## 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 Titic 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	③ \$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spo	use		
I,	employer's spouse)  of Income Tax to verify *my/che current Year of Assessment	NRIC/WP No/FIN: our income tax range stated and the two previous Years	in Part I above, based on *my/ous of Assessment, for the Controlle or communicate the results of the	
verification to the Controlle In the event that *my/our a the point of verification, I*/	er of Work Passes. assessment record(s) for the	current Year of Assessment troller of Income Tax will ver	*is/are not available or finalised a ify *my/our income range stated i	
Employer		Empl	Employer's Spouse	
Income Tax Notice of As	sessment No:	Income Tax Notice of A	ssessment No:	
Signature:		Signature:		
Date:		Date:	Date:	
*Delete where inapplicable				