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 minute to fill in.				
	rm 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\$3,000 to \$3,499	
⊜\$3,500 to \$3,999	\$4,000 to \$4,999	3 \$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		
I, town the (Name of and/or I, State Notice) (Name of the	employer) employer's spouse)	ne Tax to verify your income, *NRIC/WP No/FIN: 'NRIC/WP No/FIN:s*10002961		
assessment record(s) for t	he current Year of Assessments Iso authorise the Comptroller	nt and the two previous Year:	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the	
the point of verification, I*/	assessment record(s) for the we understand that the Compessment record(s) for the two	troller of Income Tax will ver	*is/are not available or finalised a ify *my/our income range stated in nt.	
Employer		,	Employer's Spouse	
Income Tax Notice of Assessment No. S6882776J			Income Tax Notice of Assessment No: S7009296D	
Signature:	hof .	Signature. f	28	
Date:	30/4/19	Date: 30/	4/19	
*Delete where inapplicable	and the second s			

This form is undated on 1 July 2007