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

applying for a Work Perm	m only if you do not wish nit (WP) for a foreign domes	tic worker.	AX Notice of Assessment
Part I - Monthly Combine	d Income of Employer and	Spouse	
Please tick (√) the approp	priate box.		
☐ Below \$2,000	□ \$2,000 to \$2,499	□ \$2. <b>5</b> 00,to \$2,999	□ \$3,000 to \$3,499
□ \$3,500 to \$3,999	₹\$4,000 to \$4,999	D \$5,000 to \$5,999	☐ \$6,000 to \$7,999
□ \$8,000 to \$9,999	☐ \$10,000 to \$12,499	☐ \$12,500 to \$14,999	□ \$15,000 to \$19,999
□ \$20,000 to \$24,999	☐ \$25,000 and above		
Part II – Authorisation by	Employer and His/Her Spo	use	
complete Part II and author	spouse do not wish to submorise the Comptroller of Incorf the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, per range stated in Part I above
I, POH WEZ (Name of	CZN JZRPY employer)	, *NRIC/WP No/FIN:	S7710457G
and/or I,	employer's spouse)	*NRIC/WP No/FIN:	
(Name of the	employer's spouse)		
authorica the Comptroller	of Income Tax to verify *my/che current Year of Assessme	nt and the two previous Year	s of Assessment, for the Cor
assessment record(s) for to of Work Passes. *I/We a verification to the Controlled	er of Work Passes.		
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This form is updated on 1 July 2007