

CODE	NAME	BASIC	O/TIME	NON-TAX	MEDICAL	B + M	UIF	TAX	TAX CREDIT	MEDICAL	PENSION	OTHER	PAYOUT	W/ENDING	PER	MONTH
P001	HENRY	3 966.40	-	490.00	624.00	4 590.40	37.18	588.00	-159.50	624.00	200.01	1 125.00	2 041.71	03/02/2021	49	202102
P003	DORA	1 023.50		50.00		1 023.50	10.24				58.14	200.00	805.13	03/02/2021	49	202102
P004	JOSEPH	1 343.50		50.00		1 343.50	13.44				76.30		1 303.77	03/02/2021	49	202102
P005	MADALA	1 300.00		50.00		1 300.00	13.00				67.78		1 269.22	03/02/2021	49	202102
P007	WILLIAM	1 000.00				1 000.00	10.00						990.00	03/02/2021	49	202102
P010	JAMES	1 250.00				1 250.00	12.50						1 237.50	03/02/2021	49	202102
	<b>TOTAL</b>	<b>9 883.40</b>	<b>-</b>	<b>640.00</b>	<b>624.00</b>	<b>10 507.40</b>	<b>96.35</b>	<b>588.00</b>	<b>-159.50</b>	<b>624.00</b>	<b>402.23</b>	<b>1 325.00</b>	<b>7 647.32</b>	<b>TOTAL</b>		
P001	HENRY	3 966.40	1 189.92	490.00	624.00	4 590.40	37.18	901.00	-159.50	624.00	200.01	1 125.00	2 918.63	17/02/2021	51	202102
P003	DORA	1 023.50		50.00		1 023.50	10.24				58.14	200.00	805.13	17/02/2021	51	202102
P004	JOSEPH	1 343.50		50.00		1 343.50	13.44				76.30		1 303.77	17/02/2021	51	202102
P005	MADALA	1 300.00	390.00	50.00		1 690.00	16.90				67.78		1 655.32	17/02/2021	51	202102
P007	WILLIAM	1 000.00				1 000.00	10.00						990.00	17/02/2021	51	202102
P010	JAMES	1 250.00				1 250.00	12.50						1 237.50	17/02/2021	51	202102
	<b>TOTAL</b>	<b>9 883.40</b>	<b>1 579.92</b>	<b>640.00</b>	<b>624.00</b>	<b>12 087.32</b>	<b>100.25</b>	<b>901.00</b>	<b>-159.50</b>	<b>624.00</b>	<b>402.23</b>	<b>1 325.00</b>	<b>8 910.34</b>	<b>TOTAL</b>		
P001	HENRY	3 966.40		490.00	624.00	4 590.40	37.18	588.00	-159.50	624.00	200.01	1 125.00	2 041.71	24/02/2021	52	202102
P003	DORA	1 023.50		50.00		1 023.50	10.24				58.14	200.00	805.13	24/02/2021	52	202102
P004	JOSEPH	1 343.50		50.00		1 343.50	13.44				76.30		1 303.77	24/02/2021	52	202102
P005	MADALA	1 300.00		50.00		1 300.00	13.00				67.78		1 269.22	24/02/2021	52	202102
P007	WILLIAM	1 000.00				1 000.00	10.00						990.00	24/02/2021	52	202102
P010	JAMES	1 500.00				1 500.00	15.00						1 485.00	24/02/2021	52	202102
	<b>TOTAL</b>	<b>10 133.40</b>	<b>-</b>	<b>640.00</b>	<b>624.00</b>	<b>10 757.40</b>	<b>98.85</b>	<b>588.00</b>	<b>-159.50</b>	<b>624.00</b>	<b>402.23</b>	<b>1 325.00</b>	<b>7 894.82</b>	<b>TOTAL</b>		
	<b>TOTALS</b>	<b>39 783.60</b>	<b>1 579.92</b>	<b>2 560.00</b>	<b>2 496.00</b>	<b>43 859.52</b>	<b>391.80</b>	<b>2 665.00</b>	<b>-638.00</b>	<b>2 496.00</b>	<b>1 608.92</b>	<b>5 100.00</b>	<b>32 299.80</b>			
D200	DANNY	13 502.00			5 624.00			2 355.00	-853.00							12 000.00
D300	LEON	13 717.00			5 409.00			2 355.00	-638.00							12 000.00
D500	NICOLE	12 643.72			2 812.00		148.72	1 536.00	-853.00	2 812.00						9 000.00
	<b>SALARIES</b>	<b>39 862.72</b>	<b>-</b>	<b>-</b>	<b>13 845.00</b>	<b>-</b>	<b>148.72</b>	<b>6 246.00</b>	<b>-2 344.00</b>	<b>2 812.00</b>	<b>-</b>	<b>-</b>	<b>33 000.00</b>			
	<b>TO EMP201</b>						<b>1 081.04</b>	<b>8 911.00</b>	<b>-2 982.00</b>							



# Monthly Employer Declaration

EMP201

EMPDT

## Employer Details

Trading or Other Name: **AGRIGEL**

PAYE Ref No.: **7210781839**      SDL Ref No.: [ ]      UJF Ref No.: **U210781839**

## Contact Details

First Name: **NICOLE**

Surname: **POTGIETER**

Position held at Business: **FINANCE MANAGER**

Bus Tel No.: **0136680000**      Fax No.: [ ]      Cell No.: **0836078773**

Email: **INFO@AGRIGEL.CO.ZA**

## Payment Details

Penalty of 10% is payable on late payments. Interest is calculated on a daily basis at the applicable prescribed rate. To view the table of rates, go to [www.sars.gov.za](http://www.sars.gov.za)

	Payroll Tax Calculation	ETI Calculation	Total Payable
PAYE Liability	R 8911.00	R 0.00	R 8911.00
SDL Liability	R [ ]	R [ ]	R [ ]
UJF Liability	R 1081.04	R [ ]	R 1081.04
Payroll Liability	R 9992.04	R 0.00	R 999.20
Payment Reference No.	<b>7210781839LC2021028</b>	Payment Period (CCYYMM)	<b>202102</b>
			<b>Total Payable R 10991.24</b>

## Voluntary Disclosure Programme

Is this declaration made in respect of a VDP agreement with SARS? Y  N  VDP Application No. [ ]

## Tax Practitioner Details (if applicable)

Registration No. [ ]      Tel No. [ ]

## Declaration

I declare that [ ] given on this form is complete and correct.

Date (CCYYMMDD) **20210311**

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Please ensure you sign over the 2 lines of 'X's above

EMP201

L FV 2019.02.00 SV 1201 CT EFTL NO

P 202102

Y 2019

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