Work Pass Division

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*Delete where inapplicable



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.				
Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.				
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	□ \$6,000 to \$7,999	
38,000 to \$9,999	\$10,000 to \$12,499	\$12,500 to \$14,999	315,000 to \$19,999	
\$20,000 to \$24,999	(\$25,000 and above			
Part II – Authorisation by Employer and His/Her Spouse				
complete Part II and author. I, Frest Tan Peng Fra (Name of Mame of the authorise the Comptroller assessment record(s) for to of Work Passes. *I/We a verification to the Controller. In the event that *my/our at the point of verification, I*/	orise the Comptroller of Income Tax to verify *my/c the current Year of Assessment record(s) for the comptroller of Work Passes.	ne Tax to verify your income, *NRIC/WP No/FIN: NRIC/WP No/FIN: our income tax range stated nt and the two previous Year of Income Tax to thereafte current Year of Assessment troller of Income Tax will ver	Tax Notice of Assessment, please erange stated in Part I above and 27163236 LTS-102566. In Part I above, based on *my/our so of Assessment, for the Controller er communicate the results of the *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 Assessment No:	
Signature:		Signature:	Signature:	
Date:		Date:	Date:	