Work Pass Division 18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mcm_wpd@mem.gov.sq



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inule to fill in.			
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T: tic 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	
×2 \$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	☐ \$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 Incomof the Control of the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:		
assessment record(s) for t	he current Year of Assessmer Iso authorise the Comptroller	nt and the two previous Years	in Part I above, based on "my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, 1*/	assessment record(s) for the we understand that the Comp essment record(s) for the two	stroller 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:	
F.		1.5		
Signature:	·	Signature:		
WA		· · ·		
Date:		Date:		
*Delete where inapplicable		MALE VIOLENCE CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH	of the state of th	