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.			
Please complete this fo applying for a Work Perr	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income T stic worker.	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	☐ \$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 Spo	use		
complete Part II and auth	spouse do not wish to subnorise the Comptroller of Incorfither the Verification to the Contro	me Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I,(Name of employer)		, *NRIC/WP No/FIN:	, *NRIC/WP No/FIN:	
and/or I,(Name of the	employer's spouse)	*NRICMP No/FIN:		
assessment record(s) for t	the current Year of Assessme lso authorise the Comptrolle	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, I*	assessment record(s) for the we understand that the Compessment record(s) for the two	otroller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
F		755		
Signature: Way Mem		Signature:		
Date:		Date:		
*Delete where inapplicable	***************************************			