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	ninute to fill in.			
Please complete this for applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Tatic 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	T \$2 000 to \$2 400	
□ \$3,500 to \$3,999	Ø\$4,000 to \$4,999		☐ \$3,000 to \$3,499	
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499	□ \$12,500 to \$14,999	□ \$6,000 to \$7,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999	
Part II - Authorisation by	Employer and His/Her Spor	ise		
complete Part II and author	spouse do not wish to submorise the Comptroller of Incomore the Verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
, *NRIC/WP No/FIN:				
I,(Name of	employer)	NICOVVE NOVEN		
and/or I,, *NRIC/WP No/FIN:, (Name of the employer's spouse)				
(Name of the	employer's spouse)		1	
assessment record(s) for t	ne current Year of Assessmer	at and the two previous Years	n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the	
the point of verification, i'/	assessment record(s) for the we understand that the Compessment record(s) for the two	troller of Income Tay will veri	is/are not available or finalised at fy *my/our income range stated in at.	
Employer		Emple	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
F		T.ST	TS	
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				