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.			
	m only if you do not wish nit (WP) for a foreign domest		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 Spot	Jse		
complete Part II and author	spouse do not wish to submorise the Comptroller of Inconfither the Verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
			S7224204A.	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	· · · · · · · · · · · · · · · · · · ·	
assessment record(s) for t	the current Year of Assessment Iso authorise the Comptroller	nt and the two previous Year	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*		stroller of Income Tax will ve	*is/are not available or finalised at rify *my/our income range stated in ent.	
Employer			Employer's Spouse	
Income Tax Notice of As	sessment No:	Income Tax Notice of A	Assessment No:	
Signature:	W.	Signature:		
Date:	11 JUL 2000	Date:		
*Delete where inapplicable				