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 mis	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 domes	to submit your Income Ta tic worker.	x Notice of Assessment when	
Part I - Monthly Combine	d Income of Employer and	Spouse		
Please tick (✓) the approp	priate box.			
☐ Below \$2,000	□ \$2,000 to \$2,499	□ \$2,500 to \$2,999	[] \$2 000 to \$2 400	
\$3,500 to \$3,999		□ \$5,000 to \$5,999	□ \$3,000 to \$3,499	
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499	□ \$12,500 to \$14,999	□ \$6,000 to \$7,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999	
	Employer and His/Her Spo	IISA		
communicate the results of	of the verification to the Control	oller of Work Passes.	ax Notice of Assessment, please a range stated in Part I above and	
	e employer's spouse)			
of Work Passes. *I/We a verification to the Controll In the event that *my/our the point of verification. I'	also authorise the Comptrolliller of Work Passes.	er of Income Tax to thereaft	in Part I above, based on *my/ours of Assessment, for the Controlle fer communicate the results of the tris/are not available or finalised enty *my/our income range stated ent.	
Employer		Emi	ployer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
13		13	13	
Signature:		Signature:		
Date:		Date:		
		1		