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 mi	inute to fill in.			
Please complete this for applying for a Work Perm	m only if you do not wish to nit (WP) for a foreign domestic	o submit your Income Ta	x Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and Sp	oouse		
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		
□ \$20,000 to \$24,999	☐ \$25,000 and above	8		
Part II – Authorisation by	Employer and His/Her Spous	se		
complete Part II and author	spouse do not wish to submit orise the Comptroller of Income f the verification to the Controlle	Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I,(Name of	ample to the total and the tot	, *NRIC/WP No/FIN:	, *NRIC/WP No/FIN:,	
(Name of the	employer's spouse)	RIC/WP No/FIN:		
assessment record(s) for t	he current Year of Assessment lso authorise the Comptroller	and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, 1*/	assessment record(s) for the co we understand that the Compti essment record(s) for the two p	oller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	ssessment No:	
Signature:	MAN	Signature:		
Date:		Date:		
*Delete where inapplicable		1		