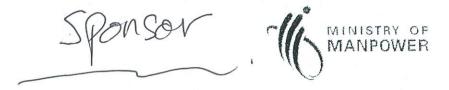
Work Pass Division 16 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mom_wpd@mom.gov.sg



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 mi		4		
	m only if you do not wish nit (WP) for a foreign domes		x 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	(1 \$15,000 to \$19,999	
[] \$20,000 to \$24,999	☐ \$25,000 and above			
Part II - Authorisation by	y Employer and His/Her Spo	ouse		
authorise the Comptrolle assessment record(s) for	r the current Year of Assessm	/our income tax range stated ent and the two previous Yea	I in Part I above, based on *my/our irs of Assessment, for the Controller	
verification to the Contro In the event that *my/ou the point of verification,	iler of Work Passes. Ir assessment record(s) for th	e current Year of Assessmen	ter communicate the results of the at *is/are not available or finalised a erify *my/our income range stated i lent.	
Employer			Employer's Spouse	
Income Tax Notice of	Assessment No:	Income Tax Notice of	Assessment No:	
TE .		T. T. T.		
Signature:		Signature:		
Date:		Date:		

*Delete where inapplicable