labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

RETURN OF EARNINGS

W.As. 8

2013

COIDA, 1993 (ACT 130 OF 1993) *Section 82(1)*

The Hon., Prof., Dr., Rev., Messrs., Mr., Ms.,

To be completed and submitted by all employers to:
Assessments Division

✉ 955, Pretoria, 0001

Compensation House

Cnr Hamilton Street & Soutpansberg Road, Arcadia

☎ **Call centre 0860105350**

Only original document will be accepted.

Information relating to earnings (staff costs) should be kept for at least 4 years.

	REFERENCE/CA NUMBER
BP NO.	
Year of assessment	01 March 2013 to 28 February 2014
Date of issue	
This return must be submitted on or before	31 March 2014

THIS FORM CAN ALSO BE SUBMITTED ONLINE: www.labour.gov.za

REFER TO THE ENCLOSED GUIDELINES BEFORE COMPLETING THE RETURN. DO NOT SUBMIT THIS FORM IF REGISTERED ONLINE

PART 1: EMPLOYER PARTICULARS

Complete the white blocks only where particulars have changed.
Use block letters where applicable, and mark with an X

1.1 Co/CC Registration name (per CIPC).
Sole Proprietor: Name of owner.

1.2 Trading name (if applicable)

1.3 Co or CC number.

1.4 Employer's ID number.

1.5 Unemployment Insurance no.

1.6 Postal address.

Postal code:

1.7 Physical address.

Region

1.8 Telephone number. — **Code** / **Number**

1.9 Fax number. — **Code** / **Number**

1.10 Cell phone number.

1.11 E- Mail address.

1.12 Particulars of operation.

a) Describe the nature of business/ farming activities/ goods sold or manufactured or services rendered.

b) Describe the materials used in the manufacturing of goods.

c) Describe the nature and extent of construction/erection undertaken.

d) In case of farming, indicate the nature thereof.

Livestock **Tillage**

Mixed farming: **%Livestock** **% Tillage**

e) Do you use tractors and/or power-driven saws.

Yes **No**

1.13 Status of business.

a) Ongoing (under same ownership and control as previous year.) **Yes:** **No:**

b) Ceased. **Date:** Y Y Y Y M M D D

c) Sold with: **Date:** Y Y Y Y M M D D

Assets only. **Yes:** **No:**

Assets & liabilities. **Yes:** **No:**

Name & Address of New owner / CC or Co.

d) Liquidated/Sequestrated **Date:** Y Y Y Y M M D D

By Court Order Quote Estate no. **NO**

e) Owner deceased. **Date:** Y Y Y Y M M D D

PART 2: **Reference number:**

Declaration 01 March 2013 - 28 February 2014

I, the undersigned confirm that the number of employees and their earnings (staff costs/salaries & wages) for the 12 months ending 28/02/2014 are as follows:

Actual Earnings:01/03/2013 - 28/02/2014					Provisional Earnings:01/03/2014- 28/02/2015			
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 **R 312 480** 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 **R 312 480** 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 332 479** 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 332 479** 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:	**State in words the grand total of earnings:**
Give reason where earnings differ by 30% from the previous year:	

Declaration by employer:	**Declaration by Agent/Payroll Administrator:**
Name:	**Name:**
Designation:	**Designation:**
SIGNATURE:	**SIGNATURE:**
Date:	**Date:**
Telephone No:	**Telephone No:**
e-mail Address:	**e-mail Address:**

Company Banking Information:	**Office use only - Codified.**
Bank Name:	
Account No:	
Branch Code:	
Branch Name:	
Type of Acc:	

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