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 domes	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	Ø\$10,000 to \$12,499			
□ \$20,000 to \$24,999	☐ \$25,000 and above		□ \$13,000 to \$15,555	
Part II – Authorisation by	y Employer and His/Her Spo	use		
complete Fait II and auth	spouse do not wish to subnorise the Comptroller of Incorf the verification to the Control	me Lax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, Samy Nathan (Name of	5 Kanniah employer)	, *NRIC/WP No/FIN:	827446007	
	e employer's spouse)			
authorise the Comptroller assessment record(s) for	of Income Tax to verify *my/ the current Year of Assessments also authorise the Comptrolle	our income tax range stated	in Part I above, based on *my/our is of Assessment, for the Controller ar communicate the results of the	
the point of vernication, i	assessment record(s) for the */we understand that the Com sessment record(s) for the two	ntroller of Income Tay will ve	*is/are not available or finalised at rify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
TS .		TS		
Signature:		Signature:		
TES of \		TES .		
Date:		Date:		
2.4	NOV 2018			
*Delete where inapplicable				