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 mi	nute to fill in.		
Please complete this for applying for a Work Perm	m only if you do not wish it (WP) for a foreign domest	to submit your Income T	ax Notice of Assessment when
Part I – Monthly Combined Income of Employer and Spouse			
Please tick (✓) the approp	riate 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		
Part II – Authorisation by Employer and His/Her Spouse			
and/or I,	mployer) Shama mployer's spouse) Income Tax to verify *my/ou e current Year of Assessment of authorise the Comptroller of Work Passes. sessment record(s) for the current year of the Comptroller of Work Passes.	RIC/WP No/FIN: r income tax range stated in and the two previous Years of Income Tax to thereafter the trent Year of Assessment to the two Years of Income Tax will verifications Years of Assessment to the two Years of Assessment to the Year	n Part I above, based on *my/our of Assessment, for the Controller of communicate the results of the ris/are not available or finalised at fy *my/our income range stated in it.
Employer Income Tax Notice of Assessment No:		Employer's Spouse	
•		Income Tax Notice of Assessment No:	
Signature:		Signature:	
Date: 11.03.19		Date: 11 · 03 · 19	
Delete where inapplicable		1	