

# ANNEXURE 4 - NOTICE OF OBJECTION



## Notice of **Objection**

Tax Number  NTXRF001

**NOO1**

### Applicant Details - Individual

INDIF01

Surname

Home Tel No.

First Two Names

Bus Tel No.

ID No.  Passport No.  Passport Country (e.g. South Africa = ZAF)  Cell No.

Contact Email

### Applicant Details - Company / Close Corporation / Government / Foreign Entity

COMIF01

Surname or Registered Name

Trading or Other Name

CK No.  Bus Tel No.  Fax No.  Cell No.

Contact Email

### Particulars of Representative (Person Dealing with Dispute on Behalf of Taxpayer)

REPIF01

Surname  Initials

ID No.  Passport Country (e.g. South Africa = ZAF)  Passport No.  Cell No.

Tel No.  Fax No.  Tax Practitioner Registration No. **PR -**

Capacity: Public Officer  Caretaker / Trustee / Liquidator / Executor / Administrator  Partner  Treasurer  Accounting officer for Local / Public Authority / Accountant  Sole Proprietor  Tax Practitioner  Legal Representative / Attorney

Email

Are you signing on behalf of the taxpayer? Y  N  If yes, do you have a power of attorney from the taxpayer? Y  N  Is the taxpayer aware of and agree with the grounds of dispute? Y  N

Reason why taxpayer is unable to sign this dispute

### Amounts Under Dispute – Income Tax Only

OITIF01

Document No. **31031716** Tax Year (CCYY) **2017** **1**

Source Code	Amount Reflected on Assessment – Rands Only	Amount that should be reflected – Rands Only	Difference – Rands Only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b> Provisional Tax	<input type="text"/> 16 180 19	<input type="text"/> 16 180 19	<input type="text"/> 0
<b>3</b> Understatement Penalty	<input type="text"/> 0	<input type="text"/> 1 352 30	<input type="text"/> 1 352 30
Penalties	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Reasons and Grounds for Dispute

Number of pages attached

Reasons for late submission

**Refer to objection letter enclosed.**

### Postal Address for Delivery of Notice (Correspondence)

Please ensure that you capture your postal address in the following sequence: Box / Bag Number, Suburb / District, City, Country Code, Postal Code. For street delivery, please use the physical address format.

Postal Code

### Declaration

PDAIF01

I declare that:  
 - The information furnished is and will be true and correct in every respect, and  
 - I have the necessary records to support all my declarations on this form which will retain for inspection purposes for a period of five years.

Date (CCYYMMDD)

For enquiries go to [www.sars.gov.za](http://www.sars.gov.za) or call 0800 00 7277



### Assessment Under Dispute

Assessment Type: Income Tax  Administrative Penalty  **4**