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	ute to fill in.			
Please complete this form applying for a Work Permit	n only if you do not wish (WP) for a foreign domes	to submit your Income itic worker.	Fax Notice of Assessment when	
Part I – Monthly Combined	Income of Employer and S	Spouse		
Please tick (✓) the appropi	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	☐ \$25,000 and above	79		
Part II – Authorisation by E	imployer and His/Her Spou	ise		
If either you and/or your sp complete Part II and authori communicate the results of t	se the Comptroller of Incom	ne Tax to verify your income	Fax Notice of Assessment, please e range stated in Part I above and	
Name of employer)		, *NRIC/WP No/FIN:	_, *NRIC/WP No/FIN:3/6/22259,	
and/or I,(Name of the en	mployer's spouse)	NRIC/WP No/FIN:	,	
assessment record(s) for the	current Year of Assessmen a authorise the Comptroller	it and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the	
In the event that *my/our as the point of verification, I*/we Part I against *my/our asses	e understand that the Comp	troller of Income Tax will ve	*is/are not available or finalised at rify *my/our income range stated in ent.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
B		TE		
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				