Jei: 7438 5122 www.mom.gov.sg mom.wpd@mom.gov.sg



Annex A Employer and Spouse Income Tax Declaration

This form may take your 1 n	ninute to fill in.		
Please complete this fo applying for a Work Peri	orm only if you do not wish nit (WP) for a foreign domes	to submit your income tits worker.	Fax Notice of Assessment when
Part I - Monthly Combin	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	U \$3,000 to \$3,499
D \$3,500 to \$3,999	Li \$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
C \$20,000 to \$24,999	☐ \$25,000 and above		
Part II - Authorisation by	Employer and His/Her Spo	use	
complete Pan II and author	spouse do not wish to submorise the Comptroller of Incom f the verification to the Control	ne Tax to verify your income	Fax Notice of Assessment, please e range stated in Part I above and
I Tan Chang I (Nome of a	Trum Christina	. *NRIC/WP No/FIN:	S690835867
and/or I,		NRIC/WP No/FIN:	
(Name of the	employer's spouse)		
assessment record(s) for the of Work Passes *I/We also verification to the Controller on the event that *my/our a he point of verification, I*/v	ne current Year of Assessmer so authorise the Comptroller r of Work Passes. ssessment record(s) for the o	of Income Tex to thereaft current Year of Assessment troller of Income Tex will ye	in Part I above, based on *my/ours of Assessment, for the Controlle er communicate the results of the *is/are not available or finalised a rify *my/our income range stated lent.
En	nployer	Emp	loyer's Spouse
Income Tax Notice of Asse \$569	essment No. 08 3 58 G	Income Tax Notice of Assessment No:	
Signature:	W	Signature:	
Date:		Date:	
Delete where inapplicable			

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.					
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 tic worker.	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	r Employer and His/Her Spo	use			
complete Part II and authorized the results of I, Jan Cheng -	orise the Comptroller of Incor of the verification to the Contro Lum Christing	ne Tax to verify your income ller of Work Passes, *NRIC/WP No/FIN:	ax Notice of Assessment, please range stated in Part I above and $S69083586$		
and/or I,	employer), *NRIC/WP No/FIN:, employer's spouse)				
(Name of the	e employer's spouse)				
assessment record(s) for of Work Passes. *I/We a verification to the Controlle	the current Year of Assessme llso authorise the Comptrolle er of Work Passes.	nt and the two previous Year r of Income Tax to thereafte	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 Complessment record(s) for the two	otroller of Income Tax will ver	*is/are not available or finalised at rify *my/our income range stated in ent.		
E	Employer	Emp	Employer's Spouse		
Income Tax Notice of As	ssessment No:	Income Tax Notice of A	Income Tax Notice of Assessment No:		
Signature:		Signature:	Signature:		
Date:		Date:			
*Delete where inapplicable					