

Notice of Objection

The completed form together with the supporting documentation must be returned to the SARS office where the taxpayer is registered for the applicable tax.			
Full name(s) of taxpayer or Trading name			
Taxpayer reference number SARS office where taxpayer is registered for applicable tax			
Contact details (For purpose of further correspondence regarding the objection)			
Full name(s) Postal address			
ID Number		i oolal aaalooo	Code
Tel number Physical address			
Fax number			
E-mail			Code
Assessment detail (Mark applicable tax type with an X)			
Type of Tax: STC	Trust Esta	ate Duty	Donations Tax Other
If 'Other', please specify			
Nature of the amount in dispute: Income Deduction Additional tax /understatement penalty Interest Penalty Other			
Tax Period C C Y Y M M D D D Date of assessment/notice C C Y Y M M D D D			
Amount of tax in dispute in terms of the assessment/notice R			
Grounds of objection			
In the event of a discrepancy/dispute you are required to mark the nature of dispute with an X in the appropriate box(es) to enable SARS to consider the objection. Please note that you may select more than one box. Provide detailed grounds upon which the objection is made on a separate page(s) together, with any supporting documentation attached thereto.			
Processing-related objections Factual and interpretative disputes			
There is a miscalculation on the assess amount(s) was taken into account/not to determine the liability for tax.		Additional tax /u	understatement penalty in the amount of must be remitted to an amount of R
Penalty imposed for the late rendition or remitted.	f a tax return must be	Interest in the a	amount of R imposed must
Penalty for late payment of tax must be	remitted.	be remitted.	
Penalty for underestimation of provision	al tax must be remitted.	An amount of which has been	R claimed as a deduction but
Interest on underpayment of provisiona	tax must be remitted.		
I do not agree with a notice/decision iss terms of legislation, is subject to objecti		An amount of F SARS must not	included as income by be so included.
Other (please elaborate)		Other (please e	laborate)
Extension request:			
The objection is filed late on O N N N M D D when the 30 days from date of assessment/notice was O N N N M D D D (The reason for the late submission must be justified in full and attached to this notice.)			
Completed by:			
Full name	Signature	C	apacity Date
This notice must be signed by the taxpayer or representative	taxpayer. Any other person signing	ng on behalf of a taxpayer or re	presentative taxpayer must complete the addendum to this notice

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