



Government of the People's Republic of Bangladesh
National Board of Revenue
(Income Tax Office)

Acknowledgement Receipt/Certificate of Return of Income

Assessment Year: 2025-2026

Section: 180(2) [Revised]

Name of the Taxpayer: H. M. Elias

NID / Passport No (if No NID): 1463739316

TIN: 5 1 3 6 4 9 5 7 6 4 5 5

Circle: Circle-060 (Patiya)

Taxes Zone: 03, Chattogram

Total Income Shown: 4,06,667 Taka

Total Tax Paid: 3,000 Taka

| | |
|-------------------------------|---------------|
| Serial No. of Return Register | 3469987505408 |
| Volume No. of Return Register | |
| Date of Return Submission | 22/12/2025 |

Seal of Tax Office

Signature and Seal of the Official Receiving the
Return



System generated document. No signature required.

Attested
5/12/25
26/12/25
Dr. Md. Setim Uddin
Code Number : 139518
MBBS, BCS (Health)
Assistant Surgeon
Shovandakhi Union Health Center, Paliya.

Please Visit: "<https://etaxnbr.gov.bd>" website to get Income Tax Certificate in Online



Government of the People's Republic of Bangladesh
National Board of Revenue

Taxpayer's Identification Number (TIN) Certificate

TIN : 513649576455

This is to Certify that **H. M. Elias** is a Registered Taxpayer of National Board of Revenue under the jurisdiction of **Taxes Circle-060 (Patiya) , Taxes Zone 03, Chattogram.**

Taxpayer's Particulars :

- 1) Name : **H. M. Elias**
- 2) Father's Name : **Ahmad Kabir**
- 3) Mother's Name : **Nurnunnahar**
- 4.a) Current Address : **Darun Najam, Jafakhana And Shohandandi, East Thanamahira, Santirhat, Patiya, Chattogram**
- 4.b) Permanent Address : **Darun Najam, Jafakhana And Shohandandi, East Thanamahira, Santirhat, Patiya, Chattogram, Bangladesh**
- 5) Previous TIN : **Not Applicable**
- 6) Status : **Individual**

Date : December 14, 2025

Attested
Signature
28/12/25
Dr. Md. Selim Uddin
Code Number : 139518
MBBS, BCS (Health)
Assistant Surgeon
Shohandandi Union Health Center, Patiya

Please Note:

1. A Taxpayer is liable to file the Return of Income under section 166 of the Income Tax Act, 2023.
2. Failure to file Return of Income under Section 166 is liable to-
 - (a) Penalty under section 266, and
 - (b) Prosecution under section 311 of the Income Tax Act, 2023.



Deputy Commissioner of Taxes
Taxes Circle-060 (Patiya)
Taxes Zone 03, Chattogram
Address : PalikanMehjabinBhaban (9th floor), House#227,
Road No.-2, CDA R/A, Agrabad, Chattogram Phone : 031-724166

N. B: This is a system generated certificate and requires no manual signature.

| For Office Use | |
|-------------------------------|---------------|
| Serial No. of Return Register | 3469987505408 |
| Volume No. of Return Register | |
| Date of Return Submission | 12/22/2025 |

FORM OF RETURN OF INCOME FOR
INDIVIDUAL PERSON

U/S- 180(2) [Revised]

1. Name of the Taxpayer: H. M. Elias

2. National ID No. / Passport No. (If No NID): 1463739316

3. TIN:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

4. (a) Circle Circle-060 (Patiya) (b) Taxes Zone: 03, Chattogram

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 | 0 | 1 | 0 | 1 | 9 | 6 | 9 |
|---|---|---|---|---|---|---|---|

10. Wife/Husband's Name:
TIN (if spouse is a Taxpayer):

11. Address: Darun Najat Madrasha hefjakhana And Ethimkhana, East Thanamahira, Santirhat, Patiya, Chattogram
Telephone: 01815516337 Mobile: 01815516337 e-mail:

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:

Attended
Signature
26/12/2025
Dr. Md. Selim Uddin
Code Number: 139518
MBBS, BCS (Health)
Assistant Surgeon
Shovandandi Union Health Center, Patiya-

