INLAND REVENUE AUTHORITY OF SINGAPORE

Auto-Inclusion Scheme for Employment Income - Application Form

To Comptroller of Income Tax
Attention: Miss Seah Fang Ying
Electronic Interface Branch
Accounting & Processing Division

- Please fax this form to **6351 3302**.
- Tick applicable box and delete where appropriate.*
- It will take you about 5 minutes to complete this form.
- All correspondences pertaining to the Auto-Inclusion Scheme of Employment Income will be mailed to your organisation's registered address in IRAS' record.

Particulars of Organisation

Name of Organisation: _____

Unique Entity Number (UEN): _____

1. We would like to join the Auto-Inclusion Scheme for Employment Income from the Year of Assessment 2012 (details of employment income for year 2011) onwards.

2. As at today, we have:
   Total number of employees (full-time): _____
   Total number of employees (part-time): _____
   Total number of employees who have left the organisation in the year 2011: _____
   Total number of directors: _____

3. We will transmit all our employees' (include directors) remuneration and/or director's fee to IRAS via:
   ☐ e-Submission of Employment Income Application
   (same EASY access code used for all other e-Services provided by IRAS)
   ☐ PAT (Provident and Tax) Application.
   (If you are **not** an existing PAT user, subscription to this Application is required. Please contact CrimsonLogic Pte Ltd at Tel: 6887 7888 (Option 2) or email: pat@crimsonlogic.com.sg. **Note:** If you will be using your parent company or other PAT accounts, ie. Vendor, for AIS submission, please state your PAT Account/User ID, ie. gbh1/ ghb1001 in your email.)

4. We maintain our payroll using
   ☐ Payroll software developed internally (by IT Department, etc)
   ☐ Payroll software purchased off-the-shelf
   Name of Payroll Software: _____
   Name of Payroll Vendor: _____
   ☐ Microsoft Excel/Access _____
   ☐ Others (via voucher, etc) _____

Particulars of person completing the form^

Name (Mr/Mrs/Mdm/Ms*): _____ Designation: _____

Telephone Number: _____ Fax Number: _____

E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | |
(In block letters)

Signature: _____ Date: _____

^Please note that contact person completing this form must be from the participating organisation

For enquiries on Auto-Inclusion Scheme of Employment Income, please call 1800-356 8015, fax 6351 3302 or email to ais@iras.gov.sg.