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	ninute to fill in.			
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Tatic 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		
□ \$20,000 to \$24,999	☐ \$25,000 and above			
Part II - Authorisation by	Employer and His/Her Spor	use		
complete Part II and author	spouse do not wish to submorise the Comptroller of Incomore the Control of the Control	ne Lax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
Ι,		, *NRIC/WP No/FIN:	)	
· (Name of	employer)		)	
and/or I,(Name of the	employer's energy	NRIC/WP No/FIN:		
authorise the Comptroller assessment record(s) for to f Work Passes. *I/We all verification to the Controlled In the event that *my/our at the point of verification, I*/	of Income Tax to verify *my/c he current Year of Assessmer lso authorise the Comptroller er of Work Passes.  assessment record(s) for the	our income tax range stated into and the two previous Years of Income Tax to thereafte	n Part I above, based on *my/ou s of Assessment, for the Controlle r communicate the results of the sis/are not available or finalised a	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
T.S		T.	<b>丁二</b>	
Signature:		Signature:	Signature:	
Date:	PR 20202 NAV , L	Date:		
*Delete where inapplicable	1 ° APR 2021			

This form is updated on 1 July 2007

17 APR 2021