

Process
 Draft released on 2 June 2011 Initial briefing to Standing Committee on Finance on 15 June 2011 Hearings held on 21 and 22 June 2011 Written responses to National Treasury/SARS due by 11 July 2011 Responses amounted to over 500 pages provided by approximately 60 organisations
 Workshops were conducted with interested stakeholders Accelerated consultation process on section 45 and related matters announced on 29 June 2011 One-on-one meetings held, covering more than 50 transactions Revised proposal on section 45 and related matters released on 3 August 2011 Comments on revised legislation due by 17 August 2011 and workshop held on 31 August 2011
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Deduction	Tax credit
A reduction from taxable income of capped medical scheme contributions & qualifying medical expenses, potentially resulting in the taxpayer being in a lower income tax bracket	A reduction in the tax liability / tax payable
The value of a deduction will depend on the taxpayer's applicable marginal rate (between 18% and 40%) – the higher a taxpayer's marginal rate, the more valuable the given deduction.	The value of the tax credit will be equitable across income groups (ta credit will be calculated at the same rate for all taxpayers)

Deductions vs. Credit – illustration of the higher "subsidy" for individuals with higher marginal rate under the deduction regime

Annual	Monthly	18%	20%	25%	30%	40%
Ded	uction		Mc	onthly Credit	t	
5 280	440	79	88	110	132	176
8 640	720	130	144	180	216	288
17 280	1 440	259	288	360	432	576
22 560	1 880	338	376	470	564	752
27 840	2 320	418	464	580	696	928
36 000	3 000	540	600	750	900	1 200
41 460	3 455	622	691	864	1 037	1 382
48 000	4 000	720	800	1 000	1 200	1 600
al treasury						



Revised proposal for 2012/13					
Under 65 years	65 years and older				
Medical scheme contributions -R216 monthly tax credit each for taxpayer	Medical Scheme contributions				
and first dependant - R144 monthly tax credit for each additional beneficiary - Supplementary credit for disabled dropped	employees) by ex-employer (or insurance company) a taxable fringe benefit -All contributions fully remain deductible, taxpayer in a tax neutral position -Supplementary credit dropped				
Out of Pocket expenses	Out of pocket expenses				
-Medical scheme contributions in excess of 4 times the tax credit, plus -Other "out-of-pocket" medical expenses -Deductible if more than 7.5% of taxable income -Approved expenses (lists) fully deductible if disabled or disable dependant	All expenses fully deductible				
	8				

Beneficiaries	Monthly	Annual	Annual Cumulative	18%	25%	30%	40%
	Tax Credit	Tax Credit	Tax Credit	"E	quivalent d	eduction"	
1st	216	2 592	2 592	14 400	10 368	8 640	6 480
2nd	216	2 592	5 184	28 800	20 736	17 280	12 960
3rd	144	1 728	6 912	38 400	27 648	23 040	17 280
4th	144	1 728	8 640	48 000	34 560	28 800	21 600
5th	144	1 728	10 368	57 600	41 472	34 560	25 920











Basic Tax Mathematics				
	Payor	Payee		
Interest	(-)	(+)		
Dividends	(0)	(0)		
Tax planner's target	(-)	(0)		
Trapped	(0)	(+)		
Pational treasury		15		







Liquid	ation LBO Transactions (i.e. section 47)	
Acquiring Co 2 3 Target Co	 Bank Acquiring Co obtains an interest bearing loan from Bank Acquiring Co uses loan proceeds to purchase all of Target Co shares Target company distributes all of its assets to Acquiring Co and liquidates (i.e. liquidation dividend) Acquiring Co claims an interest deduction on the loan as the proceeds are arguably used to acquire (indirectly) assets (the target company must have a complementary business to the acquiring company) 	
national treasury		19











<section-header> ○ Coveral Dependence ○ Public Action Dependence ○ Substance questions ○ Ney Geastion: Are the shares really disguised debt? ○ Key feature of debt #1: Perpetual versus required capital repayment by issuer or third party (IFRS) ○ Key feature of debt #2: ○ Interest in profits versus fixed repayment ○ Look to the funds of the issuer versus outside parties ○ Aggregate Theory ○ Preference shares should be respected if the system is neutral (0 – 0) ○ Assumes all parties are taxpayers ○ Lowering the cost of funding













