

## Application for a Tax Directive: Fixed percentage



FOR OFFICE USE

Application no.								

Taxpaye	r De	tails																																					
Taxpayer reference no.													Yea	r of A	ssess	ment	ende	ed on	(CCY	YMN	IDD)																		
Surname/ Registered name																																							
Initials																																							
First Name(s)																																							
Date of Birth (CCYYMMDD)																										lde	entity N	Numb	er										
Date of Registratio (CCYYMMDD)	n												(	Other	identi	ficatio	on nu	mber	( Cor	mpan	y regis	stratio	on nu	Imber	or Tr	rust o	deed n	numbe	er)										
Passport/ Permit no.																	Pa	sspoi	rt Cou	untry	Cour	ntry c	of Ori	gin (e	.g. So	outh	Africa	= ZA	F)										
If the taxpayer/emp	loyee	is not reg	stered	for inco	me tax	, sele	ct one	of th	e follow	ving re	eason	S:			U	nemp	loyed			Other																			
Specify other																																							
Annual Salary/Turnover	R													, [									Empl	loyee	numt	ber/C	Compa	iny P/	AYE r	10.							]		
Residentia	/Phy	sical	Add	ress																																			
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PAYE Reference N	0.	7																																							
Name of Employer																																									
	Γ																																								
Contact Person																																									
Tel No.																]																									
Email addres	ss																																				$\square$			$\Box$	
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Date of emp						Γ								7																											
Mark the ap	oplica	able r	reaso	on fo	or the o	direct	ive ap	oplicat	tion r	reque	est w	ith an	<b>x</b> :			Comm	ission						Pe	ersona	al Serv	/ice F	Provide	r													
Was a fixed	perc	entag	ge dir	ectiv	e issu	ed to	you fo	or the a	above	e-men	ntione	ed emp	ploye	r for th	ne pre	vious	year o	f asse	ssme	nt?		Yes		]	No																
Fixed perce	ntage	e dedi	uctio	n nov	w appl	ied fo	r.																			, [		9	6												

## 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 late	est yea	ar of as	sessn	nent. 1	The ne	cessa	ıry adju	istmen	t must	t be m	nade to	o take	into ac	count	any po	ssible ir	ncrease	e in incon	ie.	
Estimated Gross income for year applied for*	R														, 🗌					
Less: Estimate admissible expenditure*	R														, 🗌					
Estimated taxable income	R														, 🗌					
Tax payable	R														, 🗌		<b>x</b>	100		
Tax payable as a percentage of gross income				,			%													
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 may be requested by SARS if required.
- Fixed percentage directives will be issued for a maximum period of 12 months and must be renewed thereafter.

I declare that the information furnished is true and correct in every respect. For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	Declaration		
		Date (CCYYMMDD)	For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)