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 lake 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 tic worker.	fax 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	£1 \$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	spouse do not wish to submorise the Comptroller of Incor f the verification to the Contro	ne Tax to verify your incom	Fax Notice of Assessment, please e range stated in Part I above and	
I, (Name of	. (Name of employer) , *NRIC/WP No/FIN:			
assessment record(s) for t	he current Year of Assessme Iso authorise the Comptrolle	nt and the two previous Yea	in Part I above, based on "my/our rs of Assessment, for the Controller er communicate the results of the	
the point of verification, 1*/	assessment record(s) for the we understand that the Comp essment record(s) for the two	otroller of Income Tax will ve	t *is/are not available or finatised at rify *my/our income range stated in ent.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
J <del>S</del>		J.F.	J.F.	
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				