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	linute 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 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	
□ \$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		
communicate the results of	the verification to the Control	ller of Work Passes.	e range stated in Part I above and	
d/or I,, *NRIC/WP No/FIN: (Name of the employer's spouse)				
assessment record(s) for to of Work Passes. *I/We all verification to the Controlle In the event that *my/our a the point of verification, I*/	ne current Year of Assessment so authorise the Comptroller of Work Passes.	nt and the two previous Year of Income Tax to thereafte current Year of Assessment	in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the *is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
13		TS.	F	
Signature:		Signature:		
Date:	,	Date:		
*Delete where inapplicable				