

Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

Part I – Monthly Combined Income of Employer and Spouse

Please tick (x) the appropriate 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 \$12,999 | ☐ \$13,000 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 Spouse

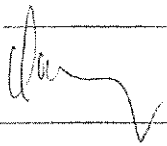
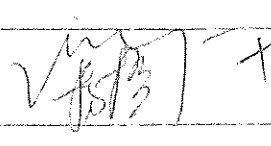
If either you and/or your spouse do not wish to submit a copy to your Income Tax Notice of Assessment, please complete Part II and authorise the Commissioner of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.

I, _____ (Name of employer) _____ (NRIC/CPF No./FIN)

and/or I, _____ (Name of the employer's spouse) _____ (NRIC/CPF No./FIN)

authorise the Commissioner of Income Tax to verify my/our income (a 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 Commissioner 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 Commissioner 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	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Signature: 	Signature: 		
Date: _____	Date: _____		

*Delete where inapplicable