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 mi	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 T tic worker.	ax 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		
□ \$20,000 to \$24,999	☐ \$25,000 and above	- +	Δ Ψ 10,000 to Ψ 10,000	
Part II – Authorisation by	Employer and His/Her Spor	use		
complete Part II and autho communicate the results of	rise the Comptroller of Incon the verification to the Control	ne Tax to verify your income ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
. (Name of e	mployer)			
and/or I,(Name of the	employer's spouse) , *	NRIC/WP No/FIN:	1	
assessment record(s) for the of Work Passes. *I/We also verification to the Controller. In the event that *my/our a the point of verification, 1*/verification, 1*/verification	ne current Year of Assessmer so authorise the Comptroller of Work Passes. ssessment record(s) for the	nt and the two previous Years of Income Tax to thereafte current Year of Assessment	in Part I above, based on *my/ou s of Assessment, for the Controlle er communicate the results of the *is/are not available or finalised a ify *my/our income range stated in nt.	
	nployer			
Income Tax Notice of Assessment No:			Employer's Spouse Income Tax Notice of Assessment No:	
E S16905422:		T		
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				