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.			
	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	☐ \$3,000 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 Spor	use		
complete Part II and author		ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, Santhi d/o Sellappan (Name of employer)		*NRICMP NA/FIN: S69	_, *NRIC/WP No/FIN: S6940661J	
(Name of	employer)	, (VICIO/VVI 1VO/I IIV	1	
and/or I, NA	NA, *NRIC/WP No/FIN: NA			
(Name of the	employer's spouse)			
assessment record(s) for to Work Passes. *I/We a verification to the Controlle In the event that *my/our:	he current Year of Assessmer lso authorise the Comptroller er of Work Passes.	nt and the two previous Years of Income Tax to thereafte	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the *is/are not available or finalised at fiy *my/our income range stated in	
Part I against *my/our asse	essment record(s) for the two	previous Years of Assessmer	nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
S6940661J		NA		
Signature:		Signature:		
Santhi Sell	appan			
Date:		Date:		
13 August 2021				
*Delete where inapplicable				