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	m only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta tic worker.	ax Notice of Assessment when
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		
Part II - Authorisation by	Employer and His/Her Spo	use	
complete Part II and auth	spouse do not wish to subnorise the Comptroller of Incor of the verification to the Contro	me Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and
(Name of employer)		*NRIC/WP No/FIN: GXXXX305N	
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:	
authorise the Comptroller	of Income Tax to verify *my/ the current Year of Assessme tlso authorise the Comptrolle	our income tax range stated	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*	Iwe understand that the Com	current Year of Assessment optroller of Income Tax will ver oprevious Years of Assessme	*is/are not available or finalised at rify *my/our income range stated in ent.
E	Employer	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Signature:		Signature:	
Date:		Date:	
*Delete where inapplicable			