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	nande to fill in nande to fill in	araman kuladu kulamen men Makeen pasan kula kenen hamisi kenengapak kula alah 1 km, se sasa Jamman kulamen	the description of the second	
Please complete this fo applying for a Work Perr	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta tic worker.	x Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and	Spouse		
Please tick ( ) the appro</th <th>priate box.</th> <th></th> <th></th>	priate box.			
[] Below \$2,000	[] \$2,000 to \$2,499	☐ \$2,500 to \$2,999	() \$3,000 to \$3,499	
① \$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	y Employer and His/Her Spo	use		
if either you and/or your	a A collector for exception	nit a copy of your Income T me Tax to verify your income	ax Notice of Assessment, please arrange stated in Part I above and	
ē		*NRIC/WP No/FIN:	3	
(Name of	employer)			
and/or I,		*NRIC/WP No/FIN:	J.	
	the current Year of Assessments also authorise the Comptrolle	ont and the two blevious it da	I in Part I above, based on *my/our ars of Assessment, for the Controller ter communicate the results of the	
he point of verification. I*.	assessment record(s) for the /we understand that the Com essment record(s) for the two	iptroller of Income Tax will v	nt *is/are not available or finalised a erify *my/our income range stated in nent.	
Employer		1	Employer's Spouse	
Income Tax Notice of Assessment No: Income Tax Notice of Assessment No:		Assessment No:		
TS N	A TS			
Signature:		Signature:	ele.	
Date:		Date:		
Delete where inapplicable				