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

Name of the Taxpayer: H. M. Elias

TIN: 5 1 3 6 4 9 5 7 6 4 5 5

| Particulars of Income | | Amount in Taka |
|------------------------------|---|-----------------------|
| 1. | Income from Employment (annex Schedule 1) | 0 |
| 2. | Income from Rent (annex Schedule 2) | 0 |
| 3. | Income from Agriculture (annex Schedule 3) | 0 |
| 4. | Income from Business (annex Schedule 4) | 2,66,667 |
| 5. | Income from Capital Gain | 0 |
| 6. | Income from Financial Assets (Bank Interest, Dividend, Securities Profit etc) | 0 |
| 7. | Income from Other Sources (Royalty, License Fees, Honorarium, Govt. Incentive etc.) | 1,40,000 |
| 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) | 4,06,667 |

| Tax Computation | | Amount in Taka |
|------------------------|---|-----------------------|
| 12. | Gross Tax on Taxable Income | 2,833 |
| 13. | Tax Rebate (annex Schedule 5) | 0 |
| 14. | Net Tax after Rebate (12 - 13) | 3,000 |
| 15. | Minimum Tax | 3,000 |
| 16. | Tax Payable (Higher of 14 and 15) | 3,000 |
| 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) | 3,000 |

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

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

Verification

I **H. M. Elias** father / husband: **Ahmad Kabir** TIN

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

 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: 12/22/2025

Attended
SM
20/12/25
Dr. Md. Selim Uddin
Code Number : 139518
MBBS, BCS (Health)
Assistant Surgeon
Shovandachi Union Health Center, Paliya.

H. M. Elias

Signature

(Name in Block Letters)

System generated document, it requires no signature

Schedule-4
(Particulars of Income from Business)

Name of the Taxpayer: H. M. Elias

TIN:

5 1 3 6 4 9 5 7 6 4 5 5

Name of Business: Darun Najat Madrasha Hefjakhana And
Ethimkhana

Nature of Business: Regular Business Income

Address of Business: Patiya, Chattogram

| Serial No | Summary of Income | Amount in Taka |
|-----------|---|----------------|
| 1. | Sales / Turnover / Receipt | 10,00,000 |
| 2. | Gross Profit | 4,00,000 |
| 3. | General, Administrative, Selling and Other Expenses | 1,33,333 |
| 4. | Bad Debt Expense | |
| 5. | Net Profit (2 – 3) | 2,66,667 |

| Serial No | Summary of Balance Sheet | Amount in Taka |
|-----------|---------------------------------------|----------------|
| 6. | Cash and Bank Balance | |
| 7. | Inventory | |
| 8. | Fixed Assets | |
| 9. | Other Assets | |
| 10. | Total Assets (6 + 7 + 8 + 9) | 0 |
| 11. | Opening Capital | |
| 12. | Net Profit | 2,66,667 |
| 13. | Drawing during the Income Year | |
| 14. | Closing Capital (11 + 12 – 13) | 2,66,667 |
| 15. | Liabilities | |
| 16. | Total Capital & Liabilities (14 + 15) | 2,66,667 |

Schedule-5
(Particulars of Investment Tax Credit)

Name of the Taxpayer: H. M. Elias

TIN:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

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 | |
| 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) | 0 |
| 12. | Amount of Tax Rebate | 0 |

Attested
Signature
26/2/24
Dr. Md. Selim Uddin
Code Number : 139518
MBBS, BCS (Health)
Assistant Surgeon
Shovandandi Union Health Center, Paliya

Statement of Expenses Relating to Lifestyle
(For Individual Person)

Name of the Taxpayer: H. M. Elias

TIN

5 1 3 6 4 9 5 7 6 4 5 5

| Serial No. | Particulars of Expenditure | Amount of Taka | Comments |
|------------|--|-----------------|---------------------|
| 1. | Personal and family fooding, clothing and other essentials | 1,00,000 | |
| 2. | Housing Expense | 0 | Live on own Village |
| 3. | Personal Transport Expense | 10,000 | |
| 4. | Utility Expense (Electricity, Gas, Water, Telephone, Mobile, Internet etc. Bills) | 15,000 | |
| 5. | Education Expense | 20,000 | |
| 6. | Personal Expense for Local and Foreign Travel, Vacation etc. | 0 | |
| 7. | Festival and Other Special Expense | 30,000 | |
| 8. | Tax Deducted / Collected at Source (with TS on Profit of Sanchaypatra) and Tax & Surcharge Paid based on Tax Return of Last Year | 0 | |
| 9. | Interest Paid on Personal Loan Received from Institution & Other Source | 0 | |
| | Total: | 1,75,000 | |

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.

