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 domes	to submit your Income T	ax Notice of Assessment when	
	ed Income of Employer and			
Please tick (✓) the appro				
/				
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			
Part II – Authorisation by	Employer and His/Her Spot	ıse		
communicate the results of	prouse do not wish to submorise the Comptroller of Income the verification to the Control employer)	ler of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,	.*	NRIC/WP No/FIN:		
(Name of the	employer's spouse)		, , , , , , , , , , , , , , , , , , ,	
of Work Passes. *I/We also verification to the Controller In the event that *my/our a the point of verification, I*/v	so authorise the Comptroller of Work Passes.	of Income Tax to thereafter	n Part I above, based on *my/our of Assessment, for the Controller r communicate the results of the ris/are not available or finalised at fy *my/our income range stated in	
Employer Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
F		The Tax Notice of Assessment No:		
Signature:	V ,	Signature:		
Date:		Date:		
*Delete where inapplicable				