INLAND REVENUE AUTHORITY OF SINGAPORE

Application for Auto-Inclusion Scheme for Employment Income for the Year of Assessment 2014 (details of employment income for year 2013)

- This form may take you about 5 minutes to complete.
- Please fax this form to 6351 3302 or scan and email to ais@iras.gov.sg.
- Correspondences pertaining to the Auto-Inclusion Scheme for Employment Income will be mailed to your registered business address.
- An acknowledgment e-mail will be sent to the stated email address within 10 working days upon receipt of the application form. (No acknowledgement will be sent if no e-mail address is provided.) If the number of employees that the organisation's has falls within the gazetted number of employees for compulsory filing, a notice to file letter will be issued to the organisation.

Particulars of Organisation

Organisation Name: _____

Unique Entity Number (UEN): _____

1. Our payroll is maintained in:
   - ☐ Microsoft Excel/Access
   - ☐ Payroll software developed internally (by IT Department etc)
   - ☐ Payroll software purchased off-the-shelf

   Name of Payroll Software: _____

   Name of Payroll Vendor: _____

   - ☐ Others (via voucher, manual book-keeping, etc) _____

2. As at today, our organisation has _____ employees^.

   ^ Other than your current employees, the count should also include directors and employees who left your organisation in year 2013.

3. Training needs of your staff who will be submitting the income information to IRAS electronically:
   (Please select one only)
   - ☐ Staff has submitted income information electronically to IRAS before on behalf of other AIS employers.
   - ☐ Staff is able to self help using the e-Submission applications' user guides available on IRAS' website.
   - ☐ Staff prefers to attend a seminar where there will be a demonstration on the usage of IRAS' free e-Submission applications.
   - ☐ Staff needs to attend a computer workshop where there will be a hands-on step-by-step practice on the usage of IRAS' free e-Submission applications.

Particulars of contact person from the organisation*

Name (Mr/Mrs/Mdm/Ms): _____ Designation: _____
(delete where appropriate)

Telephone Number: _____ Fax Number: _____

E-mail address:

(In block letters)

Signature: _____ Date: _____

* If you have an alternate contact person (e.g. payroll agent), please email the contact details to ais@iras.gov.sg.

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