

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.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Below \$2,000 | <input type="checkbox"/> \$2,000 to \$2,499 | <input type="checkbox"/> \$2,500 to \$2,999 | <input type="checkbox"/> \$3,000 to \$3,499 |
| <input type="checkbox"/> \$3,500 to \$3,999 | <input type="checkbox"/> \$4,000 to \$4,999 | <input type="checkbox"/> \$5,000 to \$5,999 | <input type="checkbox"/> \$6,000 to \$7,999 |
| <input type="checkbox"/> \$8,000 to \$9,999 | <input type="checkbox"/> \$10,000 to \$12,499 | <input type="checkbox"/> \$12,500 to \$14,999 | <input checked="" type="checkbox"/> \$15,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$25,000 and above | | |

Part II – Authorisation by Employer and His/Her Spouse

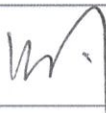
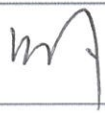
If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and

I, WU SIFAN, *NRIC/WP No/FIN: UCS-G0338220L,
(Name of employer)

and/or I, KWAK JIHUN, *NRIC/WP No/FIN: M56334678,
(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

Worker Details

WP No.	:	0 9333907-
Name of Worker	:	KHIN THU ZAR NWE
DOB of Worker	:	28/07/1990
Sex	:	FEMALE
Worker's FIN	:	G2420138X
Passport No.	:	MD723849
Nationality	:	MYANMAR

Employment History

Results Found : 5

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 5	26/12/2018		General Household
Employer 4	29/07/2016	27/07/2017	General Household
Employer 3	10/07/2016	29/07/2016	General Household
Employer 2	18/05/2016	10/07/2016	General Household
Employer 1	28/02/2014	12/12/2015	General Household

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Name of Employer
04 MAY 2019
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Date Sign