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	to submit your income Ta	x 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	.DS4,000 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	- 1	S \$ 10,000 to \$ 10,000	
Part II - Authorisation by	y Employer and His/Her Spo	uso		
COMPACE LEITH BIN BOIL	spouse do not wish to subnorise the Comptroller of Incor of the verification to the Control	MA 15Y to votitu unur imnome	ax Notice of Assessment, please range stated in Part I above and	
•	VG SERENE employer)			
and/or I, PANG CHI (Name of the	EE WEE	'NRICMP No/FIN: S71	117912	
authorise the Comptroller assessment record(s) for	r of Income Tax to verify *my/ the current Year of Assessme also, authorise the Comptrolle	our income tax range stated	in Part I above, based on *my/our is of Assessment, for the Controller er communicate the results of the	
THE POINT OF ACTURBATION!	essessment record(s) for the "/we understand that the Com sessment record(s) for the two	av iku vel amaani in skolidi	: *is/are not available or finalised a rify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
JS		15		
Signature:	2	Signature:	21.	
Date:		Date	And the second section and section and the second section and the sec	
*Delete where inapplicable				