



Application for a Tax Directive: Fixed percentage

IRP3(b)

FOR OFFICE USE

Application no.

Taxpayer Details

Taxpayer ref no. Year of Assessment ended on (CCYYMMDD)

Surname/Registered name

Initials

First Name(s)

Date of Birth (CCYYMMDD) Identity Number

Date of Registration (CCYYMMDD) Other identification number (Company registration number or Trust deed number)

Passport/Permit no. Passport Country / Country of Origin (e.g. South Africa = ZAF)

If the taxpayer/employee is not registered for income tax, select one of the following reasons: Unemployed Other

Specify other

Annual Salary/Turnover R , Employee number/Company PAYE no.

Residential/Physical Address

Postal Code

Postal Address

Postal Code

Calculation

A calculation is required indicating how the fixed percentage deduction was derived at. Where relevant this must be based on the particulars of your latest year of assessment. The necessary adjustment must be made to take into account any possible increase in income.

Estimated Gross income for year applied for*.....	R	<input type="text"/>	,	<input type="text"/>	
Less: Estimate admissible expenditure*.....	R	<input type="text"/>	,	<input type="text"/>	
Estimated taxable income.....	R	<input type="text"/>	,	<input type="text"/>	
	Tax payable	<input type="text"/>	,	<input type="text"/>	
	Tax payable as a	<input type="text"/>	,	<input type="text"/>	X 100
	Percentage of gross income	<input type="text"/>	,	<input type="text"/>	%

The issuing of a directive will only be considered if a detailed income and expenditure statement is attached [to this application form](#).

Notes:

- Directives are not transferable and a new application must be made following a change in employment position. If you have more than one employer, a separate application for a directive must be made in respect of each employer.
- Copies of letter of employment, service contract(s) and other relevant documentation is required in verification of terms of conditions of employment.
- Fixed percentage directives will be issued for a maximum period of 12 months and must be renewed thereafter.

Declaration

I declare that the information furnished is true and correct in every respect.

Date (CCYYMMDD)

For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)