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.			
Please complete this for	m only if you do not wish	to submit your Income T	ax Notice of Assessment when	
applying for a Work Perm	nit (WP) for a foreign domes	tic worker.	ax Notice of Assessment wher	
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	9	Δ ψ10,000 to ψ13,999	
Part II – Authorisation by	Employer and His/Her Spor	use		
	spouse do not wish to submorise the Comptroller of Incon the verification to the Control		ax Notice of Assessment, please range stated in Part I above and	
Name of employer)		, *NRIC/WP No/FIN:	_, *NRIC/WP NO/FIN: 986-73854F	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:		
of Work Passes. *I/We all verification to the Controlle In the event that *my/our at the point of verification. */	so authorise the Comptroller of Work Passes.	current Year of Assessment	in Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the *is/are not available or finalised a ify *my/our income range stated in	
	mployer			
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
To the second se		TE	T	
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				