Work Pass Division

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*Delete where inapplicable



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.	
submit your Income Tax worker.	Notice of Assessment when
Part I – Monthly Combined Income of Employer and Spouse	
□ \$2,500 to \$2,999	☐ \$3,000 to \$3,499
\$5,000 to \$5,999	□ \$6,000 to \$7,999
312,500 to \$14,999	\$15,000 to \$19,999
Part II – Authorisation by Employer and His/Her Spouse	
If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and I, Tem Huey Christing, *NRIC/WP No/FIN: S6942518F, Name of employer) and/or I, Chow Tee Nee Chou Shiyi, *NRIC/WP No/FIN: S1813877H, (Name of the employer's spouse) authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes. In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised at the point of verification, I*/we understand that the Comptroller of Income Tax will verify *my/our income range stated in Part I against *my/our assessment record(s) for the two previous Years of Assessment. Employer Employer's Spouse	
	er's Spouse
Signature: Date:	essment No:
	sworker. \$2,500 to \$2,999 \$5,000 to \$5,999 \$12,500 to \$14,999 e a copy of your Income Tax Tax to verify your income ra _, *NRIC/WP No/FIN: RIC/WP No/FIN: Signature: Employ Income Tax Notice of Assessment.