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	nute to fill in.			
Please complete this form	n only if you do not wish it (WP) for a foreign domest	to submit your Income T	ax Notice of Assessment when	
Part I – Monthly Combined	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		
☐ \$20,000 to \$24,999	\$25,000 and above		= 4.0,000 to 415,555	
Part II – Authorisation by	Employer and His/Her Spou	ISA		
communicate the results of	the verification to the Control	le Tax to verify your income ler of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
(Name of e	Moj mployer)	, *NRIC/WP No/FIN:	218698 KTH.	
	employer's spouse) *			
	o authorise the Comptroller		n Part I above, based on *my/ou s of Assessment, for the Controlle r communicate the results of the	
	ssessment record(s) for the cord that the Compton sament record(s) for the two passment record(s)		*is/are not available or finalised a fy *my/our income range stated ir nt.	
Employer		Emple	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
IS.		T.S.		
Signature:	Muo/	Signature:		
Date:		Date:		
*Delete where inapplicable				