

Application for a Tax Directive: Fixed amount



South African Revenue Service

Application no.								

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Тахрау	er [)eta	ils																																							
Taxpayer reference no.													Ye	ear of	Asse	ssmer	nt end	ded o	n (C(CYY)																						
Surname/ Registered name																																										
Initials]																																					
First Name(s)																																										
Date of Birth (CCYYMMDD)																Ident	ity Nu	umbe	r																							
Date of Registr (CCYYMMDD)	ation														(Other registi	ident ration	tificat num	ion ni iber c	umber r Trus	r (Co st dee	mpany d nurr	y nber)																			
Passport/ Permit no.																					Pa	asspo	rt Cou	intry /	Count	try of	Origir	n (e.g.	South	n Afric	a = Z	ΆF)										
If the taxpayer/	employe	e is n	ot regis	stered	for in	come	tax, pr	ovide	e reaso	on(s):																																
Provide Reason(s)																																										
Annual Salary	R],[Em	ploye	e nun	nber/F	PAYE	numb	er																	
Resident	ial/P	hysi	cal	Add	ress																																					
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Postal Ad	dress																																									
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																																		P	ostal C	Code						

Parti	Particulars of Employer																																													
PAYE Reference	No.	7																																												
Name of Employer																																														
Contact Person																																														
Tel No.																																														
Email addr of Employe	ess er																																													
Busin	ess	s Ad	ddre	ess																																										
																																						Pos	stal Co	ode						
Posta	Ad	dre	ss																																											
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Addi	tio	na	l d	let	ails	5 0	i aj	ppli	ica	ntic	on																																			
Commenc	emer	nt da	te of	busi	ness/e	emplo	ymen	nt (CC	CYYM	IMDD))																																			_
Mark the	appli	icabl	e rea	ason	for th	e dir	ective	e appl	licatio	on re	ques	st wit	h an X	(:								A	ssess	ed los	ss cari	ried fo	orward	from	the p	reviou	s year	r of as	sessm	nent			Pai	ragrap	h 11, 4	4 th Sc	hedule	e				
Was a fixe	d pe	rcent	tage	direc	tive is	sued	to you	u for t	he ab	ove-i	menti	ioned	l emplo	oyer fo	or the	previ	ious y	ear o	fasse	essme	ent?		Yes			No																				
Fixed amo	unt d	deduo	ction	now	applie	ed for.	. (Furi	nish y	our ca	alcula	ations	s in th	ie spac	ce pro	vided	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 assessmer	nt. 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 Lossess (Specify)	
	R
	R
	R
Less: Admissible expendit	iture R
Estimated taxable income	e R , , ,
Tax payable	R /12
Fixed amount of tax payat	ble 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 separa Copies of letter of employment, service contract(s) and other relevant documentation is required in verification of terms and conditions of employment. 	ate application for a directive must be made in respect of each employer.

• 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)
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