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 | inute to fill in. | | | |
|---|--|--|---|--|
| Please complete this for applying for a Work Pern | rm only if you do not wish nit (WP) for a foreign domest | to submit your Income Tatic worker. | ax Notice of Assessment when | |
| Part I - Monthly Combine | ed Income of Employer and S | 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 | | | □ \$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 | 2 | | |
| Part II – Authorisation by | Employer and His/Her Spot | ise | | |
| complete Part II and author communicate the results of | orise the Comptroller of Incom f the verification to the Controll | ne Tax to verify your income ler of Work Passes. | ax Notice of Assessment, please range stated in Part I above and | |
| , (on lee | Sen 9 employer | , *NRIC/WP No/FIN: | 316385007 | |
| | | | | |
| (Name of the | employer's spouse) | NRIC/VVP NO/FIN | , | |
| assessment record(s) for to of Work Passes. *I/We all verification to the Controlle | he current Year of Assessmen so authorise the Comptroller or of Work Passes. | at and the two previous Years of Income Tax to thereafte | n Part I above, based on *my/our of Assessment, for the Controller r communicate the results of the | |
| the point of verification, I*/ | assessment record(s) for the composition we understand that the Composition for the two passment record(s) for the two passment record(s). | troller of Income Tax will veri | ris/are not available or finalised at fy *my/our income range stated in it. | |
| Employer | | | Employer's Spouse | |
| Income Tax Notice of Assessment No: | | Income Tax Notice of As | Income Tax Notice of Assessment No: | |
| T5 | | J.S | TE | |
| Signature: | 9. | Signature: | A | |
| Date: | | Date: | | |
| *Delete where inapplicable | | | | |