**IT-11GA2016**

National Board of Revenue

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**RETURN OF INCOME**

#### For an Individual Assessee

|  |  |  |  |
| --- | --- | --- | --- |
| The following schedules shall be the integral part of this return and must be annexed to return in the following cases: | |  | Photo |
| *Schedule 24A* | *if you have income from Salaries* |
| *Schedule 24B* | *if you have income from house property* |
| *Schedule 24C* | *if you have income from business or profession* |
| *Schedule 24D* | *if you claim tax rebate* |

## PART I

## Basic information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 01 | Assessment Year  **2**  **0**  **-** | | 02 | Return submitted under section 82BB? (tick one) | | |
| Yes | | No |
| 03 | Name of the Assessee | | 04 | Gender (tick one)  F  M | | |
| 05 | Twelve-digit TIN | | 06 | Old TIN | | |
| 07 | Circle | | 08 | Zone | | |
| 09 | Resident Status (tick one) | | Resident | | Non-resident | |
| 10 | Tick on the box(es) below if you are: | | | | | |
| 10A | A gazetted war-wounded  freedom fighter | 10B | A person with disability | | |
| 10C | Aged 65 years or more | 10D | A parent/legal guardian of a person  with disability | | |
| 11 | Date of birth (DD-MM-YYYY)  2  0 | | 12 | Income Year  to | | |
| 13 | If employed, employer’s name | | | | | |
| 14 | Spouse Name | | 15 | Spouse TIN (if any) | | |
| 16 | Father’s Name | | 17 | Mother’s Name | | |
| 18 | Present Address | | 19 | Permanent Address | | |
| 20 | Contact Telephone | | 21 | E-mail | | |
| 22 | National Identification Number | | 23 | Business Identification Number(s) | | |

## PART II

## Particulars of Income and Tax

TIN:

Particulars of Total Income Amount $

|  |  |  |  |
| --- | --- | --- | --- |
| 24 | Salaries (annex Schedule 24A) | S.21 |  |
| 25 | Interest on securities | S.22 |  |
| 26 | Income from house property (annex Schedule 24B) | S.24 |  |
| 27 | Agricultural income | S.26 |  |
| 28 | Income from business or profession (annex Schedule 24C) | S.28 |  |
| 29 | Capital gains | S.31 |  |
| 30 | Income from other sources | S.33 |  |
| 31 | Share of income from firm or AOP |  |  |
| 32 | Income of minor or spouse under section 43(4) | S.43 |  |
| 33 | Foreign income |  |  |
| 34 | Total income (aggregate of 24 to 33) |  |  |

Tax Computation and Payment Amount $

|  |  |  |
| --- | --- | --- |
| 35 | Gross tax before tax rebate |  |
| 36 | Tax rebate (annex Schedule 24D) |  |
| 37 | Net tax after tax rebate |  |
| 38 | Minimum tax |  |
| 39 | Net wealth surcharge |  |
| 40 | Interest or any other amount under the Ordinance (if any) |  |
| 41 | Total amount payable |  |
| 42 | Tax deducted or collected at source (attach proof) |  |
| 43 | Advance tax paid (attach proof) |  |
| 44 | Adjustment of tax refund [mention assessment year(s) of refund] |  |
| 45 | Amount paid with return (attach proof) |  |
| 46 | Total amount paid and adjusted (42+43+44+45) |  |
| 47 | Deficit or excess (refundable) (41-46) |  |
| 48 | Tax exempted income |  |

#### PART III

#### Instruction, Enclosures and Verification

TIN:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 49 | **Instructions**  1. Statement of assets, liabilities and expenses (IT-10B2016) and statement of life style expense (IT-10BB2016) must be furnished with the return unless you are exempted from furnishing such statement(s) under section 80.  2. Proof of payments of tax, including advance tax and withholding tax and the proof of investment for tax rebate must be provided along with return.  3. Attach account statements and other documents where applicable | | | |
| 50 | If you are a parent of a person with disability, has your spouse availed the extended tax exemption threshold? (tick one) | | Yes | No |
| 51 | Are you required to submit a statement of assets, liabilities and expenses (IT-10B2016) under section 80(1)? (tick one) | | Yes | No |
| 52 | Schedules annexed  (tick all that are applicable) | 24A  24B  24C  24D | | |
| 53 | Statements annexed  (tick all that are applicable) | IT-10BB2016  IT-10B2016 | | |
| 54 | Other statements, documents, etc. attached (list all) | | | |

#### Verification and signature

|  |  |  |
| --- | --- | --- |
| 55 | **Verification**  I solemnly declare that to the best of my knowledge and belief the information given in this return and statements and documents annexed or attached herewith are correct and complete. | |
| Name | Signature |
| Date of Signature (DD-MM-YYYY)  2  0 | Place of Signature |

### For official use only

### Return Submission Information

|  |  |
| --- | --- |
| Date of Submission (DD-MM-YYYY)  2  0 | Tax Office Entry Number |

**Individual**

National Board of Revenue

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# ACKNOWLEDGEMENT RECEIPT OF

# RETURN OF INCOME

|  |  |  |
| --- | --- | --- |
| Assessment Year  **2**  **0**  **-** | Return under section 82BB? (tick one) | |
| Yes | No |
| Name of the Assessee | | |
| Twelve-digit TIN | Old TIN | |
| Circle | Taxes Zone | |
| Total income shown (serial 34)  ৳ | | |
| Amount payable (serial 41)  ৳ | Amount paid and adjusted (serial 46)  ৳ | |
| Amount of net wealth shown in IT10B2016  ৳ | Amount of net wealth surcharge paid  ৳ | |
| Date of Submission (DD-MM-YYYY)  2  0 | Tax Office Entry Number | |
| Signature and seal of the official receiving the return | | |
| Date of Signature | Contact Number of Tax Office | |