Work Pass Division

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*Delete where inapplicable



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	ninute to fill in.			
	rm only if you do not wish nit (WP) for a foreign domes		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	34,000 to \$4,999	☐ \$5,000 to \$5,999	36,000 to \$7,999	
38,000 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		
I, I and authors in the last in the	orise the Comptroller of Incom th (Zheng Ling) employer)	ne Tax to verify your income, *NRIC/WP No/FIN:	ax Notice of Assessment, please range stated in Part I above and S 7 4 2 9 5 0 8 1	
and/or I,, *NRIC/WP No/FIN:, (Name of the employer's spouse)				
assessment record(s) for t	he current Year of Assessmer lso authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, I*/	assessment record(s) for the of twe understand that the Comp essment record(s) for the two	troller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
E	mployer	Empl	oyer's Spouse	
Income Tax Notice of Ass	sessment No:	Income Tax Notice of A	ssessment No:	
Signature:		Signature:	Signature:	
Date:		Date:		