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	nute to fill in.			
Please complete this for applying for a Work Perm	m only if you do not wish to lit (WP) for a foreign domestic	submit your Income Ta	ax Notice of Assessment when	
Part I - Monthly Combine	d Income of Employer and Spo	ouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000 ☐ \$3,500 to \$3,999 ☐ \$8,000 to \$9,999 ☐ \$20,000 to \$24,999	☐ \$2,000 to \$2,499 ☐ \$4,000 to \$4,999 ☐ \$10,000 to \$12,499 ☐ \$25,000 and above	☐ \$2,500 to \$2,999 ☐ \$5,000 to \$5,999 ☐ \$12,500 to \$14,999	☐ \$3,000 to \$3,499 ☐ \$6,000 to \$7,999 ☐ \$15,000 to \$19,999	
Part II – Authorisation by	Employer and His/Her Spouse	9		
If either you and/or your complete Part II and author	spouse do not wish to submit :	a copy of your Income T	ax Notice of Assessment, please range stated in Part I above and	
I, AMIR HAMZ, (Name of	A S/O MANSOR SIT	/ERIPP NRIC/WP NO/FIN:	S17 86342E	
and/or I,(Name of the	employer's spouse) **NF	RIC/WP No/FIN:	1	
20000011101111100010(3) 101	lso authorise the Comptroller o	and the two browning Veer	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the	
the point of verification, i	assessment record(s) for the cu /we understand that the Comptro essment record(s) for the two pro	IIIAF OF IRRAMOA ERV WILL VA	*is/are not available or finalised at rify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
_ 	36342E	75		
Signature:	· · · · · · · · · · · · · · · · · · ·	Signature:		
Date:	0 6 JAN 2020	Date:		
*Delete where inapplicable				