

Work Pass Division
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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

Part I – Monthly Combined Income of Employer and Spouse

Please tick (✓) the appropriate 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 Spouse

If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.

I, WANG LIM EI, *NRIC/WP No/FIN: S8263171B,
(Name of employer)

and/or I, _____, *NRIC/WP No/FIN: _____,
(Name of the employer's spouse)

authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised at the point of verification, I/*we understand that the Comptroller of Income Tax will verify *my/our income range stated in Part I against *my/our assessment record(s) for the two previous Years of Assessment.

Employer	Employer's Spouse
Income Tax Notice of Assessment No: 	Income Tax Notice of Assessment No:
Signature: 	Signature:
Date:	Date:

*Delete where inapplicable