## **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.		
	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	□ \$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
\$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	325,000 and above		
Part II – Authorisation by	Employer and His/Her Spo	use	
complete Part II and authors, SHONG (Name of e	orise the Comptroller of Incor WAT (PEN CHONG WET employer)	me Tax to verify your income, *NRIC/WP No/FIN:	
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:	•
assessment record(s) for the	he current Year of Assessment so authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/ou s of Assessment, for the Controlle or communicate the results of the
the point of verification, I*/v	we understand that the Comp		*is/are not available or finalised a ify *my/our income range stated in nt.
E	mployer	Empl	oyer's Spouse
Income Tax Notice of Ass	sessment No:	Income Tax Notice of A	ssessment No:
Signature:	<del></del>	Signature:	
/ /		Signature.	