



Application for a Tax Directive: Fixed amount

IRP3(c)

FOR OFFICE USE

Application no.

Taxpayer Details

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

Surname/Registered name

Initials

First Name(s)

Date of Birth (CCYYMMDD) Identity 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 R , Employee number/PAYE number

Residential/Physical Address

Postal Code

Postal Address

Postal Code

Particulars of Employer

PAYE Reference No.

Name of Employer

Contact Person

Tel No.

Email address of Employer

Business Address

Postal Code

Postal Address

Postal Code

Additional details of application

Commencement date of business/employment (CCYYMMDD)

Mark the applicable reason for the directive application request with an X:

Assessed loss carried forward from the previous year of assessment

Paragraph 11, 4th Schedule

Was a fixed percentage directive issued to you for the above-mentioned employer for the previous year of assessment? Yes No

Fixed amount deduction now applied for. (Furnish your calculations in the space provided for)

R ,

Calculation

A calculation is required indicating how the fixed amount deduction was arrived 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.

Gross income for year applied for

R ,

Less: Assessed loss brought forward

R ,

Other Losses (Specify)

R ,

R ,

R ,

Less: Admissible expenditure R ,

Estimated taxable income R ,

Tax payable R ,

/12

Fixed amount of tax payable R ,

per month

Kindly attach any explanations of other criteria which must be taken into account in your application.

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 and conditions of employment.
- Fixed amount 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)