

RETURN OF **FOREIGN TAX WITHHELD** (Section 6 quin of the Income Tax Act)

| Taxpayer Reference Number | | | | | | FTW 01 |
|------------------------------|--|--|--|--|--|--------|
| | | | | | | |

| Particula | rs of | Тах | pay | er | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|----------|----------|------|----|-----|-----|----|-----------|----|-----|-----------|-----------|-----|---------|--------------------|------------------------|-------------------------------|--------------|--|-----|--------|--|-----------------------------|-------------|-------------------------|---------------------|--|-------|
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | Initials | | | |
| Registered Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trading Name | | | Ì | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth (CCYYMMDD) | | | | |] [| No. | | | | | | | | P | assport o. | | | | | | | | | Pas (e.c | ssport Co g. South A | untry Africa = Z | AF) | |
| Passport Issue Da (CCYYMMDD) | ate | | | | | | | | | | | | | C Ti | ompany rust Reg | / CC / No. | | | | | | | | | | | | |
| Contact D | etails | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Tel No. Fax No. Email Postal Add | iress | | | | | | Pc | ostal Coc | de | | | II No. | | | I d • T € | eclare th he inforr | mation fu spect derived | n rnished is | | Dat | e (CCY | | go lo ,za or S (7277) | | | XXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXX |
| Tax Pract | tition | er Det | ails | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Practitioner | Registra | tion No. | | | | | | | | Tax | Practitio | ner Tel N | lo. | | | | | | | | | | | | | | | |
| Tax Practitioner | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Foreign tax withheld in terms of s6 <i>quin</i> (1)(a) or (1)(b) |
|---|
| Country Code Double Taxation agreement in force? Y N |
| Withholding Tax Details |
| Foreign Tax Reference No. Year of assessment during which the services were rendered |
| Nature of Services Rendered Date on which the Foreign Tax was withheld |
| Gross Income (as denominated in the original foreign currency) Amount of Foreign Tax Withheld (as denominated in the original foreign currency) |
| Does the law of the country provide for the imposition of such withholding tax? If Yes, State the relevant Section of the Tax Act and provide a copy thereof |
| Contact Person in Foreign Tax Authority Details |
| Have you approached the relevant Revenue Authority and raised your concern regarding the tax levied? Date Concern Raised (CCYYMMDD) |
| Branch office of Revenue Authority |
| Name of Revenue Official |
| Contact Details |
| Cell No. Bus Tel No. Fax No. |
| Email |
| Postal Address of Foreign Tax Authority Notes |
| No rebate will be allowed if this return is not fully completed and submitted within 60 days from the date on which the amount of tax was withheld Please note that no rebate can be claimed under section 6quin if the resident claims a deduction under section |
| 6quat(1C) Please provide documentary proof in respect of foreign taxes paid (for example, assessments, receipts and tax |
| certificates) Separate returns must be submitted for each agreement concluded If foreign authority was approached please inform SARS of the outcomes and furnish relevant correspondence. |
| Postal Code Postal Code In loreign authority was approached please inform SARS of the outcomes and furnish relevant correspondence. |