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	ninute to fill in.			
	rm only if you do not wish mit (WP) for a foreign domes		ax Notice of Assessment when	
Part I - Monthly Combin	ed Income of Employer and	Spouse		
Please tick (✓) the appro	opriate box.			
Below \$2,000	\$2,000 to \$2,499	□ \$2,500 to \$2,999	33,000 to \$3,499	
\$3,500 to \$3,999	34,000 to \$4,999	\$5,000 to \$5,999	36,000 to \$7,999	
\$8,000 to \$9,999	♥\$10,000 to \$12,499	\$12,500 to \$14,999	@\$15,000 to \$19,999	
(a) \$20,000 to \$24,999	(a) \$25,000 and above			
Part II – Authorisation by	y Employer and His/Her Spo	use		
complete Part II and auth I,	employer's spouse) of Income Tax to verify *my/othe current Year of Assessment	ne Tax to verify your income, *NRIC/WP No/FIN: NRIC/WP No/FIN:S6 our income tax range stated int and the two previous Years		
verification to the Controlle In the event that *my/our the point of verification, I*,	er of Work Passes. assessment record(s) for the o	current Year of Assessment troller of Income Tax will veri	*is/are not available or finalised at fy *my/our income range stated in	
Employer		Emple	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
S7373146A		S6943	S6943855E	
Signature:	CL	Signature:	N	
Date:	19 May 2019	Date: 19 May	19 May 2019	
*Delete where inapplicable				