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.			
Please complete this for applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income Ta stic 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	Employer and His/Her Spo	use		
complete Part II and author communicate the results o	orise the Comptroller of Incor f the verification to the Contro	me Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:		
authorise the Comptroller assessment record(s) for to f Work Passes. *I/We all verification to the Controller. In the event that *my/our attention, 1*/	of Income Tax to verify *my/of he current Year of Assessme iso authorise the Comptrolle of Work Passes.  Assessment record(s) for the we understand that the Comp	our income tax range stated int and the two previous Years of Income Tax to thereafte	n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the *is/are not available or finalised at ify *my/our income range stated in	
	mployer		oyer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
E		J.55		
Signature: Jane		Signature:	Signature:	
Date:		Date:	Date:	
*Delete where inapplicable				