[redacted]

RETURN OF EARNINGS

W.As. 8

2009

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 origanal document will be accepted.

Copies should be kept for at least 4 years.

	REFERENCE NUMBER
Year of assessment	01 March 2009 to 28 February 2010
Date of issue	
This return to be submitted on or before	31 March 2010

***Consult the enclosed guidelines before completing the return.**

PART 1: EMPLOYER PARTICULARS

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

1.1 Trading Name.	
1.2 Name of owner, Co or CC.	
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.	
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) Ceased.	**Date:** Y Y Y Y M M D D
b)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.	
c) Liquidated/Sequestrated By Court Order Quote Estate no.	**Date:** Y Y Y Y M M D D
d) Owner deceased.	**Date:** Y Y Y Y M M D D

Reference number | W.As 8

PART 2 Earnings of all permanent, temporary and casual employees.

2009

PLEASE REFER TO THE GUIDELINES BEFORE COMPLETING PART 2 AND PART 3 OF THE W.As 8 RETURN OF EARNINGS DOCUMENT.

2.1 Number of employees employed for the period 1 March 2009 to 28 February 2010.

2.1.1 Number of directors/members employed for the period 1 March 2009 to 28 February 2010.

Compulsory:

NB: Attach a list of employees names and ID numbers as well as resigned employees. (**Please use attached table**)

(As per page 4)

Actual earnings paid to all the employees (permanent, temporary and casual) for the 2009 - 2010 assessment year.

2.2 EARNINGS PAID FOR THE PERIOD **1 MARCH 2009** TO **28 FEBRUARY 2010**.

2.2.1 Total amount of earnings paid to all employees (**excluding directors of a Company or members of a Close Corporation)** up to a maximum of R 239 172 **per person** for the above period. **(As per page 4)**

(See 2.2.2 for directors'/ members' earnings)

(RANDS ONLY)

2.2.2 Total earnings paid to **directors of a Company or members of a Close Corporation** up to a maximum of **R239 172 per person** for the above period.

Compulsory: Attach a list of the names, ID numbers and addresses.

(As per Page 4)

2.2.3 Total cash value of free food and/or quarters, if not included in 2.2.1 or 2.2.2.

2.2.4 TOTAL AMOUNT (2.2.1 + 2.2.2 + 2.2.3).

2.2.5 TOTAL AMOUNT IN WORDS :_____

Compulsory:

2.3 NB: If the number of employees and/or the total earnings paid, differ by 30% more or less from the previous assessment year, 2008, briefly give reasons for the difference:

PART 3 Failure to complete this part will result in the provisional earnings being estimated by this Office. The figure will be based on the actual earnings declared in 2.2.4 plus a percentage which is determined by the Commissioner from time to time.

3.1 Number of employees **expected** to be employed during the period. 1 March 2010 to 28 February 2011.

2010

3.1.1 Number of directors/members **expected** to be employed during the period. 1 March 2010 to February 2011.

Estimated earnings of all the employees (permanent, temporary and casual) for the 2010 - 2011 assessment year.

3.2 EARNINGS EXPECTED TO BE PAID FOR THE PERIOD 1 MARCH 2010 TO 28 FEBRUARY 2011.

3.2.1 Total amount of earnings **expected** to be paid to all employees (**excluding directors of a Company or members of a Close Corporation)** up to a maximum of **R 261 893 per person** for the above period.

(See 3.2.2 for directors'/ members' earnings).

(RANDS ONLY)

3.2.2 Total earnings **expected** to be paid to **directors of a Company or members of a Close Corporation** up to a maximum of **R 261 893 per person** for the above period.

3.2.3 Total cash value of free food and/or quarters, if not included in 3.2.1 or 3.2.2.

3.2.4 TOTAL AMOUNT (3.2.1 + 3.2.2 + 3.2.3).

3.2.5 TOTAL AMOUNT IN WORDS:_____

Compulsory:

3.3 NB: If the number of employees and / or the total earnings expected to be paid, differ by 30% more or less from the previous assessment year, 2009, (Part 2), briefly give reasons for the expected difference:

DECLARATION BY EMPLOYER	
I (full names)	being the employer of above-mentioned company,
declare that all the particulars shown in this return and those stated in the accompanying schedules are true and correct in every respect. I declare that all parts of this return which are applicable to the company have been completed and that all the information, details and schedules requested have been furnished. In the case of the company being dormant the information in item 1.14 has been completed.	
SIGNATURE:	**DATE:**

SHOULD THIS RETURN BE COMPLETED BY AN AGENT/PAYROLL ADMINISTRATOR, ACTING ON BEHALF OF THE EMPLOYER, THE DETAILS BELOW MUST BE FILLED IN.

PREPARATION OF RETURN BY AGENT/PAYROLL ADMINISTRATOR.	
PREPARED BY:	**BUSINESS / POSTAL ADDRESS**
1. NAME IN FULL:	
2. SURNAME:	
3. ID NUMBER/COMPANY REGISTRATION NO:	
4. RELATIONSHIP TO EMPLOYER:	
5.TAX REFERENCE NUMBER:	
	Postal code
	TEL. NO.
	Cell no.
I (full names)	declare that all the information, details and schedules furnished in this return are, to the best of my knowledge, correct and complete and disclose all the relevant information as furnished to me by the employer.
SIGNATURE:	**DATE:**

NB: 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.

COMPULSORY:

PLEASE ENSURE THAT THE DECLARATION ON THE BACK PAGE (PAGE 4) IS COMPLETED

Declaration March 2009 - February 2010

I, the undersigned confirm that the number of employees and their earnings for the 12 months ending 28/02/2010 are as follows:

Month	Declared Provisional Earnings: 2009				Actual Earnings: 2009				Provisional Earnings: 2010			
	Number of **employees** and amount earnings per month paid to (excluding direct membe		Number of **directors/members** and of earnings per month paid Company or m up to		Number of **employees** and amount earnings per month paid to (excluding direct membe		Number of **directors/members** and an earnings per month paid to d or members of a maxi		Number of **employees** and amount earnings per month paid to (excluding direct membe		Number of **directors/members** and an earnings per month paid to d or members of a maxi	
	Number	**Earnings**	**Number**	**Earnings**	***Number**	****Earnings**	*****Number**	******Earnings**	***Number**	****Earnings**	*****Number**	******Earnings**
Mar												
Apr												
May												
Jun												
Jul												
Aug												
Sep												
Oct												
Nov												
Dec												
Jan												
Feb												
Total												
					*Transfer number of employees to item 2.1 on page 2. **Transfer amount of page 2. ***Transfer number of directors to item 2. item 2.2.2 on page 2				*Transfer number of employees to item 3.1 on page 2. **Transfer amount of page 2. ***Transfer number of directors to item 3. item 3.2.2 on page 2			
Average												

Approved by: 2009	
Name:	
Designation:	
Date:	
Telephone No:	
e-mail Address:	

Company Banking Information	
Bank Name:	
Account No:	
Branch Code:	
Branch Name:	
Type of Acc:	

Approved by: 2010	
Name:	
Designation:	
Date:	
Telephone No:	
e-mail Address:	