

## **Application for a Tax Directive: Gratuities**



FOR OFFICE USE

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Application no.								

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Taxpayer reference	no.																Yea	of As	sess	sment	ende	d on	(CCY	YMM	DD)																				
Surname																																													
First Nam	ie(s)																																												
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If the taxp	oayer/r	nember	is not	regist	ered fo	or incor	me ta	ıx, sel	ect or	ne of	the fo	llowin	g rea	sons:	ι	Jnem	ploye	d		Other																									
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Partic	ula	ars	of Er	nplo	bye	r																											
PAYE Reference N	0. 7	7																															
Name of Employer																																	
Contact Person																																	
Tel No.																																	
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Date of accr	ual (C	CYYM	(MDD)																														
Mark the ap	plicab	ole rea	ison for t	he dire	ective	appli	cation	reque	st with	n an X:	:																						
Severance	benef	fit – De	eath																														
Severance	benef	fit – Re	etirement	(Age of	f 55 or	older	)					S	Section	10(1)(	gB)(iii	) Comp	pensat	ion															
Severance	benef	fit – Re	etirement	due to	ill heal	lth						E	mploy	er own	ed po	licy pro	ceeds	s - Taxab	le														
Severance	Employer owned policy proceeds – Exempt section 10(1) (gG)																																
Severance	Other - Provide reason below																																
Other reaso	n																																

## IRP3(a)

Breakdown of Payment	
Severance benefit payable (Excluding leave/notice payments)	R , ,
Employer owned policy proceeds payable	R , ,
Section 10(1)(gB)(iii) - Death compensation payable	R , ,
Other (Specify other payment separately )	
Leave Pay (Refer to notes)	R
Notice Pay (Refer to notes)	R,,
	R
	R
	R
	R
	R
	R
Gross amount payable	
Important Notes: Directives are not transferable and a new application must be made following a change in the gross amount. Leave and/or Notice payments <u>may not be included</u> in must be excluded from the amount reflected opposite severance benefit payable. The total amount in respect of Leave and/or Not submitted in respect of each.	ice payments must be reflected separately under "Other" and a separate directive application must be
Declaration	
I declare that the information furnished is true and correct in every respect.	te (CCYYMMDD) For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)