Work Pass Division 18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mom_wpd@mom.gov.sg



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.			
Please complete this for applying for a Work Perm	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta tic worker.	ax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and	Spouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000	□ \$2,000 to \$2,499	□ \$2,500 to \$2,999	□ \$3,000 to \$3,499	
□ \$3,500 to \$3,999	□ \$4,000 to \$4,999	□ \$5,000 to \$5,999	□ \$6,000 to \$7,999	
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499		\$15,000 to \$19,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above	, , , , , , , , , , , , , , , , , , , ,	_ φ (0,000 to φ (0,000	
Part II – Authorisation by	Employer and His/Her Spor	use		
complete rait if and autifu	spouse do not wish to submorise the Comptroller of Inconfither the Verification to the Control	ne lay to verity your income	ax Notice of Assessment, please range stated in Part I above and	
I, TAN LT	EE NGEE employer)	, *NRIC/WP No/FIN:	3000538JE	
and/or I,	employer's spouse)	*NRIC/WP No/FIN:		
(Name of the	employer's spouse)		,	
assessment record(s) for t	ne current Year of Assessments authorise the Comptroller	nt and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, 1"/	assessment record(s) for the we understand that the Compessment record(s) for the two	stroller of Income Tay will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
13		T.S.		
Signature: h		Signature:		
Date:		Date:		
*Delete where inapplicable				