Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Consultant Name)

Refer to Case Reference Number: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re: Adjustment to Tax on the VIP System**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and Surname) have requested that the tax calculated by the VIP Payroll System for Company number **\_\_\_\_\_\_\_\_** must be changed for the following reason (provide specific employee details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I therefore accept full responsibility for any consequences resulting from these tax adjustments. Sage cannot be held responsible for any consequences resulting from these adjustments.

**Authorisation Confirmation**

(signed by the person responsible for SARS declaration & payment sign-off)

|  |  |
| --- | --- |
| Contact Person: |  |
| Position  |  |
| Company Name: |  |
| Site Code: |  |
| Contact No: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature