Application to join Auto-Inclusion Scheme for Employment Income (AIS) and CPF Data Link-up Service for the Year of Assessment 2017 (details of employment income for year 2016)

INLAND REVENUE AUTHORITY OF SINGAPORE

- This form may take you about 5 minutes to complete.
- Scan and email this form to ais@iras.gov.sg or fax to 6351 3302 to register.
- We will acknowledge your application within 10 working days via e-mail **only**. Please provide your e-mail address.
- When we write to you, we will use your registered business address.

Section 1: Particulars of Organisation

Name of Organisation : _____

Unique Entity Number (UEN) : _____

Section 2: Organisation's Details

1) As of today, my organisation has _____ employees ^.

^ For the count, please include employees and directors who left the organisation in year 2016.

2) Our payroll is maintained in

☐ Microsoft Excel / Access
☐ Payroll software developed internally (by IT Department, etc)
☐ Payroll software purchased off-the-shelf
Name of Software : _____
Name of Vendor : _____
☐ Others (via voucher, manual bookkeeping, etc)

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 user guides available on IRAS' website.
☐ Staff prefers to attend a seminar where there will be a demonstration on the usage of IRAS' free AIS software.
☐ Staff needs to attend a computer workshop where there will be a hands-on step-by-step practice on the usage of IRAS' free AIS software.

Section 3: Details of Contact Person for AIS Matters

(*delete where appropriate)

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

Contact Number : _____

E-mail Address (In block letters) :

Section 4: Registration for CPF Data Link-up Service to pre-fill employees' details for the AIS

☐ **Yes, we would like to register for the CPF Data Link-up Service and hereby consent to the terms below:**

- We hereby unequivocally consent to and authorise the Comptroller of Income Tax ("**Comptroller**") to obtain from CPF Board the following employee details for pre-filling into the AIS Online Application and analysis for formulation of employer education (the "**Purpose**"):
  (a) Income (Ordinary and Additional wages);
  (b) CPF employee contributions;
  (c) Deductions for donations to CDAC, SINDA and Eurasian Community Fund;
  (d) Personal particulars (Name; NRIC no.; Nationality; Date of birth only)
  (the "**Information**") that we have submitted to CPF Board under the above organisation for the YA2017 and every year thereafter. This authorisation applies to the Information submitted under the CPF Submission Numbers ("**CSN**") accounts under the above organisation that have 'PTE' payment code (e.g. 12345678A-PTE-01, 12345678A-PTE-02 etc).
- We hereby unequivocally consent to and authorise CPF Board to disclose to the Comptroller the Information for the Purpose for YA2017 and every year thereafter.
- We understand that we shall verify, adjust, or add to the Information obtained by the Comptroller from CPF Board where necessary, before e-Submitting the Information to IRAS using the AIS Online Application by 1 Mar every year. The submitted information will be our declaration to the Comptroller for tax assessment purposes.

As of today, my organisation has ____ (state how many) CSN(s) with "PTE" payment code (e.g. 12345678A-PTE-01) for making CPF submission.

☐ **No, we will not register for the CPF Data Link-up Service and will prepare the employment income information for the AIS submission ourselves.**

Organisation's Representative

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

NRIC No. : _____ Date: _____

Designation : _____

(Position of a Manager or higher for company, Sole-proprietor for Sole-proprietorship, Partner for Partnership)

For enquiries on Auto-Inclusion Scheme for Employment Income or CPF Data Link-up Service, please call 1800-356 8015 or email to ais@iras.gov.sg

For Official Use Only Officer's Name: _____ Date Received: _____ Date Processed: _____