

Please submit the original return and retain a copy for your records. This return contains existing data printed in pink. To correct or update information, write over the pink text in black ink and capital letters.



Income Tax Return for Individuals
(Income Tax Act, No. 58 of 1962, as amended)

Taxpayer Ref
No.

2 8 2 2 8 8 1 1 6 1

Year of Assessment

2 0 1 9

ITR12

Taxpayer Information

Personal Details

Surname **K H O L U M O**

First Name **T E B O H O**

Other Name **G L A D Y S**

Initials **T G** Date of Birth (CCYYMMDD) **1 9 9 5 0 7 2 7** ID No. **9 5 0 7 2 7 0 3 3 0 0 8 2**

Passport No. Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD)

Marital Status Not Married (Single, Divorced, Widow / Widower) ☒ Married in Community of Property ☐ Married out of Community of Property ☐

Spouse Details

Initials ID No.

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

Contact Details

Email **K H O L U M O T E B O H O @ G M A I L . C O M**

Mark here with an "X" if you declare that you do not have an email address ☐

Cell No. **0 7 3 4 3 8 7 4 6 7**

Mark here with an "X" if you declare that you do not have a cell phone number ☐

Home Tel No.

Bus Tel No.

Fax No.

Do you confirm that the email and telephone numbers(s) supplied are correct? Y ☒ N ☐

IMPORTANT: Any changes made to your contact details on your return will not update your eFiling Security Contact Details. eFiling Security Contact Details can be maintained via "My Profile" on SARS eFiling, SARS eFiling App or at a SARS branch.

Declaration

I declare that:

- The information furnished in this return is true and correct in every respect; and
- I have disclosed in full the gross amounts of all income accrued to or received by me during the period covered by this return; and
- I have the necessary receipts and records to support all my declarations on this form which I will retain for inspection purposes.

Date (CCYYMMDD)

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For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)

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

ITR12

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Mark here with an "X" if same as above or complete your Postal Address. ☐

Is your Postal Address a Street Address? Y ☒ N ☐

Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)

PO Box Private Bag Other PO Special Service (specify) Number

Post Office Country Code

Postal Code

Unit No. Complex (if applicable)

Street No. Street / Farm Name

Suburb / District

City / Town Country Code

Postal Code

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Bank Account Details

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Agreement Statement

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Directive No.

