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 min  | nute to fill in.  |   |  |  |
|---|---|---|--|--|
| Please complete this for applying for a Work Perm   | m only if you do not wish<br>it (WP) for a foreign domes  | to submit your Income Ta<br>tic worker.   | ax Notice of Assessment when   |  |
| art I - Monthly Combine   | d Income of Employer and  | Spouse  |  |  |
| Please tick (√) the approp  | 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   | □ \$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 autho  | spouse do not wish to subn<br>rise the Comptroller of Incor<br>the verification to the Contro                                     | ne Tax to verify your income  | ax Notice of Assessment, please<br>range stated in Part I above and  |  |
| l <sub>1</sub>  | (Name of employer): *NRIC/WP No/FIN:  |   |  |  |
| ***************************************   |   |   |  |  |
| ind/or I,(Name of the   | employer's spouse)  | *NRIC/WP No/FIN:  |  |  |
| assessment record(s) for the following passes *I/We also ventication to the Controlle.  In the event that *my/our at the point of verification, I*/ | ne current Year of Assessme so authorise the Comptrolle r of Work Passes. ssessment record(s) for the we understand that the Comp | nt and the two previous Years<br>of Income Tax to thereafts<br>current Year of Assessment | in Part I above, based on *my/ou is of Assessment, for the Controlle or communicate the results of the *is/are not available or finalised a fify *my/our income range stated in the state of the state o |  |
| E   | nployer   |   | Employer's Spouse  |  |
| Income Tax Notice of Assessment No:   |   | Income Tax Notice of A  | Income Tax Notice of Assessment No:  |  |
| Signature:  |   | Signature:  | Signature:   |  |
| Date  |   | Date:   |  |  |
| *Delete where inapplicable  |   |   |  |  |