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 Perm	m only if you do not wish nit (WP) for a foreign domes	to submit your Income Title worker.	ax Notice of Assessment when	
Part I ~ Monthly Combine	ed Income of Employer and	Spouse		
Please tick (✔) the appro				
☐ Below \$2,000	□ \$2,000 to \$2,499	☐ \$2,500 to \$2,999	- 42 000 to the too	
☐ \$3,500 to \$3,999	☐ \$4,000 to \$4,999	□ \$5,000 to \$5,999	□ \$3,000 to \$3,499	
☐ \$8,000 to \$9,999	\$10,000 to \$12,499	□ \$12 500 to \$5,999	□ \$6,000 to \$7,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above	LJ \$12,500 to \$14,999	□ \$15,000 to \$19,999	
	Employer and His/Her Spo			
communicate the results of Name of	f the verification to the Contro	ller of Work Passes. , *NRIC/WP No/FIN:	ax Notice of Assessment, please range stated in Part I above and	
authorise the Comptroller assessment record(s) for the of Work Passes. *I/We all verification to the Controller the event that *my/our at the point of verification. It's	of Income Tax to verify *my/o he current Year of Assessme Iso authorise the Comptroller or of Work Passes.	our income tax range stated nt and the two previous Year r of Income Tax to thereafte current Year of Assessment	in Part I above, based on *my/ou s of Assessment, for the Controlle er communicate the results of the *is/are not available or finalised a	
Employer		Emp	Employer's Spouse	
Income Tax Notice of As	sessment No: 00 7 8 7 0 G	Income Tax Notice of A	assessment No:	
Signature:	Wellali	Signature:		
Date:	J	Date:		
*Delete where inapplicable				