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 \$\$5,000 to \$5,999	□ \$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	\$15,000 to \$19,999	
\$20,000 to \$24,999	\$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spor	use		
complete Part II and author I, Name of and/or I, GAN J/A (Name of the authorise the Comptroller assessment record(s) for to of Work Passes. *I/We all verification to the Controller In the event that *my/our at the point of verification, I*/Part I against *my/our asset	employer) ACONG employer ACONG ACONG	ne Tax to verify your income, *NRIC/WP No/FIN: NRIC/WP No/FIN: our income tax range stated in the two previous Years of Income Tax to thereafted troller of Income Tax will verifications Years of Assessment troller of Income Tax will verifications.		
Employer			Employer's Spouse	
Income Tax Notice of Assessment No: Signature:		Income Tax Notice of Assessment No: Signature:		
Date:		Date:		