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 minute to fill in.			
Please complete this form only if yo applying for a Work Permit (WP) for a	ou do not wish to a foreign domestic v	submit your Income Tax worker.	Notice of Assessment when
Part I – Monthly Combined Income of	FEmployer and Spo	ouse	
Please tick (✓) the appropriate box.			
☐ Below \$2,000 ☐ \$2,000) to \$2,499	□ \$2,500 to \$2,999	□ \$3,000 to \$3,499
		□ \$5,000 to \$5,999	\$6,000 to \$7,999
	00 to \$12,499	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999
□ \$20,000 to \$24,999 □ \$25,00	00 and above		
Part II – Authorisation by Employer and His/Her Spouse			
If either you and/or your spouse do r complete Part II and authorise the Cor communicate the results of the verificat I,	mptroller of Income ion to the Controller	Fax to verify your income of Work Passes. 90 Chors for the NRIC/WP No/FIN:	S1477727Z
and/or I,, *NRIC/WP No/FIN:, (Name of the employer's spouse)			
(Name of the employer's sp	oouse)		
authorise the Comptroller of Income T assessment record(s) for the current Y of Work Passes. *I/We also authorise verification to the Controller of Work Pa	ear of Assessment a the Comptroller of	nd the two previous Years	of Assessment, for the Controller
In the event that *my/our assessment the point of verification, I*/we understa Part I against *my/our assessment reco	nd that the Comptrol	ller of Income Tax will verif	y *my/our income range stated in
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Signature:		Signature:	
Date: 19.08-2000		Date:	
*Delete where inapplicable			