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 i mi	nate to him.			
Please complete this for applying for a Work Perm	m only if you do not wish it (WP) for a foreign domes	to submit your Income itic worker.	Tax Notice of Assessment wher	
Part I - Monthly Combine	d Income of Employer and S	Spouse		
Please tick (✓) the approp	riate 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	پر ب25,000 and above			
Part II – Authorisation by	Employer and His/Her Spou	se		
complete Part II and author communicate the results of I, CHIN (Name of er and/or I, YAM SIE (Name of the e	rise the Comptroller of Incom the verification to the Controll BENG mployer) Mil M mployer's spouse)	e Tax to verify your income er of Work Passes. , *NRIC/WP No/FIN:		
assessment record(s) for the	e current Year of Assessment o authorise the Comptroller	and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the	
the point of verification, I*/w	sessment record(s) for the conduction of the conduction of the two parts and the two parts are the two parts.	oller of Income Tax will ver	*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:		
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				