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 mi	nute to fill in.			
Please complete this for applying for a Work Perm	m only if you do not wish it (WP) for a foreign domest	to submit your Income Ta	x Notice of Assessment when	
Part I – Monthly Combine	d Income of Employer and S	Spouse		
Please tick (✓) the appro		\$000 BC0000		
☐ Below \$2,000 ☐ \$3,500 to \$3,999 ☐ \$8,000 to \$9,999 ☐ \$20,000 to \$24,999	□ \$2,000 to \$2,499 □ \$4,000 to \$4,999 □ \$10,000 to \$12,499 □ \$25,000 and above	\$2,500 to \$2,999 \$5,000 to \$5,999 \$12,500 to \$14,999	□ \$3,000 to \$3,499 □ \$6,000 to \$7,999 □ \$15,000 to \$19,999	
Part II – Authorisation by	Employer and His/Her Spot	ISB		
If either you and/or your complete Part II and author	spouse do not wish to subm	it a copy of your Income Ta	ax Notice of Assessment, please range stated in Part I above and	
I. Tay Leo Imm (Name of employer)		, *NRIC/WP No/FIN:	_, *NRIC/WP No/FIN: 869286453 G	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:		
authorise the Comptroller assessment record(s) for the	of Income Tax to verify *my/o	our income tax range stated i	in Part I above, based on *my/ou s of Assessment, for the Controlle er communicate the results of th	
the point of vermoduoti, I	assessment record(s) for the five understand that the Compessment record(s) for the two	traller at Income Tay will war	*is/are not available or finalised a ify *my/our income range stated i nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
JE	\cap	TE		
Signature:	HAD	Signature:		
Date:	V	Date:		
*Delete where inapplicable				