H. M. Elias

Name & signature of the Taxpayer

Date: 12/22/2025

System generated document, it requires no signature

Statement of Assets, Liabilities and Expenses (as on 30/6/2025)

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: H. M. Elias

TIN

5 1 3 6 4 9 5 7 6 4 5 5

| 1. Sources of Fund: | Amount (Tk.) | Amount (Tk.) |
|---|--------------|------------------|
| (a) Total Income Shown in Return (Sl. No. 11 of Statement of Total Income) | 4,06,667 | |
| (b) Tax Exempted Income (Please see Instruction Page) | | |
| (c) Receipt of Gift and Others | 23,30,000 | |
| Total Source of Fund: | | 27,36,667 |
| 2. Net Wealth as on Last Date of Previous Income Year | | 0 |
| 3. Sum of Source of Fund and Previous Year's Net Wealth (1 + 2) | | 27,36,667 |
| 4. | | |
| (a) Expense relating to Lifestyle (as per IT-10BB) | 1,75,000 | |
| (b) Gift / Expenses / Loss Not Mentioned in IT-10BB | 0 | |
| Total Expense and Loss: | | 1,75,000 |
| 5. Net Wealth at the Last Date of this Financial Year (3 - 4) | | 25,61,667 |
| 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) | | 25,61,667 |
| 8. Particulars of Assets (if needed attach separate sheet) | | |
| (a) Total Asset of Business | 2,00,000 | |
| Less: Business Liabilities (Institutional & Non-Institutional) | 0 | |
| (b) Director's Shareholdings in the Companies | | |
| (c) Business Capital of Partnership Firm | | |
| (d) Non-Agricultural Property / land / House Property (Acquisition / Cost Value with Legal Expense / Acquired Price / Building Cost / Investment) Location and Description of Non-Agricultural Property (use separate sheet if needed) | 12,15,000 | |
| (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. | 1,00,000 | |
| (ii) Sanchaypatra / Deposit Pension Scheme | 0 | |
| (iii) Loan Given (Mention Name & NID of Loan Receiver) | | |

Attested
 30/6/2025
 Dr. Md. Selim Uddin
 Code Number : 139518
 MBBS, BCS (Health)
 Assistant Surgeon
 Shivandardi Union Health Center, Paliya

| | | |
|---|----------|-----------|
| (iv) Savings Deposit / Term Deposit | | |
| (v) Provident Fund or Other Fund (if any) | | |
| (vi) Other Investment | | |
| Total Financial Assets: | 1,00,000 | |
| (g) Motor Vehicle(s) (Cost Value including Registration Expense) (Mention Type and Registration Number of Motor Vehicle) | | |
| (h) Ornaments (Mention Quantity) (Gold 15 Bhuri) | 1,50,000 | |
| (i) Furniture and Electronic Items | 1,80,000 | |
| (j) Other Assets (Except Assets Mentioned in Sl. k) | | |
| (k) Cash in Hand and Fund Outside Business | | |
| (i) Bank Balance | 2,000 | |
| (ii) Cash in Hand | 7,14,667 | |
| (iii) Others | | |
| Total Cash in Hand and Fund Outside Business: | 7,16,667 | |
| Total Assests inside Bangladesh | | 25,61,667 |
| 9. Assets Outside Bangladesh | | |
| 10. Total Assets in Bangladesh and Outside Bangladesh (8 + 9) | | 25,61,667 |

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.

H. M. Elias

Name & Signature of the Taxpayer

Date: 12/22/2025

System generated document, it requires no signature

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.

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

Taxpayer Name: H. M. Elias

Assessment Year: 2025-2026

TIN 5 1 3 6 4 9 5 7 6 4 5 5

Sources of Fund

| Sources | Particulars | Amount |
|----------------------------|-----------------------------|-----------|
| Taxable Income | - | 4,06,667 |
| Tax Exempted Income | - | 0 |
| Receipt of Gift and Others | Marriage Gift, Past Savings | 23,30,000 |

Attested
28/2/26
Dr. Md. Selim Uddin
Code Number : 139518
MBBS, BCS (Health)
Assistant Surgeon
Shovandandi Union Health Center, Paliya

PARTICULARS OF BUSINESS CAPITALS
 [Attachment for serial no 8(b) & 8(c) of IT-10B (2023)]

Taxpayer Name: H. M. Elias

Assessment Year: 2025-2026

TIN

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

PARTICULARS OF NON-AGRICULTURAL & AGRICULTURAL PROPERTIES
 [Attachment for serial no 8(d) & 8(e) of IT-10B (2023)]

