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 ITR12 2 8 2 2 8 8 1 1 6 1 Year of Assessment (Income Tax Act. No. 58 of 1962, as amended) South African Revenue Service Taxpayer Information Personal Details KHOLUMO Surname TEBOHO First Name GL ADYS Other Name Date of Birth 5 0 7 2 7 9 5 0 7 2 7 0 3 3 0 0 8 2 TG 9 9 ID No. Initials (CCYYMMDD) **Passpor** Passport Country (e.g. South Africa = ZAF) Passport Issue Date (CCYYMMDD) No. X Marital Not Married (Single, Divorced, Widow / Widower) Married in Community of Property Married out of Community of Property Status Spouse Details **Initials** ID No. Passpor Passport Country (e.g. South Africa = ZAF) Contact Details KHOLUMOTEBOHO@GMAIL COM **Email** Mark here with an "X" if you declare that you do not have an email address 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." Cell No 0 7 3 4 3 8 7 4 6 7 Declaration Mark here with an "X" if you declare that you do not have a cell phone number Home . The information furnished in this return is true and correct in every respect; and Tel No. . I have disclosed in full the gross amounts of all income accrued to or received by me during the period covered by this Bus Tel No • I have the necessary receipts and records to support all my declarations on this form which I will retain for inspection purposes Please ensure you sign over Fax No. 2 0 1 9 0 9 1 0 For enquiries go to www.sars.gov.za or Do you confirm that the email and telephoine numbers(s) call 0800 00 SARS (7277) **Y X** (CCYYMMDD) supplied are correct? ITR12 СТ 2019.09.00 NO 2822881161 2019

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Physical A	ddress Details
Unit No.	Complex (if applicable)
Street No.	2 1 4 6 Street / Farm Name S E C T I O N A
Suburb / District	SECTIONA
City / Town	B O T S H A B E L O Country Code Z A
Postal Code	9 7 8 1
Postal Add	ress Details
Mark here with a	"X" if same as above or complete your Postal Address. Is your Postal Address a Street Address? Y N N
Postal Agency of	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.	2 1 4 6 Street / Farm S E C T I O N A
Suburb / District	SECTIONA
City / Town	BOTSHABELO
Postal Code	9 7 8 1





Bank Account Holder Declaration					
I use South African bank accounts	I use a South African Bank Account of a 3rd party I declare that I have no South African bank account				
Reason for No Local / 3rd Party Bank Account					
Non-residents without a local bank account	Insolvency / Curatorship Deceased Estate Shared Account Income below tax threshold / Impractical Statutory restrictions Minor child				
Bank Account Details					
Bank Account Status	Account No.				
Branch No. 4 7	0 0 1 0 Account Type: Cheque Savings X Transmission				
Bank Name C A	PITEC BANK				
	IVERSAL BRANCH				
Account Holder Name (Account name as registered at bank)	KHOLUMO				
Branch No. Bank Name Branch Name Account Holder	0 0 1 0 Account Type: Cheque Savings X Transmission P I T E C B A N K I V E R S A L B R A N C H<				

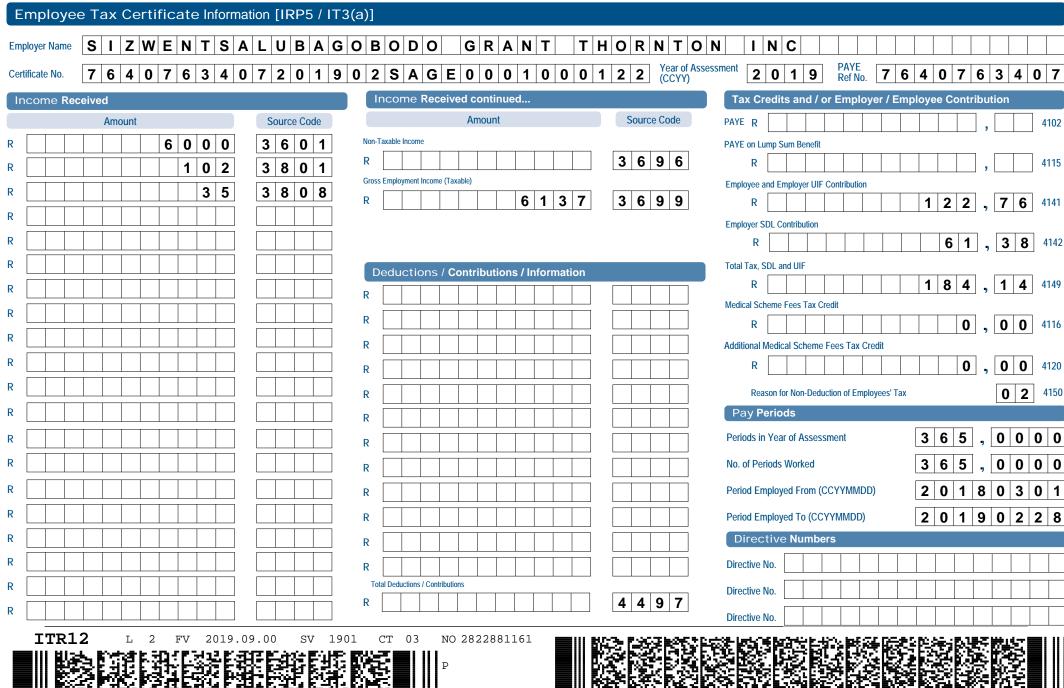
Agreement Statement

Mark here with an 'X' if you do declare that this information is true and correct in every respect.

