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	inute to fill in.			
Please complete this for applying for a Work Perm	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income itic worker.	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	1 \$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 Incor f the verification to the Contro	ne Tax to verify your incom	Tax Notice of Assessment, please e range stated in Part I above and	
I, KAMAL MAMA	LAL JAIN employer)	, *NRIC/WP No/FIN:	S2662123B	
and/or I,	e employer's spouse) *NRIC/WP No/FIN:,			
(Name of the	employer's spouse)		7	
assessment record(s) for t	he current Year of Assessmer so authorise the Comptroller	nt and the two previous Yea	in Part I above, based on *my/our rs of Assessment, for the Controller er communicate the results of the	
the point of verification, I*/	assessment record(s) for the we understand that the Compessment record(s) for the two	otroller of Income Tax will ve	t *is/are not available or finalised at rify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of	Income Tax Notice of Assessment No:	
T.		J.S	T.S	
Signature:	Ram',	Signature:	-	
Date:	20m, 105/2019	Date:		
*Delete where inapplicable	1			