (a) Net Wealth Surcharge (if applicable)	0
(b) Tobacco Surcharge (if applicable)	0
(c) Environmental Surcharge (if applicable)	0
18. Delay Interest, Penalty or any other amount Under Income Tax Act (if any)	0
19. Total Amount Payable (16 + 17 + 18)	50,185

Attested

Islam

28/11/25

ডাঃ শফিকুল ইসলাম

কোড নং-১৩১৯২৫

উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা

শ্রীপুর, গাজীপুর।

Particulars of Tax Payment	Amount in Taka
20. Tax Deducted or Collected at Source (attach proof)	34,943
21. Advance Tax paid (attach proof)	25,000
22. Adjustment of Tax Refund in assessment year(s) of refund)	0
23. Tax Paid with this Return (attach proof)	0
24. Total Tax Paid and Adjusted (20 + 21 + 22 + 23)	59,943
25. Excess Payment (24 - 19)	9,758
26. Tax Exempted / Tax Free Income (attach proof)	3,62,667

**List of Documents Furnished with this Return**  
(Online submission requires no attachment)

**Verification**

I **S.M. Rafiqul Islam** father / husband: **Shamsuddin Ahmed** TIN 7 9 3 9 3 3 8 8 3 9 7 8 solemnly declare that to the best of my knowledge and belief the information given in this return and statements and documents annexed herewith is correct and complete.

Place:  
Date: 10/26/2025

Attested

Signature  
28/10/25

ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, পাজীপুর।

S.M. Rafiqul Islam

Signature

(Name in Block Letters)

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প্রদান সংক্রান্ত  
কর সার্কেল-২১০  
কর অঞ্চল-১০, ঢাকা।

(মোঃ আবু বকর সিদ্দিক তালুকদার)  
সহকারী কর কমিশনার  
কর সার্কেল-২১০, কর অঞ্চল-১০, ঢাকা।  
ফোন: ৮৩৯২১৯১



# অবিকল নকল সত্যায়িত

## Schedule 1

### Particulars of Income from Employment

This part is applicable for employees receiving salary under government pay scale.

Name of the Taxpayer: Sr. Rafiqul Islam

TIN: 7 9 3 9 3 3 8 8 3 9 7

Particulars	Total Amount (Taka)	Exempted Amount (Taka)	Taxable Amount (Taka)
1. Basic pay			
2. Arrear Pay (if not included in taxable income earlier)			
3. Special allowance			
4. House Rent allowance			
5. Medical allowance			
6. Conveyance allowance			
7. Festival allowance			
8. Support Staff allowance			
9. Leave allowance			
10. Honorarium / Reward			
11. Overtime allowances			
12. Bangla Noboborsho allowances			
13. Interest accrued on Provident Fund			
14. Lump Grant			
15. Gratuity			
16. Others, if any (provide detail)			
17. Total			

অনুমোদিত

২৪/১২/২৫

ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।

b. This part is applicable for employees other than employees receiving salary under government pay scale.

TIN: 7 9 3 9 3 3 8 8 3 9 7 8

- Particulars
1. Basic pay
  2. Allowances
  3. Advance / Arrear Salary
  4. Gratuity, Annuity, Pension or similar benefit
  5. Perquisites
  6. Receipt in lieu of or in addition to Salary or Wages
  7. Income from Employee's Share Scheme
  8. Accommodation Facility
  9. Transport Facility
  10. Any other Facility provided by Employer
  11. Employer's Contribution to Recognized Provident Fund
  12. Others, if any (provide detail)
  13. Total Salary Received (aggregate of 1 to 12)
  14. Exempted Amount (as per Part 1 of 6th Schedule)
  15. Total Income from Salary (13 - 14)

Income (Taka)

Income (Taka)

6,90,000

3,98,000

0

0

0

0

0

0

0

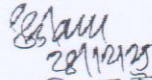
0

10,88,000

3,62,667

7,25,333

Attested



ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।

This part is applicable for employees other than employees receiving salary under government pay scale.

TIN: 7 9 3 9 3 3 8 8 3 9 7 8

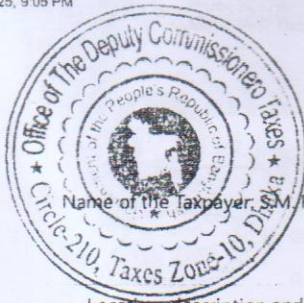
Particulars	Income (Taka)	Income (Taka)
1. Basic pay	6,90,000	
2. Allowances	3,98,000	
3. Advance / Arrear Salary	0	
4. Gratuity, Annuity, Pension or similar benefit	0	
5. Perquisites		
6. Receipt in lieu of or in addition to Salary or Wages	0	
7. Income from Employee's Share Scheme	0	
8. Accommodation Facility	0	
9. Transport Facility	0	
10. Any other Facility provided by Employer	0	
11. Employer's Contribution to Recognized Provident Fund	0	
12. Others, if any (provide detail)		10,88,000
13. Total Salary Received (aggregate of 1 to 12)		3,62,667
14. Exempted Amount (as per Part 1 of 6th Schedule)		7,25,333
15. Total Income from Salary (13 - 14)		

Attested

Islam

28/11/25

ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।



Name of the Taxpayer: M. Rafiqul Islam.

