Work Pass Division 18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg

mom_wpd@mom.gov.sg

MINISTRY OF

Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 min	oute to fill in.			
Please complete this form applying for a Work Permi	n only if you do not wish t (WP) for a foreign domest	to submit your Income T ic worker.	ax Notice of Assessment when	
Part I - Monthly Combined	Income of Employer and S	Spouse		
Please tick (✓) the approp	riate 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			
□ \$20,000 to \$24,999	\$25,000 and above		Δ Ψ10,000 to Ψ13,339	
Part II – Authorisation by E	•	Se		
communicate the results of t	he verification to the Controll	e Tax to verify your income er of Work Passes.	ax Notice of Assessment, pleas range stated in Part I above an	
and/or I,(Name of the en	mployer's spouse)	NRIC/WP No/FIN:		
assessment record(s) for the	authorise the Comptroller	and the two previous Vears	in Part I above, based on *my/ou s of Assessment, for the Controlle r communicate the results of th	
In the event that *my/our as: the point of verification, I*/we Part I against *my/our asses:	e understand that the Compt	roller of Income Tay will vari	*is/are not available or finalised a fy *my/our income range stated i nt.	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
13		J.S		
Signature:	R.	Signature:		
Date:		Date:		
*Delete where inapplicable				