

Tax Reference No. SXXXX491F
Year of Assessment 2019
Income Tax
Date 06 May 2019

NOTICE OF ASSESSMENT ORIGINAL

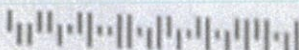


INLAND REVENUE
AUTHORITY
OF SINGAPORE

65 Newton Road
Revenue House
Singapore 307987
Tel: 1800-356 8300
Website: <http://www.iras.gov.sg>
e-Services: <https://mytax.iras.gov.sg>

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MR GOH BOON SENG
231 HOUGANG ST 21
#06-314
SINGAPORE 530231



8745-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
EMPLOYMENT	108,290.00		108,290.00
DIVIDENDS	1.00		1.00
TOTAL INCOME	108,291.00		108,291.00
LESS: Approved Donations			90.00
ASSESSABLE INCOME			108,201.00
LESS: PERSONAL RELIEFS			
Earned Income		8,000.00	
NSman-self/wife/parent		1,500.00	
Parent/Handicapped Parent		9,000.00	
Provident Fund/Life Insurance		6,024.00	
TOTAL PERSONAL RELIEFS			24,524.00
CHARGEABLE INCOME			83,677.00
FIRST 80,000.00		3,350.00	
NEXT 3,677.00 @ 11.50%		422.86	3,772.86
LESS: TAX SETOFFS			
50 % Tax Rebate (capped at \$200)			200.00
TAX PAYABLE BY 06 JUN 2019			3,572.86 DR

Thank you for your contribution towards nation building

1. Your tax assessment is based on information obtained from the relevant organisations and your last year's tax record. If any, Please notify us of any understatement or omission of any income or of any excessive tax relief as there are penalties for failing to do so.

2. You can view your total outstanding income tax payable, if any, via the View Account Summary e-Service.

As you are on GIRO, deductions for any outstanding income tax payable will be made from your bank account based on your GIRO plan.

3. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

NG WAI CHOONG
COMPTROLLER OF INCOME TAX

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 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.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Below \$2,000 | <input type="checkbox"/> \$2,000 to \$2,499 | <input type="checkbox"/> \$2,500 to \$2,999 | <input type="checkbox"/> \$3,000 to \$3,499 |
| <input type="checkbox"/> \$3,500 to \$3,999 | <input type="checkbox"/> \$4,000 to \$4,999 | <input type="checkbox"/> \$5,000 to \$5,999 | <input type="checkbox"/> \$6,000 to \$7,999 |
| <input checked="" type="checkbox"/> \$8,000 to \$9,999 | <input type="checkbox"/> \$10,000 to \$12,499 | <input type="checkbox"/> \$12,500 to \$14,999 | <input type="checkbox"/> \$15,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$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, Goh Boon Seng, *NRIC/WP No/FIN: 91279491F,
(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