

Reply Slip - Revised Relief Claim for Year of Assessment _____

Date: _____

To: The Comptroller of Income Tax
Individual Income Tax Division
55 Newton Road
Revenue House
Singapore 307987

Name of Claimant : _____

Identification Number (ID) of Claimant: _____

Type(s) of Relief [#]	Name of Dependant [#]	ID of Dependant [#]	% of Claim [^]

Note:

- 1) **All 4 columns must be completed.**
- 2) ****Please complete based on the name(s) and ID(s) of the dependant(s) provided in our letter.***
- 3) ***^Only Child Relief, Parent Relief and Handicapped Sibling Relief can be shared among taxpayers claiming the same type of relief. Please ensure the total percentage claimed by all claimants add up to 100%.***
- 4) ***^If the % of Claim is not completed, we will deem that you are not claiming relief for the said dependant. If you are withdrawing your claim for the dependant, please enter 0%.***

Claimant's Confirmation

I confirm that I have met all the qualifying conditions for the above relief claims for the Year of Assessment _____. I will ensure that all qualifying conditions are met when claiming tax reliefs in future years. I understand that there may be penalties for wrongful claim of tax reliefs.

Signature : _____

Date : _____