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 mir	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 domes	to submit your Income Ta	x Notice of Assessment when	
Part I – Monthly Combine	d Income of Employer and	Spouse		
Please tick (✓) the approp	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		
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499	\$12,500 to \$14,999	□ \$6,000 to \$7,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above	N2 412,000 to \$14,999	□ \$15,000 to \$19,999	
Part II – Authorisation by	/ Employer and His/Her Sp	ouse		
communicate the results of Name of the authorise the Comptroller assessment record(s) for of Work Passes. *I/We verification to the Control In the event that *my/our the point of verification, I Part I against *my/our as	if the verification to the Control of the verification to the Control of the verification to the Control of the verification of the control of the current Year of Assessmalso authorise the Comptrol of Work Passes. If assessment record(s) for the the cossessment record(s) for the the cost of t	roller of Work Passes. , *NRIC/WP No/FIN:, *NRIC/WP No/FIN: y/our income tax range stated nent and the two previous Yealler of Income Tax to thereaf	in Part I above, based on *my/ours of Assessment, for the Controlle ter communicate the results of the out *is/are not available or finalised at *	
Employer Income Tax Notice of Assessment No:		Em	Employer's Spouse	
		Income Tax Notice of	Income Tax Notice of Assessment No:	
J. 55		T5		
Signature:		Signature:	Signature:	
Date:		Date:	3	
*Delete where inapplicable	9			