



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

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

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

RETURN OF EARNINGS

W.As. 8

		2011
--	--	-------------

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 NUMBER/CA	
BP NO.	
Year of assessment	01 March 2011 to 29 February 2012
Date of issue	30 March 2012
This return must be submitted on or before	
31 May 2012	

Refer to the enclosed guidelines before completing the return.

Complete the white blocks only where particulars have changed.

Use block letters where applicable, and mark with an X

PART 1: EMPLOYER PARTICULARS

1.1 Co/CC Registration name (Cipro)																
Sole Proprietor: Name of owner.																
1.2 Tradingname (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														
		Code			Number											
1.8 Telephone number.																
		Code			Number											
1.9 Fax 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.																
e) Do you use tractors and/or power-driven saws.																
		Livestock			Tillage											
		Mixed farming:			%Livestock			% Tillage								
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>											
1.13 Status of business.																
a) Ongoing (under same ownership and control as previous year.)																
b) Ceased.																
c) Sold with:																
Assets only.																
Assets & liabilities.																
Name & Address of New owner / CC or Co.																
d) Liquidated/Sequestered																
By Court Order Quote Estate no.																
e) Owner deceased.																

PART 2:

Reference number:

Declaration 01 March 2011 - 29 February 2012

I, the undersigned confirm that the number of employees and their earnings (staff costs/salaries & wages) for the 12 months ending 29/02/2012 are as follows:

Actual Earnings:01/03/2011 - 29/02/2012				Provisional Earnings:01/03/2012- 28/02/2013				
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 R277 860 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 R277 860 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 292 032 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 292 032 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:	
Variance on actual earnings above 30% will be investigated:			
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.

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.