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 n	Dinute to fill in	- Tunio Tuni	Deciaration
	mute to fill ID.		
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income 1	Tax 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	□ \$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		□ \$15,000 to \$19,999
Part II – Authorisation by	Employer and His/Her Spor	use	
communicate the results of	the verification to the Control	ler of Work Passes.	ax Notice of Assessment, please range stated in Part I above and
, KOK Kam Lee (Name of e	employer)	, *NRIC/WP No/FIN:	9 1665066 H
(Name of the	employer's spouse)	-	1
of Work Passes. *I/We also rerification to the Controller	so authorise the Comptroller of Work Passes.	of Income Tax to thereafte	in Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the
he point of verification, I*/w Part I against *my/our asse	ssessment record(s) for the cover understand that the Compt ssment record(s) for the two p	current Year of Assessment of troller of Income Tax will veri previous Years of Assessmer	*is/are not available or finalised at fy *my/our income range stated in tt.
En	nployer	Emplo	oyer's Spouse
Income Tax Notice of Ass	essment No:	Income Tax Notice of As	ssessment No:
I S		TS	
Signature:	/	Signature:	
Date:		Date:	
Delete where inapplicable			