

CONFIRMATION OF DETAILS AND ACCEPTANCE OF FEE

I, _____ hereby confirm that the an employee of Fourie Financial Services and Accountants in Practice confirmed my details with me and that the details given to Fourie Financial Services is true and correct.

I further confirm that I am aware of the following payable:

• A basic fee of R _____, is payable before any submissions to SARS will be made. The basic fee includes the following:

- Analysis and calculation of tax payable / refundable
- Submission of tax return with necessary documentation

If any additional services are to be provided, it will be charged per hourly fee.

- Additional fees include; but is not limited to:
- Drafting of correct logbook
- Documentation, correspondence, arrangements, follow-up with SARS if audit is conducted
- Disputes and submissions
- Preparation of income and expenditure statements
- Any other services that will be communicated to me

The total fee payable is made up of hours spent on my tax affairs.

Signed on _____ 20_____.

Client

Employee

LETTER OF AUTHORITY TO FOURIE FINANCIAL SERVICES AND PROFESSIONAL ACCOUNTANTS (SA)

I, _____, ID _____ in my capacity as Taxpayer / Director / Trustee / Member / Public Officer hereby authorise Elzaan Fourie, ID 890809 0146 081 and any employee of Fourie Financial Services and Professional Accountants (SA) Reg No 2022/482826/07 to do the following:

- To act on my behalf regarding all my income tax affairs;
- I also authorize the above-mentioned to sign income tax returns, financial statements, as well as payments, queries and other income tax related documents on my behalf.
- I further authorise that the company Fourie Financial Services and Professional Accountants (SA) may share my information internally in both the Accounting – and Insurance department. My information will be limited to the offices of Fourie Financial Services and Professional Accountants (SA) and will not be shared with a third party without my knowledge and consent.
- I acknowledge that I received the privacy policy regarding the POPIA Act and that I am satisfied with their privacy policy.

- **To send all correspondence, letters, accounts and any other related enquiries to my Email account(s) as follow:**

This letter of authority may only be cancelled in writing.

FULL NAME

SIGNATURE

DATE



The Commissioner for the South African Revenue Service

I, the undersigned , Identity/Passport Number: in my capacity as the representative taxpayer of hereby appoint Elzaan Fourie, Identity/Passport Number: 8908090146081 of Tax Practitioner Firm Fourie Financial Services , to act on behalf my behalf in respect of the following tax matter(s) detailed below:

1. INCOME TAX

- To apply for registration and obtain a taxpayer reference number in respect of the above mentioned tax(es)
- To communicate to SARS any change of registered particulars
- To request and/or follow up on the issuing of tax clearance certificates
- To complete and/or submit returns to SARS
- To communicate with SARS and to submit relevant material to SARS
- To lodge and pursue an objection against an assessment raised or decision made by SARS
- To file and pursue an appeal against an assessment raised or decision made by SARS
- To apply for deregistration in respect of the abovementioned tax(es)

I confirm that the authority that has been delegated to Elzaan Fourie by this Special Power of Attorney may be performed by a person who is under his or her direct supervision.

I confirm, for the purpose of absolute clarity that anything done by Elzaan Fourie or person under his / her direct supervision pursuant to this Special Power of Attorney shall be regarded, for all intents and purposes, as having been done by myself and I undertake to ratify any actions taken in terms of this Special Power of Attorney.

This Special Power of Attorney shall operate for a period of 24 month(s) from the date of my signature.

Signed at on this day of 2023.

Signature: _____

As witnesses:

1. _____ Full Name: _____

2. _____ Full Name: _____

SARS

Is this declaration made by a Tax Practitioner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mark with a "X" if you ceased to be a resident of the RSA during this year of assessment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Were you unemployed for the full year of the assessment and did not receive any income including any capital gain / loss?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Were you unemployed for any period during this year of assessment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you received income that is reflected on an IRP5 or IT3(a) certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
How many certificates did you received?		
Did you pay any medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main member)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you pay any medical expenditure (including medical scheme contributions where you are not the principal / main member of the medical scheme) in respect of any immediate family member who is dependent on you for family care and support?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you or your employer make any retirement annuity fund contributions for the benefit of yourself?		
SANLAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Glacier	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Old Mutual	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Liberty	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you apply for or were places under the following during the last 12 months? Administration, Sequestration, Insolvent, Dormant, Elucidation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please give date and reason?		

