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	inute to fill in.			
Please complete this for applying for a Work Perm	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Tatic worker.	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	☐ \$2,500 to \$2,999	☐ \$3,000 to \$3,499	
☐ \$3,500 to \$3,999	☐ \$4,000 to \$4,999	1 €\$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			
Part II - Authorisation by	Employer and His/Her Spo	use		
complete Part II and author I, TANMARY (Name of and/or I, GOH BT MIN (Name of the authorise the Comptroller assessment record(s) for the complete	employer) employer's spouse) of Income Tax to verify *my/o	me Tax to verify your income, *NRIC/WP No/FIN: *NRIC/WP No/FIN: s13558866 our income tax range stated nt and the two previous Years		
verification to the Controlle In the event that *my/our at the point of verification, !*/	er of Work Passes.	current Year of Assessment otroller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in	
	mployer		oyer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
s 1395328G		51355	51355886H	
Signature:		Signature:		
Date: 7 /5 / 19		Date: 7/5	led git Min Date: 7/5/19	