



Government of the People's Republic of Bangladesh
National Board of Revenue
Income Tax Department

Income Tax Certificate
Assessment Year: 2025-2026

Taxpayer's Name	:	Mohammad Shamsul Alam
Taxpayer's Identification Number (TIN)	:	465701971734
Father's Name	:	Md. Ruhul Amin
Mother's Name	:	Hosne Ara Begum
Current Address	:	509, Paramedical Road, GPO, Rajpara, Rajshahi
Permanent Address	:	509, Paramedical Road, GPO, Rajpara, Rajshahi
Status	:	Individual -> Bangladeshi -> Having NID

This is to certify that Mohammad Shamsul Alam is a registered taxpayer of Taxes Circle-019, Taxes Zone-Rajshahi. The taxpayer has filed the return of income for the Assessment Year 2025-2026.



This is a system generated certificate, and requires no signature.



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For Office Use	
Serial No. of Returns Register	2534708542
Volume No. of Return Register	
Date of Return Submission	12/26/2025

FORM OF RETURN OF INCOME FOR
INDIVIDUAL PERSON

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ঢাকা



বাংলাদেশ
কোর্ট ফি

1. Name of the Taxpayer: Mohammad Shamsul Alam

2. National ID No. / Passport No. (if No NID): 4656153212

3. TIN: 4 6 5 7 0 1 9 7 1 7 3 4

4. (a) Circle Circle-019

(b) Taxes Zone: Rajshahi

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:

অবিকল অনুলিপি প্রত্যায়িত হইল

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):

2 9 0 6 1 9 5 7

দশম দাখিলের তারিখ... ২৮/১২/২৫

কপিং ফি ট্যাক্স... ২০০৫... জমার তারিখ... ২৮/১২/২৫

10. Wife/Husband's Name:

জাবেদা নব্বা প্রস্তুতের তারিখ... ২৮/১২/২৫

TIN (if spouse is a Taxpayer):

জাবেদা নব্বা সরবরাহের তারিখ... ২৮/১২/২৫

11. Address: 509, Paramedical Road, GPO, Rajpara, Rajshahi

Telephone: 01779810112

Mobile: 01779810112

e-mail:

12. If employed, employer's name (latest employer's name in case of multiple employment): Barind Medical College and Hospital LTD

13. (a) Name of Organization:

(b) Business Identification number (BIN):

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

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

Name of the Taxpayer: Mohammad Shamsul Alam

TIN: 4 6 5 7 0 1 9 7 1 7 3 4

Particulars of Income		Amount in Taka
1.	Income from Employment (annex Schedule 1)	8,00,000
2.	Income from Rent (annex Schedule 2)	0
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)	0
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)	8,00,000

Tax Computation

		Amount in Taka
12.	Gross Tax on Taxable Income	35,000
13.	Tax Rebate (annex Schedule 5)	0
14.	Net Tax after Rebate (12 - 13)	35,000
15.	Minimum Tax	4,000
16.	Tax Payable (Higher of 14 and 15)	35,000
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)	35,000

রোজিনা
হাসনা
স্বাক্ষরিত
সার্কেল-১৯, রাজশাহী।

আইয়ীন পারভীন
প্রধান সহকারী
সার্কেল-১৯,
কর-অফিস-রাজশাহী।


স্বাক্ষরিত
অতিরিক্ত সহকারী কর কমিশনার
সার্কেল-১৯, রাজশাহী
কর অফিস, রাজশাহী
ফোন: ০৯২১-৯৯২৯৮০

	AMOUNT IN Taka
20. Tax Deducted or Collected at Source (attach proof)	38,004
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)	0
24. Total Tax Paid and Adjusted (20 + 21 + 22 + 23)	38,004
25. Excess Payment (24 - 19)	3,004
26. Tax Exempted / Tax Free Income (attach proof)	4,00,000

অবিকল অনুলিপি প্রত্যায়িত হইল

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

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কোর্ট ফি

Verification

I **Mohammad Shamsul Alam** father / husband: **Md. Ruhul Amin** TIN **4 6 5 7 0 1 9 7 1 7 3 4**
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: 12/26/2025

Mohammad Shamsul Alam

Signature

(Name in Block Letters)

