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 mi	inute to fill in.			
	m only if you do not wish nit (WP) for a foreign domes		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 Spo	use		
complete Part II and author communicate the results of	orise the Comptroller of Incor f the verification to the Contro	ne Tax to verify your income ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
	100 B 1 W 1		S26215-367	
and/or I,	d/or I,, *NRIC/WP No/FIN:			
authorise the Comptroller assessment record(s) for to f Work Passes. *I/We all verification to the Controller. In the event that *my/our at the point of verification, 1*/	of Income Tax to verify *my/o he current Year of Assessme lso 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 otroller of Income Tax will ver	in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the *is/are not available or finalised at fify *my/our income range stated in	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No: \$262 1536F		Income Tax Notice of A	Income Tax Notice of Assessment No:	
Signature:	Ada	Signature:	Signature:	
Date:		Date:		
*Delete where inapplicable				