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 applying for a Work Pern	rm only if you do not wish that (WP) for a foreign domesti	to submit your Income T	ax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and S	pouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000 ☐ \$3,500 to \$3,999 ☐ \$8,000 to \$9,999 ☐ \$20,000 to \$24,999	☐ \$4,000 to \$4,999 ☐ \$10,000 to \$12,499	□ \$2,500 to \$2,999 □ \$5,000 to \$5,999 □ \$12,500 to \$14,999	55 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Part II - Authorisation by	Employer and His/Her Spous	se		
complete Part II and author	orise the Comptroller of Income f the verification to the Controlle	e Tax to verify your income er of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,(Name of the	employer's spouse) , *N	IRIC/WP No/FIN:		
assessment record(s) for t	he current Year of Assessment so authorise the Comptroller	and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the	
the point of verification, I*/	assessment record(s) for the co we understand that the Comptr essment record(s) for the two pr	oller of Income Tax will ver	*is/are not available or finalised a ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Ass	sessment No:	Income Tax Notice of A	ssessment No:	
Signature: Pullya (1851)		Signature:	4	
Date: 1 8 MAR 201	9	Date:		
*Delete where inapplicable				