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	ninute 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 tic worker.	Tax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and	Spouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000 ☐ \$3,500 to \$3,999 ☐ \$8,000 to \$9,999	□ \$2,000 to \$2,499 □ \$4,000 to \$4,999	□ \$2,500 to \$2,999 □ \$5,000 to \$5,999	□ \$3,000 to \$3,499 □ \$6,000 to \$7,999	
□ \$20,000 to \$24,999	☐ \$10,000 to \$12,499 ☐ \$25,000 and above	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999	
Part II – Authorisation by	Employer and His/Her Spor	use		
complete Part II and author	spouse do not wish to submorise the Comptroller of Inconfithe the verification to the Control	ne Tax to verify your incom	Tax Notice of Assessment, please e range stated in Part I above and	
I,(Name of	. (Name of employer) , *NRIC/WP No/FIN:			
	employer's spouse) *	NRIC/WP No/FIN:	,	
assessment record(s) for t	he current Year of Assessmer lso authorise the Comptroller	nt and the two previous Yea	in Part I above, based on *my/our rs of Assessment, for the Controller ter communicate the results of the	
the point of verification, I*/	assessment record(s) for the owe understand that the Compessment record(s) for the two	troller of Income Tax will ve	t *is/are not available or finalised at erify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
IS 0		T.F		
Signature:	7 ' 7	Signature:		
Date:		Date:		
*Delete where inapplicable				