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 minu	ute to fill in.			
Please complete this form applying for a Work Permit	only if you do not wish (WP) for a foreign domest	to submit your Income Ta ic worker.	ax Notice of Assessment when	
Part I – Monthly Combined	Income of Employer and S	pouse		
Please tick (✓) the appropr	iate 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		
□ \$20,000 to \$24,999	☐ \$25,000 and above	4	Δ Ψ 10,000 to Ψ 10,000	
Part II – Authorisation by E	mployer and His/Her Spou	se		
Corine2 Arleen De I, Gromes Corinns (Name of the en authorise the Comptroller of	ne verification to the Controlle Mornay Nee  Arleen - ployer)  ployer's spouse)  Income Tax to verify *my/ou	er of Work Passes, *NRIC/WP No/FIN: NRIC/WP No/FIN:	n Part Labove, based on *mv/our	
assessment record(s) for the	current Year of Assessment authorise the Comptroller	t and the two previous Years	of Assessment, for the Controller r communicate the results of the	
In the event that *my/our ass the point of verification, I*/we Part I against *my/our assess	understand that the Compt	roller of Income Tax will veri	ris/are not available or finalised at fy *my/our income range stated in tt.	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
T.		TE		
Signature:  CaleMens ay'  Date:		Signature:		
Date:	7	Date:		
*Delete where inapplicable				