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

Part I - Monthly Combined Income of Employer and Spouse Please tick (*/) the appropriate box. Below \$2,000					
Below \$2,000	This form may take you 1 m	ninute to fill in.			
Part I - Monthly Combined Income of Employer and Spouse Please tick (*/) the appropriate box. Below \$2,000	Please complete this for applying for a Work Pern	rm only if you do not wish	n to submit your Income T	ax Notice of Assessment whe	
Below \$2,000					
Below \$2,000					
\$3,500 to \$3,999 \$4,000 to \$4,999 \$5,000 to \$5,999 \$6,000 to \$7,999 \$5,000 to \$9,999 \$10,000 to \$12,499 \$12,500 to \$14,999 \$15,000 to \$19,999 \$15,000 to \$19,999 \$20,000 to \$24,999 \$25,000 and above \$20,000 to \$24,999 \$25,000 and above					
\$8,000 to \$9,999 \$10,000 to \$12,499 \$15,000 to \$19,999 \$15,000 to \$19,999 \$15,000 to \$19,999 \$25,000 and above Part II — Authorisation by Employer and His/Her Spouse If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above a communicate the results of the verification to the Controller of Work Passes. (Name of employer) and/or I,					
S20,000 to \$24,999			\$5,000 to \$5,999	□ \$6,000 to \$7,999	
Part II – Authorisation by Employer and His/Her Spouse If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, plea complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above a communicate the results of the verification to the Controller of Work Passes. (Name of employer)		□ \$10,000 to \$12,499	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999	
If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, pleasomplete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above a communicate the results of the verification to the Controller of Work Passes. Name of employer	□ \$20,000 to \$24,999	☐ \$25,000 and above			
(Name of the employer) and/or I,	Part II – Authorisation by	Employer and His/Her Spor	use		
and/or I,	f either you and/or your s complete Part II and autho communicate the results of	spouse do not wish to subm rise the Comptroller of Incon the verification to the Control	nit a copy of your Income T ne Tax to verify your income ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,	(Name of	, *NRIC/WP No/FIN:			
authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Control of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes. In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised the point of verification, I*/we understand that the Comptroller of Income Tax will verify *my/our income range stated Part I against *my/our assessment record(s) for the two previous Years of Assessment. Employer Employer's Spouse					
authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Control of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes. In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised the point of verification, I*/we understand that the Comptroller of Income Tax will verify *my/our income range stated Part I against *my/our assessment record(s) for the two previous Years of Assessment. Employer Employer's Spouse	(Name of the	employer's spouse)	NRIC/WP No/FIN:		
Income Tax Notice of Assessment No: Income Tax Notice of Assessment No: Signature: Date: Date:	f Work Passes. *I/We als erification to the Controller the event that *my/our and point of verification. I*Me	so authorise the Comptroller of Work Passes. ssessment record(s) for the covering that the Comptrol	of Income Tax to thereafte	of Assessment, for the Controller communicate the results of the	
Signature: Date: Income Tax Notice of Assessment No: Income Tax Notice of Assessment No: Date: Date:			Emplo	Employer's Spouse	
Signature: Date: Signature: Date:	Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
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