PART 2: **Reference number:**

Declaration 01 March 2012 - 28 February 2013

I, the undersigned confirm that the number of employees and their earnings (staff costs/salaries & wages) for the 12 months ending 28/02/2013 are as follows:

	Actual Earnings:01/03/2012 - 28/02/2013				Provisional Earnings:01/03/2013- 28/02/2014			
Month	Number of **employees** and amount of earnings **(staff costs/salaries & wages)** per month paid to all employees (excluding directors of a Company or members of a close corporation) up to a **maximum** of **R292,032** per person for the above period.		Number of **directors/members** and amount of earnings **(staff costs/salaries & wages)** per month paid to directors of a Company or members of a Close Corporation up to a **maximum** of **R292,032** per person for the above period.		Number of **employees** and amount of earnings **(staff costs/salaries & wages)** per month expected to be paid to all employees (excluding directors of a Company or members of a close corporation) up to a **maximum** of **R 312 480** per person for the above period.		Number of **directors/members** and amount of earnings **(staff costs/salaries & wages)** per month expected to be paid to directors of a Company or members of a Close Corporation up to a **maximum** of **R 312 480** per person for the above period.	
	Number	**Earnings - (Rands only)**	**Number**	**Earnings - (Rands only)**	**Number**	**Earnings - (Rands only)**	**Number**	**Earnings - (Rands only)**
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Total								

	FINAL EARNINGS PAID	ESTIMATED EARNINGS
Total earnings of both employees and Directors/Members:		
Total cash value of free food and/ or quarters. (if applicable) in Rands.		
GRAND TOTAL OF EARNINGS		

State in words the grand total of earnings:

Give reason where earnings differ by 30% from the previous year:

State in words the grand total of earnings:

Declaration by employer:

Name:
Designation:
SIGNATURE:
Date:
Telephone No:
e-mail Address:

Declaration by Agent/Payroll Administrator:

Name:
Designation:
SIGNATURE:
Date:
Telephone No:
e-mail Address:

Company Banking Information:

Bank Name:
Account No:
Branch Code:
Branch Name:
Type of Acc:

Office use only - Codified.

NB: IT IS THE RESPONSIBILITY OF THE EMPLOYER TO ENSURE THAT THE INFORMATION DECLARED IS ACCURATE AND CORRECT, THEREFORE NO REVISIONS WILL BE ENTERTAINED
IT IS COMPULSORY FOR BOTH EMPLOYER AND AGENT / PAYROLL ADMINISTRATOR TO SIGN THE DECLARATIONS ABOVE.
IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION OR FAIL TO RENDER A RETURN WITHIN THE PRESCRIBED PERIOD.
PLEASE FURNISH THIS OFFICE WITH A SWORN AFFIDAVIT IF THE NATURE OF BUSINESS CHANGED

In the event that more than one return is furnished for the same assessment period this office will accept the first return as final
Criminal proceedings will be instituted for misrepresentation of facts