System generated document, it requires no signature

Schedule 1

Particulars of Income from Employment

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

Name of the Taxpayer: Mohammad Shamsul Alam

TIN: 4 6 5 7 0 1 9 7 1 7 3 4

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			

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

Name of the Taxpayer: Mohammad Shamsul Alam

TIN: 4 6 5 7 0 1 9 7 1 7 3 4

Particulars	Income (Taka)	Income (Taka)
1. Basic pay ত্রিভিন্নন অনুনিপি প্রত্যায়িত তম্ন	5,40,000	
2. Allowances	6,60,000	
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		
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)	0	
13. Total Salary Received (aggregate of 1 to 12)		12,00,000
14. Exempted Amount (as per Part 1 of 6th Schedule)		4,00,000
15. Total Income from Salary (13 - 14)		8,00,000



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রোজিনা হোসেন
মোহাম্মদ রোজিনা খাতুন
স্টাটমেন্টারিক-কাম-কম্পিউটার অপারেটর
সার্কেল-১৯, রাজশাহী।

আইনী পায়তীন
প্রধান সহকারী
সার্কেল-১৯,
কর-অঞ্চল-রাজশাহী।

আব্দুল হক কামিল
অতিরিক্ত সহকারী কক কমিশনার
সার্কেল-১৯, রাজশাহী
কর অঞ্চল, রাজশাহী
ফোনঃ ০৭২১-৭৭০১৮০

Schedule-5
(Particulars of Investment Tax Credit)

Name of the Taxpayer: Mohammad Shamsul Alam

TIN: 4 6 5 7 0 1 9 7 1 7 3 4

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

Statement of Expenses Relating to Lifestyle
(For Individual Person)

অবিকল অনুলিপি প্রত্যায়িত হইল

Name of the Taxpayer: Mohammad Shamsul Alam

TIN 4 6 5 7 0 1 9 7 1 7 3 4

Serial No.	Particulars of Expenditure	Amount of Taka	Comments
1.	Personal and family fooding, clothing and other essentials	2,20,000	 বাংলাদেশ কোট ফি দশ টাকা
2.	Housing Expense	0	
3.	Personal Transport Expense	24,000	
4.	Utility Expense (Electricity, Gas, Water, Telephone, Mobile, Internet etc. Bills)	80,000	
5.	Education Expense	0	
6.	Personal Expense for Local and Foreign Travel, Vacation etc.	12,000	
7.	Festival and Other Special Expense	90,000	
8.	Tax Deducted / Collected at Source (with TS on Profit of Sanchaypatra) and Tax & Surcharge Paid based on Tax Return of Last Year	53,004	
9.	Interest Paid on Personal Loan Received from Institution & Other Source	0	
Total:		4,79,004	

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.

Mohammad Shamsul Alam

Name & signature of the Taxpayer

Date: 12/26/2025

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হাসানাত
হাঃ রোজিনা খাতুন
মরিক-কাম-কলিকটার অফিসের
কেন-১৯, রাজশাহী।

আইরীম পারভীন
প্রথম সহকারী
সার্কেল-১৯,
কর-অফিস-রাজশাহী।

অতিরিক্ত সহকারী কর কমিশনার
সার্কেল-১৯, রাজশাহী
কর অফিস, রাজশাহী
ফোনঃ ০৭২১-৭৬০২৮০

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

IT-10B (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: Mohammad Shamsul Alam

TIN 4 6 5 7 0 1 9 7 1 7 3 4

	Amount (Tk.)	Amount (Tk.)
1. Sources of Fund:		
(a) Total Income Shown in Return (Sl. No. 11 of Statement of Total Income)		
(b) Tax Exempted Income (Please see Instruction Page)	8,00,000	
(c) Receipt of Gift and Others	4,00,000	
Total Source of Fund:		12,00,000
2. Net Wealth as on Last Date of Previous Income Year		
3. Sum of Source of Fund and Previous Year's Net Wealth (1 + 2)		38,12,044
4.		50,12,044
(a) Expense relating to Lifestyle (as per IT-10BB)		
(b) Gift / Expenses / Loss Not Mentioned in IT-10BB	4,79,004	
Total Expense and Loss:	0	
5. Net Wealth at the Last Date of this Financial Year (3 - 4)		4,79,004
6. Personal Liabilities Outside Business		45,33,040
(a) Institutional Liabilities		
(b) Non-Institutional Liabilities		
(c) Other Liabilities		
Total Liabilities Outside Business:		0
7. Gross Wealth (5 + 6)		45,33,040
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		
(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)	14,67,380	
(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) Sandhaypatra / Deposit Pension Scheme		
(iii) Loan Given (Mention Name & NID of Loan Receiver)	0	

