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 Perm	m only if you do not wish nit (WP) for a foreign domes	to submit your income itic worker.	fax 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		
☐ \$20,000 to \$24,999	☐ \$25,000 and above		= 414,500 to 410,500	
Part II - Authorisation by	Employer and His/Her Spo	use		
TAMBLE OF THE HOURS STREET	spouse do not wish to subnorise the Comptroller of Incor fithe verification to the Contro	DO LAY IO VERITY VALUE INCAMA	Tax Notice of Assessment, please e range stated in Part I above and	
I. <u>\$06N PUEV</u> (Name bro	N PUEV G/OK2 *NRIC/WP No/FIN: S 028 8/80 E (Name of employer)			
and/or I, (Name of the	employer's spouse)	*NRICMP No/FIN:	Y	
coocessinent record(2) for f	ne current rear of Assessme so authorise the Comotrolle	NI AND THE TWO PROVIDER YES	in Part I above, based on *my/our rs of Assessment, for the Controller er communicate the results of the	
the point of vermoation, 17	essessment record(s) for the we understand that the Comp essment record(s) for the two	Offaller of Income Tay will us	t *is/are not available or finalised a crify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
F		7.55		
Signature:		Signature:		
1659				
Date		Date:		
*Delete where inapplicable	//			