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 fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income T	ax Notice of Assessment when
Part I - Monthly Combine	ed Income of Employer and	Spouse	
Please tick (√) the appro			
Below \$2,000	□ \$2,000 to \$2,499	D\$2,500 to \$2,999	□ \$3,000 to \$3,499
□ \$3,500 to \$3,999	□ \$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	□ \$15,000 to \$19,999
□ \$20,000 to \$24,999	☐ \$25,000 and above		= 7 . 5,000 to 4 10,000
Part II – Authorisation by	Employer and His/Her Spor	use	
	f the verification to the Control		ax Notice of Assessment, please range stated in Part I above and
		NDICAND N. (EIN	
(Name of the	employer's spouse)	NRIC/VVP NO/FIN:	1
of Work Passes. *I/We also verification to the Controller on the event that *my/our as the point of verification   1*/u	so authorise the Comptroller rof Work Passes.	of Income Tax to thereafter	n Part I above, based on *my/our of Assessment, for the Controller communicate the results of the is/are not available or finalised at fy *my/our income range stated in t.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
15		T.S.	
Signature:		Signature:	
Date:		Date:	
Delete where inapplicable			