Signature (Clerk)

Signature (Client)

Date

SARS

Do you want to claim a deduction against a travel allowance?				
	START	END	PRIVATE	BUSINESS
How many vehicles should be used in the calculation?				
Do you want to claim a deduction against an employer provided vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Did you receive any form of remuneration for foreign services rendered?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Did you receive interest (local and foreign), distributions from a Real Estate Investment Trust (REIT), taxable foreign dividends and / or dividends deemed to be income in terms of section s8E & s8EA? (Excluding amounts received as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a trustee/and/or beneficiary of any trust? If yes-please specify name and trust number.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Was any income distributed to you / vested in you as a beneficiary of a trust, or deemed to have accrued in terms of s7?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Were there any transactions (contributions, transfers, withdrawals, income received/accrued) on any Tax Investments held by you during this year of assessment?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Did you derive income from the letting of fixed property(ies)? (Excluding amounts received/accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a director of a company or a member of a close corporation?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does any declaration in this return relate to an application made under the SARS Voluntary Disclosure Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you want to claim donations made to approved organisation(s) in terms of s18A?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Signature (Clerk)

Signature (Client)

Date

SARS

Did you receive any other income (Excluding amounts received / accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7) and / or incur any other allowable expenses not addressed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FOREIGN INCOME: (Excluding amounts received / accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)		
Did you receive any foreign income apart from foreign interest and foreign dividend income and excluding foreign capital gain transactions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAPITAL GAIN / LOSS: (Excluding amounts received / accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)		
Did you dispose of any local assets attracting capital gain or loss?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you dispose of any foreign assets attracting capital gain or loss?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PARTNERSHIPS:		
Are you a partner in a partnership(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCAL BUSINESS, TRADE AND PROFESSIONAL INCOME: (Excluding amounts received / accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)		
Did you derive income from local business, trade or profession other than rental income from the letting of fixed property(ies)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCAL FARMING:		
Did you participate in any local farming operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER TAXABLE RECEIPTS AND ACCRUELS: (Excluding amounts received / accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)		
Did you have any receipts and accruals not addressed by the previous questions but excluding amounts that you consider non-taxable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FOREIGN TAX REFUNDED / DISCHARGED:		
Were any foreign tax credits refunded / discharged during the year of assessment for which a rebate / deduction was allowed during a previous year of assessment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AMOUNTS CONSIDERED NON-TAXABLE: (Excluding amounts received / accrued as a beneficiary of a trust(s), or deemed to have accrued in terms of s7)		

Signature (Clerk)

Signature (Client)

Date

SARS

Did you receive any income that you consider non-taxable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
VENTURE CAPITAL COMPANY INVESTMENTS:			
Did you invest in SARS approved Venture Capital Companies in exchange for shares during this year of assessment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Were any SARS approved Venture Capital Company shares sold during the year of assessment for which a tax deduction was allowed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OTHER DEDUCTIONS:			
Did you incur any expenditure that you wish to claim as a deduction that was not addressed by the previous questions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you claim any depreciation on an asset?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, was the asset owned by you or acquired by you as purchaser in terms of an agreement contemplated in par. (a) of the definition of "instalment credit agreement" in s 1 of the Value-Added Tax Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was the asset used for the purpose of your trade?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you claim any "home office expenses"?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, is your income derived mainly from commission or other variable payments based on your work performance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the home office regularly and exclusively used for the purpose of your trade and is it specifically equipped for such purpose?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are your duties mainly performed otherwise than in an office provided by your employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If you did not receive a travel allowance from your employer (not reflected on your IRP5) was your claim for travel expenditure based on a logbook?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you married in community of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES: Please declare the following of spouse: <ul style="list-style-type: none"> • Interest • Dividends • Rental income 			

Signature (Clerk)

Signature (Client)

Date