Work Pass Division 18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mom\_wpd@morn.gov.sg



## Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m				
Please complete this fo	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	∐ \$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	LJ \$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 Spor	use		
complete Part II and author	spouse do not wish to submorise the Comptroller of Inconfither the Verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
', (Name of	employer)	, INICIVIE INOTERIA.		
and/or I,	*	NRIC/WP No/FIN:		
(Name of the	employer's spouse)	And Attributed to August to the State Stat		
assessment record(s) for t	he current Year of Assessmer so authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the	
the point of verification, I*/	assessment record(s) for the we understand that the Comp assment record(s) for the two	troller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
Signature:	X XXX	Signature:		
Date:		Date:	er et enthaler Maria (de l'arche de l'est est est est est est est est est est	
*Delete where inapplicable				