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	inute to fill in.		
Please complete this for applying for a Work Perm	m only if you do not wish to it (WP) for a foreign domestic	submit your Income worker.	Tax Notice of Assessment when
Part I - Monthly Combine	d Income of Employer and Sp	ouse	
Please tick (✓) the approp	priate box.		
∐ Below \$2,000	☐ \$2,000 to \$2,499	□ \$2,500 to \$2,999	☐ \$3,000 to \$3,499
□ \$3,500 to \$3,999	LJ \$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	
□ \$20,000 to \$24,999	☐ \$25,000 and above	-) = \$10,000 to \$10,000
Part II – Authorisation by	Employer and His/Her Spous	9	
complete Part II and autho communicate the results of	rise the Comptroller of Income the verification to the Controller	Tax to verify your income of Work Passes.	Tax Notice of Assessment, please ne range stated in Part I above and SXXXX 616 ps
		PICAND NO/EINI:	
(Name of the	employer's spouse) , *NF	CIC/VVF NO/FIN.	
assessment record(s) for th	e current Year of Assessment a o authorise the Comptroller of	and the two previous Yea	d in Part I above, based on *my/our ars of Assessment, for the Controller ter communicate the results of the
the point of verification, I*/w	ssessment record(s) for the curve understand that the Comptrossment record(s) for the two pre	ller of Income Tax will ve	t *is/are not available or finalised a erify *my/our income range stated in ent.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Signature:		Signature:	A
Date:		Date:	
*Delete where inapplicable			