Savings Deposit / Term Deposit

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

(vi) Other Investment

1,00,000

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 20 Bhor)

(i) Furniture and Electronic Items

5,00,000

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

(k) Cash in Hand and Fund Outside Business

(i) Bank Balance

(ii) Cash in Hand

24,65,660

(iii) Others

Total Cash in Hand and Fund Outside Business:

24,65,660

Total Assests inside Bangladesh

45,33,040

9. Assets Outside Bangladesh

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

45,33,040

বাংলাদেশ
কোর্ট ফি



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স্বাক্ষরিত অনুলিপি প্রত্যায়িত হইল

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.

বোজিমা
যুক্তিমা

হার বোজিমা স্বাক্ষর
মিক-কম-কমিউটার অপারেটর
বেল-১৯, রাজশাহী।

২৪/১২/২৫

আইরীন পারভীন
প্রোগ্রাম সহকারী
সফটওয়্যার-১৯,
সফটওয়্যার-১৯, রাজশাহী।

২৪/১২/২৫

অতিরিক্ত সহকারী কম কমিশনার
সফটওয়্যার-১৯, রাজশাহী
কম অফিস, রাজশাহী
ফোন: ০৭২১-৭৭০৮৮০

Mohammad Shamsul Alam
Name & Signature of the Taxpayer
Date: 12/26/2025

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: Mohammad Shamsul Alam

Assessment Year: 2025-2026

TIN 4 6 5 7 0 1 9 7 1 7 3 4

Sources of Fund

Sources	Particulars	Amount
Taxable Income		8,00,000
Tax Exempted Income	Salary	4,00,000
Receipt of Gift and Others		0

PARTICULARS OF NON-AGRICULTURAL & AGRICULTURAL PROPERTIES

[Attachment for serial no 8(d) & 8(e) of IT-10B (2023)]

Taxpayer Name: Mohammad Shamsul Alam

Assessment Year: 2025-2026

TIN 4 6 5 7 0 1 9 7 1 7 3 4

অবিকল অনুনিপি প্রত্যায়িত হইল

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 As Before, Laxmipur, Boalia, Rajshahi (165 Decimal)	27,500	0	27,500
2 As Before, Inheritance Property in, Laxmipur, Boalia, Rajshahi (0.0248 Acre)	0	0	0
3 As Before, Plot From RAJUK, Dhaka (0.05 Acre)	14,39,880	0	14,39,880

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PARTICULARS

[Attachment for serial no 8(d) of IT-10B (2023)]

Taxpayer Name: Mohammad Shamsul Alam

Assessment Year: 2025-2026

TIN 4 6 5 7 0 1 9 7 1 7 3 4

Other Financial Assets

Particulars	Type of Acquisition	Details	Amount
1 Price bond	Gift	As Before	1,00,000

মোহাম্মদ
শামসুল আলম
মোহাম্মদ রোজিনা খাতুন
টিম্ব্রাকরিক-কার-কম্পিউটার অপারেটর
সার্কেল-১৯, রাজশাহী।

আইনীন পারভীন
প্রধান সহকারী
সার্কেল-১৯,
কার-অফিস-রাজশাহী।

২৪/১২/২০২৫
অতিরিক্ত সহকারী কার কম্পিউটার
সার্কেল-১৯, রাজশাহী
কার-অফিস, রাজশাহী
ফোনঃ ০৭২১-৭৭২৯৮০

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

Taxpayer Name: Mohammad Shamsul Alam

Assessment Year: 2025-2025

TIN 4 6 5 7 0 1 9 7 1 7 3 4

Total Claimed Amount: 38,004

Salary (Others)

Challan No	Challan Date	Purpose of Payment	Depositing Authority	Bank	Branch	Challan Amount	Claimed Amount
2425-00042404401	22-08-2024	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00078698961	29-09-2024	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00110771571	07-10-2024	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00170306461	18-11-2024	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00203199911	12-12-2024	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00232964621	16-01-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00258922921	26-02-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00274470691	17-03-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00300077201	20-04-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00318084871	15-05-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00341357141	18-06-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167
2425-00011098271	16-07-2025	Salary [Section-86]	Barind Medical College and Hospital LTD	Sonali Bank PLC		3,167	3,167