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.		
Please complete this fo applying for a Work Perr	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Tritic 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	5/\$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		
Part II – Authorisation by	Employer and His/Her Spo	use	
complete Part II and auth communicate the results of the results o	orise the Comptroller of Incorpt the verification to the Controller of the verification to the Controller of Incorpt (Incorpt of Incorpt of Inc	ne Tax to verify your income ler of Work Passes. "NRIC/WP No/FIN: Dur income tax range stated int and the two previous Year of Income Tax to thereafted current Year of Assessment paroller of Income Tax will year.	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the *is/are not available or finalised at tify *my/our income range stated in
Employer Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
2000	ssessment No.	Income Tax Notice of A	ssessment No:
Ţ.	1/)	Just	
Signature:	/ -	Signature:	
year.			
Date:	V V	Dale:	
*Delete where inapplicable			