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	ninule to fill in.	omilianista esta oria en nation esta significación de tendro del tendro consistención consistención con estableción de la consistención de la cons	noutroutrotrounie, et al principal, altrico l'aurocalativo distra estapo cerviame en retastrea est sedicorativ	
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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 T	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	LJ\$2,500 to \$2,999	LJ \$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	LJ \$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 Spot	use		
complete Part II and author	orise the Comptroller of Incon f the verification to the Control	ne Tax to verify your income ler of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
(Name of	employer)			
and/or I,(Name of the	employer's spouse) *	NRIC/WP No/FIN:		
authorise the Comptroller assessment record(s) for t of Work Passes. *I/We al verification to the Controlle	of Income Tax to verify *my/o he current Year of Assessmer so authorise the Comptroller or of Work Passes.	ur income tax range stated it and the two previous Years of Income Tax to thereafte	in 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 own we understand that the Compessment record(s) for the two passment record(s)	troller of Income Tax will ver	*is/are not available or finalised at fy *my/our income range stated in nt.	
Employer		En 112 Del	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
Signature:	Oh again	Signature:		
Date:		Date:		
*Delete where inapplicable				