TIN: 7 9 3 9 3 3 8 8 3 9 7 8

অবিকল নকশায়িত  
Schedule-2  
(Particulars of Income from Rent)

Location, description and ownership proportion of property

THE TAXPAYER RECEIVED A MONTHLY RENTAL INCOME OF TK 20,000 FROM A FLAT SITUATED AT FLAT NO. 8 F-2, HOUSE NO: 51,51/A & 52, GREEN ROAD, DHAKA-0-100.0

Total Rental Income Computation

Amount (Taka)

Amount (Taka)

1. Rent Received or Annual Value (whichever is higher)
2. Advance Rent Received
3. Value of any Benefit in addition to 1 & 2
4. Adjusted Advance Rent
5. Vacancy Allowance
6. Total Rental Value
7. Allowable Deduction
  - (a) Repair, Collection etc.
  - (b) Municipal or Local Tax
  - (c) Land Revenue
  - (d) Interest Paid on Loan / Mortgage / Capital Charge
  - (e) Insurance Premium Paid
  - (f) Others, if any
8. Total Admissible Deduction
9. Net Income (6 – 8)
10. Taxpayer's Share, if applicable

2,40,000

0

0

0

0

2,40,000

60,000

60,000

0

0

0

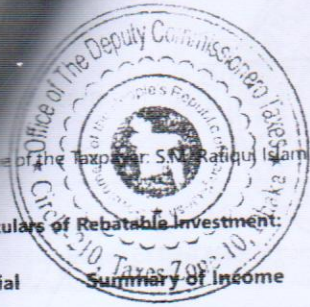
0

60,000

1,80,000

Attested

ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।



**Schedule-5**  
**(Particulars of Investment Tax Credit)**

TIN: 7 9 3 9 3 3 8 8 3 9 7 8

Particulars of Rebatable Investment:

Serial  
No.

Summary of Income

Amount in Taka

1.	Life Insurance Premium or Contractual Deferred Annuity Paid in Bangladesh	
2.	Contribution to Deposit Pension Scheme	
3.	Investment in Government Securities, Unit Certificate, Mutual Fund, ETF or Joint Investment Scheme Unit Certificate	0
4.	Investment in Securities listed with Approved Stock Exchange	
5.	Contribution to Provident Fund to which Provident Fund Act, 1925 applies	
6.	Self & Employer's Contribution to Recognized Provident Fund	34,500
7.	Contribution to Super Annuation Fund	
8.	Contribution to Benevolent Fund / Group Insurance Premium	
9.	Contribution to Zakat Fund	
10.	Others, if any (provide detail)	0
11.	Total Investment (aggregate of 1 to 10)	34,500
12.	Amount of Tax Rebate	15,175

Attested

1

Sam

ডাঃ শাহিনুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।



অবিকল নকল সত্যায়িত

IT-10BB

Statement of Expenses Relating to Lifestyle  
(For Individual Person)

Name of the Taxpayer: S.M. Rafiqul Islam

TIN 7 9 3 9 3 3 8 8 3 9 7 8

Serial No.	Particulars of Expenditure	Amount of Taka	Comments
1.	Personal and family fooding, clothing and other essentials	1,50,000	
2.	Housing Expense	0	LIVE IN OWN FLAT
3.	Personal Transport Expense	1,20,000	
4.	Utility Expense (Electricity, Gas, Water, Telephone, Mobile, Internet etc. Bills)	82,200	SHARE WITH SON, SHARE WITH SON
5.	Education Expense	0	
6.	Personal Expense for Local and Foreign Travel, Vacation etc.	0	
7.	Festival and Other Special Expense	17,857	
8.	Tax Deducted / Collected at Source (with TS on Profit of Sanchaypatra) and Tax & Surcharge Paid based on Tax Return of Last Year	59,943	TDS ON SALARY+ TDS OF BANK INTREST+ AIT ON CAR+ TDS ON DIVDEND
9.	Interest Paid on Personal Loan Received from Institution & Other Source	0	
	Total:	4,30,000	

Verification

I solemnly declare that to the best of my knowledge and belief the information given in this IT-10BB (2023) is correct and complete.

