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



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inule to fill in.		The control of the co
transport of the second of the			
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta tic worker.	ax 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	EJ \$3,000 to \$3,499
[] \$3,500 to \$3,999	Ø\$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 Spor	use	
complete Part II and auth	spouse do not wish to submorise the Comptroller of Incor f the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and
(Name of amployer)		*NRICMP No/FIN:,	
(Name of the	employer's spouse)	NKICIVVE NOIFIN.	
assessment record(s) for to Work Passes. *I/We a verification to the Controlle In the event that *my/our	the current Year of Assessme lso authorise the Comptroller or of Work Passes. assessment record(s) for the	nt and the two previous Years r of Income Tax to thereafte current Year of Assessment	in Part I above, based on *my/ou s of Assessment, for the Controlle er communicate the results of the *is/are not available or finalised a
the point of verification, I*. Part I against *my/our ass	/we understand that the Comp essment record(s) for the two	otroller of Income Tax will ver previous Years of Assessme	ify *my/our income range stated i nt.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Frank .		T.F	
Signature:	1	Signature:	
Date:		Date:	
*Delete where inapplicable			