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 Perm	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T	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	\$25,000 and above			
Part II - Authorisation by	Employer and His/Her Spo	use		
complete Part II and auth	spouse do not wish to submorise the Comptroller of Incor f the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, (Name of employer)		, *NRIC/WP No/FIN:	_, *NRIC/WP No/FIN:,	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	,	
assessment record(s) for t	the current Year of Assessme Iso authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the	
the point of verification, I*	assessment record(s) for the /we understand that the Comp essment record(s) for the two	otroller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
T.	$\Lambda$	TE		
Signature:	utula	Signature:		
Date:		Date:		
*Delete where inapplicable	and the second s			