Taxpayer Name: H. M. Elias

Assessment Year: 2025-2026

TIN

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Non-agricultural Properties

| | Non-agricultural property at cost value or any advance made for such property (description, location and size) | Value at the start of income year | Increased/decreased during the income year | Value at the last date of income year |
|---|---|-----------------------------------|--|---------------------------------------|
| 1 | Dolil No-1779, 6 No Kusumpur Union, Thanmahira, Patiya A Nal Land Purchased and Construction of the 5-storey Building has been Completed Up to the First Floor (653.40 Square Feet) | 12,15,000 | 0 | 12,15,000 |

PARTICULARS OF FINANCIAL ASSETS AND BANK/FI ACCOUNT/CARDS
 [Attachment for serial no 8(f) of IT-10B (2023)]

Taxpayer Name: H. M. Elias

Assessment Year: 2025-2026

TIN

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Share, debenture, bond, securities, unit certificates

| | BO Account/Instrument/ISIN no. | Type of Acquisition | Name of Brokerage House/Bank/FI | Cost Value |
|---|--------------------------------|---------------------|---------------------------------|------------|
| 1 | Prize Bond | Gift | sonali bank | 1,00,000 |

Bank account/Card/Electronic Cash

| | Type | Name of Bank/FI | Account No. | Year end balance |
|---|--------------|-----------------|---------------|------------------|
| 1 | Bank Account | Pubali Bank PLC | 1926101048311 | 2,000 |

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

Taxpayer Name: H. M. Elias

Assessment Year: 2025-2026

Total Claimed Amount: 3,000

TIN

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 3 | 6 | 4 | 9 | 5 | 7 | 6 | 4 | 5 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Tax Paid with Return

| Challan No | Date | Taxes Zone | Taxes Circle | Bank | Amount | Status | View Challan |
|-----------------|------------|----------------------|--------------|------------------|--------|----------|----------------------|
| 2526-0021296366 | 22-12-2025 | TAXZONE-3,CHATTOGRAM | CIRCLE-60 | SONALI BANK LTD. | 3,000 | VERIFIED | View |

Attended
Sure
Dr. Md. Selim Uddin
Code Number: 139518
MBBS, BCS (Health)
Assistant Surgeon
Abanbardi Union Health Center, Paky.

চালান ফরম

সোনালী ব্যাংক, স্থানীয় কার্যালয়, ঢাকা শাখায় টাকা জমা দেওয়ার চালান

| যে সরকারি প্রতিষ্ঠানের অনুকূলে অর্থ জমা হচ্ছে | যার মাধ্যমে টাকা প্রদত্ত হলো তার নাম, সনাক্তকরণ নম্বর ও ঠিকানা | যে ব্যক্তি/প্রতিষ্ঠানের পক্ষ হতে টাকা প্রদত্ত হলো তার নাম, সনাক্তকরণ নম্বর ও ঠিকানা | চালান নং | কি বাবদ জমা দেওয়া হলো তার বিবরণ | জমার পরিমাণ |
|---|--|--|------------------|--------------------------------------|-------------|
| সার্কেল-৬০, পরিদর্শী রেঞ্জ-৩, কর অঞ্চল-৩, চট্টগ্রাম | H. M. Elias **** | H. M. Elias, H. M. ELIAS ৫১*****৬৪৫৫ Darun Najat Madrasha hejjakhana And Ethimkhana, East Thanamahira, Santirhat, Patiya, Chattogram | ২৫২৬-০০২১২৯৬৩৬৬১ | ১১১১১০১-ব্যক্তি কর্তৃক দেয় আয়কর | ৩,০০০.০০ |

নতুন কোড: ১১১০২১৭১০২৬৫৪-১১০০০০০০-১১০০১০০০-১১১১১০১ অন্যান্য বিবরণ/মন্তব্য (যদি থাকে): করবর্ষ ২০২৫ -
২৬ এর জন্য আয়কর ধারা ১৭৩ অনুযায়ী

শেট (অংকে) = ৩,০০০.০০
টাকা (কথায়): তিন হাজার টাকা
তারিখ: ২২/১২/২০২৫ খ্রি.