*Affected*

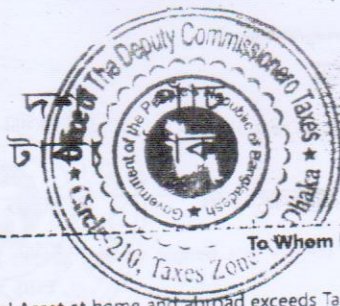
S.M. Rafiqul Islam

Name & signature of the Taxpayer

Date: 10/26/2025

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*S.M. Rafiqul Islam*  
ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।



বাংলাদেশ  
কোর্ট ফি

অবিবর্তন নকল সত্যায়িত

IT-108 (2023)

To Whom It May Concern

- All Public Servants.
- If the amount of Total Asset at home and abroad exceeds Taka 50,00,000
- The amount of Total Asset does not exceed Tk. 50,00,000 but owns a Motor Car in any time or Invested in any House Property or Apartment within the City Corporation area or Owns Assets outside Bangladesh or being a Shareholder Director of a Company.
- Every Non-Bangladeshi and Non-Resident Bangladesh Natural Person shall submit the statement only in respect of Assets Located in Bangladesh.

Name of the Taxpayer: S.M. Rafiqul Islam

TIN 7 9 3 9 3 3 8 8 3 9 7 8

1. Sources of Fund:

- (a) Total Income Shown in Return (Sl. No. 11 of Statement of Total Income) Amount (Tk) 9,19,068 ✓
- (b) Tax Exempted Income (Please see Instruction Page) Amount (Tk) 3,62,667 ✓
- (c) Receipt of Gift and Others

Total Source of Fund:

12,81,735 ✓

2. Net Wealth as on Last Date of Previous Income Year

56,51,482 ✓

3. Sum of Source of Fund and Previous Year's Net Wealth (1 + 2)

69,33,217 ✓

4.

- (a) Expense relating to Lifestyle (as per IT-10BB) Amount (Tk) 4,30,000 ✓
- (b) Gift / Expenses / Loss Not Mentioned in IT-10BB 0

Total Expense and Loss:

4,30,000 ✓

5. Net Wealth at the Last Date of this Financial Year (3 - 4)

65,03,217 ✓

6. Personal Liabilities Outside Business

- (a) Institutional Liabilities
- (b) Non-Institutional Liabilities
- (c) Other Liabilities

Total Liabilities Outside Business:

0

7. Gross Wealth (5 + 6)

65,03,217 ✓

8. Particulars of Assets (if needed attach separate sheet)

- (a) Total Asset of Business
- Less: Business Liabilities (Institutional & Non-Institutional)
- (b) Director's Shareholdings in the Companies Amount (Tk) 7,25,500 ✓
- (c) Business Capital of Partnership Firm
- (d) Non-Agricultural Property / land / House Property (Acquisition / Cost Value with Legal Expense / Acquired Price / Building Cost / Investment) Amount (Tk) 5,99,000 ✓
- Location and Description of Non-Agricultural Property (use separate sheet if needed)
- (e) Agricultural Property (Acquisition / Cost Value with Legal Expense)
- Location and Description of Agricultural Property (use separate sheet if needed)
- (f) Financial Assets:

- (i) Share / Debenture / Bond / Securities / Unit Certificate etc.
- (ii) Sanchaypatra / Deposit Pension Scheme
- (iii) Loan Given (Mention Name & NID of Loan Receiver)

Affected

S.M. Rafiqul Islam

ডাঃ শাফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
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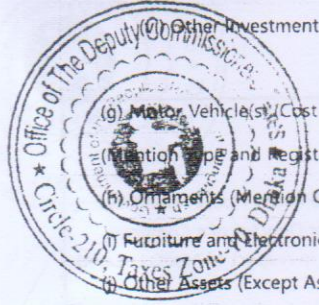
অবিবর্তন নকল সত্যায়িত কপির জন্য  
আবেদনের তারিখ... ২২/১২/২০২৪  
নকল প্রস্তুতের তারিখ... ২২/১২/২০২৪  
কপি সরবরাহের তারিখ... ২২/১২/২০২৪  
প্রস্তুতকারীর স্বাক্ষর...  
পরীক্ষকের স্বাক্ষর...

(iv) Savings Deposit / Term Deposit

আবিকুল নকল সত্যায়িত

(v) Provident Fund or Other Fund (if any)

34,500



(vi) Other Investment

Total Financial Assets:

34,500

(g) Motor Vehicle(s) (Cost Value including Registration Expense)

26,00,000

(Mention type and Registration Number of Motor Vehicle)

(h) Ornaments (Mention Quantity) (Gold 20 Bhori)

0

(i) Furniture and Electronic Items

40,000

(j) Other Assets (Except Assets Mentioned in Sl. k)

(k) Cash in Hand and Fund Outside Business

(i) Bank Balance

4,55,493

(ii) Cash in Hand

20,48,724

(iii) Others

Total Cash in Hand and Fund Outside Business:

25,04,217

Total Assests inside Bangladesh

65,03,217

9. Assets Outside Bangladesh

10. Total Assets in Bangladesh and Outside Bangladesh (8 + 9)

65,03,217

Verification

I solemnly declare that to the best of my knowledge and belief the information given in this IT-10B (2023) is correct and complete.

