

Application for a Tax Directive: Fixed amount



FOR OFFICE USE

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Application no.								

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Taxpayer reference no.																Y	'ear c	of Ass	essm	ient e	nded	l on (CCY	YMN	/IDD)																					
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First Name(s)																																														
Date of Birth (CCYYMMDD)	ſ]										lde	ntity	Numb	ber						Γ]						
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Was a fixed p	erce	enta	age o	direc	tive i	ssue	d to y	ou fo	r the	abov	e-me	ntior	ned er	mploy	er for	the p	orevic	ous ye	ear of	asse	ssmer	nt?		Yes			No																	 -		
Fixed amoun	t deo	duct	tion	now	appl	ied fo	r. (Fu	ırnish	you	r calc	ulatio	ons ir	n the s	space	e prov	ided	for)						R													,]							

Calculation

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 assessmen	nt. The neces	essary adjustment must be made to take into account any possible increase in income.
Sross income for year applied for	R	
ess: Assessed loss brought forward	R	
Other Lossess (Specify)		
	R	
	R	, , , , , , , , , , , , , , , , , , ,
	R	,
Less: Admissible expenditu	ture R	, , , , , , , , , , , , , , , , , , ,
Estimated taxable income	R	
Tax payable	R	/12
Fixed amount of tax payab	ble R	per mont

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)