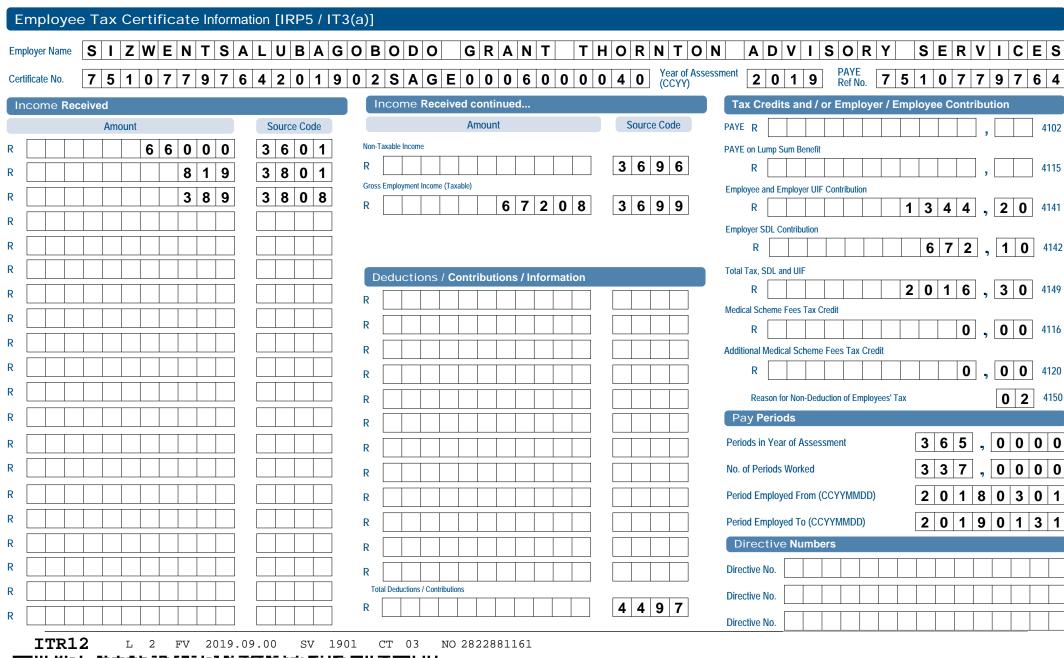












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Taxpayer Information - Deductions	Medical expenditure (including medical scheme	Start date of the 12 month qualifying period (CCYYMMDD)	
Medical Deductions - Rands only, no cents	contributions where you are not the principal / main member of the medical scheme) in respect of any	End date of the 12 month qualifying period (CCYYMMDD)	
Medical expenditure (including medical scheme contributions made by you or your employer towards a medical scheme where you are the principal / main member)	immediate family member who is dependent on you for family care and support Were any of the immediate family member(s) dependant(s) of a medical scheme(s) to which you paid the contributions?	Total number of full days outside SA during the 12 month qualifying period Did you within the period indicated above spend a continuous period exceeding 60 full days outside SA?	
Were you the principal /main member of a medical scheme to which you and / or your employer made contributions? In how many medical scheme(s) were you a the principal / main member during this year of assessment? Details of Medical Scheme	Indicate the number of medical schemes to which you paid the contributions in respect of such dependant(s)? Total number of work days during the above qualifying period relating to this year of assessment. Total number of work days outside South Africa during the above qualifying period relating to this year of assessment. Total remuneration received / accrued in this year of assessment in respect of foreign services rendered R R		
Medical Scheme Name: FLEXI CARE	physical impairment or disability expenses) R	Remuneration exempt R	
Medical Scheme Membership Number 4024268	Physical Impairment State any qualifying physical impairment expenses paid by you and not recovered from any medical scheme(s) and not included above. R 4022	Qualifying criteria for s10(1)(o)(ii) exemption relating to s8A/8C gains (excluding dividends) Are you a SA resident as defined in the Income Tax Act? Y N	
State the total number of dependants (including yourself) per month: Mar Apr May Jun Jul Aug 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Are you, your spouse or any of your qualifying children a person with a disability? If 'Yes', has this the disability been confirmed by a duly registered medical practitioner as prescribed? Indicate the number of qualifying person(s) with a disability: Qualifying criteria for s10(1)(o)(ii) exemption (excluding s8A/8C gains and dividends) Are you a SA resident as defined in the Income Tax Act? Confirm that the remuneration against which this exemption is claimed was not derived i.r.o. the holding of a public office as contemplated in s9(2)(g), or from services rendered / work / labour performed for the SA government / municipality / constitutional institution / SA public entity as contemplated in s9(2)(h) of the Income Tax Act Were you employed to render services outside SA? If yes, please state the number of days you were outside SA during any 12 month qualifying period:	In respect of the s10(1)(o)(ii) exemption claimed, how many s8A/8C gains are applicable during this year of assessment? Qualifying Criteria for the Deduction of Foreign Taxes Paid or Proved to be Payable to a Foreign Government of any Country of any SA Sourced Trading Income (including salary income) - Rands only, no cents Did you have a right of recovery other than a right of recovery i. t.o. a mutual agreement procedure, or any entitlement to carry back losses arising during any previous year of assessment? Was this foreign tax amount refunded to you during this year of assessment? Taxable income from SA sourced trade income (including salary income) taxed outsid SA (before taking into account any allowable deductions i.t.o. s11F, s18A and s6quat(1C), as these deductions will be calculated by SARS) Note: This income must have been declared elsewhere in this return.	

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