Attested  
S.M. Rafiqul Islam  
28/11/2025

ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।

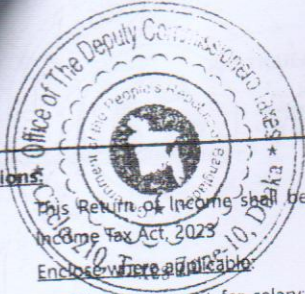
S.M. Rafiqul Islam  
Name & Signature of the Taxpayer  
Date: 10/26/2025

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শ্রীমান আবিকুল  
২২/১১/২০২৫  
স্বাক্ষর  
কর সার্কেল-২১০  
কর অঞ্চল-১০, ঢাকা

আবিকুল  
২২/১১/২০২৫  
(মোঃ আবু বকর সিদ্দিক তালুকদার)  
সহকারী কর কমিশনার  
কর সার্কেল-২১০, কর অঞ্চল-১০, ঢাকা।  
ফোন: ৮০৯২১৯১

## Instructions to fill up the Return Form



## Instructions:

- (1) This Return of Income shall be Signed and Verified by the Taxpayer or his Authorized Representative as prescribed in the Income Tax Act, 2023.
- (2) Enclose where applicable:  
 (a) Salary Statement for salary; Bank statement for interest; Certificate for interest on savings instruments; Rent agreement, receipts of municipal tax & land revenue, statement of house property loan interest, insurance premium for house property income; Statement of Professional income as per IT Rule-8; Copy of assessment/income statement & balance sheet for partnership income; Documents of capital gain; Dividend warrant for dividend income; Statement of other income; Documents in support of investments in savings certificates, LIP, DPS, Zakat, stock/share etc.  
 (b) Depreciation Chart claiming depreciation as per the Income Tax Act, 2023;  
 (c) Computation of Income according to the Income Tax Act, 2023.
- (3) Enclose Separate Statement for:  
 (a) any income of the spouse of the Taxpayer (if she/he is not an Taxpayer), minor children and dependent;  
 (b) Tax exempted / Tax free Income.  
 (c) Income Exempted from Tax declared under Part 1 of the Sixth Schedule of the Income Tax Act, 2023.
- (4) Documents furnished to support the declaration should be signed by the Taxpayer or his/her authorized representative.
- (5) Furnish the following information:  
 (a) Name, address & TIN of the partners if the Taxpayer is a firm;  
 (b) Name of firm, address & TIN if the Taxpayer is a partner;  
 (c) Name of the company, address & TIN if the Taxpayer is a director.
- (6) Assets and liabilities of self, spouse (if she/he is not a Taxpayer), minor children and dependant(s) to be shown in the IT-10B (2023).
- (7) Signature is mandatory for all Taxpayer or his / her authorized representative.
- (8) For Individual Person, signature is also mandatory in IT-10B (2023) & IT-10BB (2023).
- (9) If needed, please use separate sheet.

Attested

ডাঃ শফিকুল ইসলাম  
কোড নং-১৩১৯২৫  
উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
শ্রীপুর, গাজীপুর।

Assessment Year: 2025-2026

**PARTICULARS OF SOURCES OF FUND**  
[Attachment for serial no 1 of IT-10B (2023)]

Taxpayer Name: S.M. Rafiqul Islam

TIN 7 9 3 9 3 3 8 8 3 9 7 8

## Sources of Fund

Sources	Particulars	Amount
Taxable Income	-	9,19,068
Tax Exempted Income	Salary	3,62,667
Receipt of Gift and Others	-	0

**Source Tax, AIT and Regular Tax Claim**  
 [Attachment for serial no 20, 21, 22, 23 of IT-11GA(2023)]

Taxpayer Name: S.M. Rafiqui Islam

Assessment Year: 2024

TIN 7 9 3 9 3 3 8 8 3 9 7 8

Total Claimed Amount: 52,500

অবিকল নকল সত্যায়িত



AHested  
 20/11/2025

S.M. Islam

ডাঃ শফিকুল ইসলাম  
 কোড নং-১৩১৯২৫  
 উপজেলা স্বাস্থ্য পঃ পঃ কর্মকর্তা  
 শ্রীপুর, নাজীপুর।

