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 minute to fill in.			
Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.			
Part I – Monthly Combined Income of Employer and Spouse			
Please tick (✓) the appropriate box.			
☐ Below \$2,000 ☐ \$2,000) to \$2,499	□ \$2,500 to \$2,999	□ \$3,000 to \$3,499
□ \$3,500 to \$3,999	to \$4,999	□ \$5,000 to \$5,999	□ \$6,000 to \$7,999
□ \$8,000 to \$9,999 □ \$10,00	00 to \$12,499	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999
□ \$20,000 to \$24,999 □ \$25,00	00 and above		
Part II – Authorisation by Employer and His/Her Spouse			
If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.			
I, Ong Juan Mana S (Name of employer)	heila	_, *NRIC/WP No/FIN:	S0189778J.
and/or I,, *NRIC/WP No/FIN:, (Name of the employer's spouse)			
authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.			
In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised at the point of verification, I*/we understand that the Comptroller of Income Tax will verify *my/our income range stated in Part I against *my/our assessment record(s) for the two previous Years of Assessment.			
Employer		Employ	yer's Spouse
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
		TE	
Signature:		Signature:	
Date:		Date:	
*Delete where inapplicable			