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

MINISTRY OF
MANPOWER

Annex A
Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

Part I – Monthly Combined Income of Employer and Spouse

Please tick (✓) the appropriate 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   ☐ $15,000 to $19,999

☐ $20,000 to $24,999   ☑ $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 and communicate the results of the verification to the Controller of Work Passes.

I, _____. *NRIC/WP No/FIN:_____.
            (Name of employer)

and/or I, _____, *NRIC/WP No/FIN:_____.
            (Name of the 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 Controller 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 at the point of verification, I*/we understand that the Comptroller of Income Tax will verify *my/our income range stated in Part I against *my/our assessment record(s) for the two previous Years of Assessment.

Employer	Employer's Spouse
Income Tax Notice of Assessment No:	Income Tax Notice of Assessment No:
Signature:	Signature:
Date:	Date:

*Delete where inapplicable