এটি একটি সিস্টেম জেনারেটেড চালান, কোন স্বাক্ষর প্রয়োজন নেই।

প্রাধিকার কপি

টি.আর.ফরম নং-৬ (৪)
(এস আর অনুচ্ছেদ ৩৭ চট্টব্য)

চালান ফরম

সোনালী ব্যাংক, স্থানীয় কার্যালয়, ঢাকা শাখায় টাকা জমা দেওয়ার চালান

| যে সরকারি প্রতিষ্ঠানের অনুকূলে অর্থ জমা হচ্ছে | যার মাধ্যমে টাকা প্রদত্ত হলো তার নাম, সনাক্তকরণ নম্বর ও ঠিকানা | যে ব্যক্তি/প্রতিষ্ঠানের পক্ষ হতে টাকা প্রদত্ত হলো তার নাম, সনাক্তকরণ নম্বর ও ঠিকানা | চালান নং | কি বাবদ জমা দেওয়া হলো তার বিবরণ | জমার পরিমাণ |
|---|--|--|------------------|--------------------------------------|-------------|
| সার্কেল-৬০, পরিদর্শী রেঞ্জ-৩, কর অঞ্চল-৩, চট্টগ্রাম | H. M. Elias **** | H. M. Elias, H. M. ELIAS ৫১*****৬৪৫৫ Darun Najat Madrasha hejjakhana And Ethimkhana, East Thanamahira, Santirhat, Patiya, Chattogram | ২৫২৬-০০২১২৯৬৩৬৬১ | ১১১১১০১-ব্যক্তি কর্তৃক দেয় আয়কর | ৩,০০০.০০ |

নতুন কোড: ১১১০২১৭১০২৬৫৪-১১০০০০০০-১১০০১০০০-১১১১১০১ অন্যান্য বিবরণ/মন্তব্য (যদি থাকে): করবর্ষ ২০২৫ -
২৬ এর জন্য আয়কর ধারা ১৭৩ অনুযায়ী

শেট (অংকে) = ৩,০০০.০০
টাকা (কথায়): তিন হাজার টাকা
তারিখ: ২২/১২/২০২৫ খ্রি.

এটি একটি সিস্টেম জেনারেটেড চালান, কোন স্বাক্ষর প্রয়োজন নেই।

সার্কেল-৬০, পরিদর্শী রেঞ্জ-৩, কর
অঞ্চল-৩, চট্টগ্রাম -এর কপি

টি.আর.ফরম নং-৬ (৪)
(এস আর অনুচ্ছেদ ৩৭ চট্টব্য)

চালান ফরম

সোনালী ব্যাংক, স্থানীয় কার্যালয়, ঢাকা শাখায় টাকা জমা দেওয়ার চালান

| যে সরকারি প্রতিষ্ঠানের অনুকূলে অর্থ জমা হচ্ছে | যার মাধ্যমে টাকা প্রদত্ত হলো তার নাম, সনাক্তকরণ নম্বর ও ঠিকানা | যে ব্যক্তি/প্রতিষ্ঠানের পক্ষ হতে টাকা প্রদত্ত হলো তার নাম, সনাক্তকরণ নম্বর ও ঠিকানা | চালান নং | কি বাবদ জমা দেওয়া হলো তার বিবরণ | জমার পরিমাণ |
|---|--|--|------------------|--------------------------------------|-------------|
| সার্কেল-৬০, পরিদর্শী রেঞ্জ-৩, কর অঞ্চল-৩, চট্টগ্রাম | H. M. Elias **** | H. M. Elias, H. M. ELIAS ৫১*****৬৪৫৫ Darun Najat Madrasha hejjakhana And Ethimkhana, East Thanamahira, Santirhat, Patiya, Chattogram | ২৫২৬-০০২১২৯৬৩৬৬১ | ১১১১১০১-ব্যক্তি কর্তৃক দেয় আয়কর | ৩,০০০.০০ |

নতুন কোড: ১১১০২১৭১০২৬৫৪-১১০০০০০০-১১০০১০০০-১১১১১০১ অন্যান্য বিবরণ/মন্তব্য (যদি থাকে): করবর্ষ ২০২৫ -
২৬ এর জন্য আয়কর ধারা ১৭৩ অনুযায়ী

শেট (অংকে) = ৩,০০০.০০
টাকা (কথায়): তিন হাজার টাকা
তারিখ: ২২/১২/২০২৫ খ্রি.

এটি একটি সিস্টেম জেনারেটেড চালান, কোন স্বাক্ষর প্রয়োজন নেই।

Attested
Dr. Md. Selim Uddin
Code Number : 139518
MBBS, BCS (Health)
Assistant Surgeon
Shovandari Union Health Center, Paliya.