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	ninute to fill in.			
Please complete this fo applying for a Work Perm	rm only if you do not wisl nit (WP) for a foreign domes	h to submit your Income T stic worker.	ax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and	Spouse		
Please tick (✓) the appro				
☐ 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	\$12,500 to \$14,999		
□ \$20,000 to \$24,999	☐ \$25,000 and above	, , , , , , , , , , , , , , , , , , , ,	Δ Ψ 10,000 to Ψ 19,999	
Part II – Authorisation by	Employer and His/Her Spo	use		
communicate the results of	f the verification to the Contro	ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
. (Name of e	employer)	, "NRIC/VVP No/FIN:	7 7 7 7 6 , 1	
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:		
authorise the Comptroller of assessment record(s) for the of Work Passes. *I/We also verification to the Controlle In the event that *my/our at the point of verification, I*/weight in the second in the second in the second in the point of verification. I*/weight in the second in th	of Income Tax to verify *my/c ne current Year of Assessmer so authorise the Comptroller r of Work Passes.	our income tax range stated intended in the two previous Years of Income Tax to thereafte	n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the	
Part I against *my/our asse	essment record(s) for the two	previous Years of Assessmer	it.	
	nployer	Emplo	oyer's Spouse	
Income Tax Notice of Ass			Income Tax Notice of Assessment No:	
50348296T/		J.S	J.S	
Signature:	Mist	Signature:		
Date:	6/3/19	Date:		
*Delete where inapplicable	1			