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

I his form may take your 1 minute to cut			
This form may take you 1 minute to fill in.			
Please complete this form only if you do not wish applying for a Work Permit (WP) for a foreign domes	h to submit your Income T stic worker.	ax Notice of Assessment when	
Part I – Monthly Combined Income of Employer and	Spouse		
Please tick (\checkmark) 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	
☐ \$10,000 to \$12,499	□ \$12,500 to \$14,999		
☐ \$20,000 to \$24,999 ☐ \$25,000 and above	- + ,	□ \$15,000 to \$19,999	
Part II – Authorisation by Employer and His/Her Spo	use		
If either you and/or your spouse do not wish to submodule complete Part II and authorise the Comptroller of Inconcommunicate the results of the verification to the Control I,	ller of Work Passes.	range stated in Part I above and	
and/or I,, * (Name of the employer's spouse)	NRIC/WP No/FIN:	,	
authorise the Comptroller of Income Tax to verify *my/o assessment record(s) for the current Year of Assessmer of Work Passes. *I/We also authorise the Comptroller verification to the Controller of Work Passes.	our income tax range stated in t and the two previous Years of Income Tax to thereafter	n Part I above, based on *my/our of Assessment, for the Controller communicate the results of the	
In the event that *my/our assessment record(s) for the other point of verification, I*/we understand that the Compi Part I against *my/our assessment record(s) for the two	current Year of Assessment * troller of Income Tax will verit previous Years of Assessmen	is/are not available or finalised at y *my/our income range stated in t.	
Employer	Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:	Income Tax Notice of As	Income Tax Notice of Assessment No:	
13	T.S		
Signature: C	Signature:		
T. S.	TE		
Date:	Date:		
Delete where inapplicable			