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 To	ax Notice of Assessment when	
Part I – Monthly Combine	ed Income of Employer and	Spouse		
Please tick (✓) the appropriate 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	□ \$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		
☐ \$20,000 to \$24,999	☐ \$25,000 and above	*		
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author	spouse do not wish to submorise the Comptroller of Inconfither the Verification to the Contro	ne Tay to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, Chung Er	Shiq employer)	, *NRIC/WP No/FIN:	SXXXX 247Z	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	,	
assessment record(s) for t	he current Year of Assessments authorise the Comptroller	nt and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the	
the point of vernication, 17/	assessment record(s) for the we understand that the Comp essment record(s) for the two	troller of Income Tax will ver	*is/are not available or finalised at rify *my/our income range stated in ent.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
To the second se		JE .		
Signature:		Signature:		
Date:	X	Date:		
*Delete where inapplicable				