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<br>applying for a Work Perm  | rm only if you do not wish<br>nit (WP) for a foreign domes  | to submit your Income T   | ax Notice of Assessment when   |  |
| Part I – Monthly Combine  | ed Income of Employer and   | Spouse  |  |  |
| Please tick (✓) the appro   | priate 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  | . 1 3   | μ - τ ισίουσ το τ ισίουσ   |  |
| Part II – Authorisation by  | Employer and His/Her Spo  | use   |  |  |
|   | spouse do not wish to submorise the Comptroller of Incor<br>f the verification to the Contro              |   | ax Notice of Assessment, please range stated in Part I above and                                     |  |
| I, (Name of   | (Name of employer) , *NRIC/WP No/FIN:   |   |  |  |
| and/and   | employer)   |   |  |  |
| (Name of the  | employer's spouse)  | 'NRIC/WP No/FIN:  | ,  |  |
| authorise the Comptroller assessment record(s) for to f Work Passes. *I/We a verification to the Controlle In the event that *my/our the point of verification. I*/ | of Income Tax to verify *my/othe current Year of Assessme Iso authorise the Comptrolle er of Work Passes. | our income tax range stated nt and the two previous Year of Income Tax to thereafted current Year of Assessment | in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the |  |
|   |   | previous Years of Assessme  | ent.   |  |
| Employer Income Tax Notice of Assessment No:  |   |   | Employer's Spouse Income Tax Notice of Assessment No:  |  |
|   | sessment No.  |   | Assessment No:   |  |
| Signature:  | $ \rightarrow  $  | TS.   |  |  |
| Signature.  |   | Signature:  |  |  |
| Date:   |   | Date:   |  |  |
| *Delete where inapplicable  |   |   |  |  |