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 domest	to submit your Income Ta	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	□ \$15,000 to \$19,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above			
Part II - Authorisation by	Employer and His/Her Spot	use		
complete Part II and auth	spouse do not wish to submorise the Comptroller of Inconfither the Verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please a range stated in Part I above and	
I.	, *NRIC/WP No/FIN:			
(Name of	employer)		***************************************	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:		
assessment record(s) for of Work Passes. *I/We a verification to the Controlle.  In the event that *my/our	the current Year of Assessment lso authorise the Comptroller er of Work Passes.	nt and the two previous Year r of Income Tax to thereafted current Year of Assessment	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the *is/are not available or finalised at rify *my/our income range stated in	
Part I against *my/our ass	essment record(s) for the two	previous Years of Assessme	ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of As	sessment No:	Income Tax Notice of A	Assessment No:	
Signature:	٠ ٢	Signature:		
Date:		Date:		