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 mi	inute to fill in.			
Please complete this for applying for a Work Perm	m only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta	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		
□ \$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		= + 10,000 to + 10,000	
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author	spouse do not wish to subnorise the Comptroller of Incorf the verification to the Contro	me Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, KUEK C/	employer)	, *NRIC/WP No/FIN:	572362216	
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:		
assessment record(s) for t	he current Year of Assessme Iso authorise the Comptrolle	ent and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, 17/	we understand that the Com	current Year of Assessment ptroller of Income Tax will ver previous Years of Assessmen	*is/are not available or finalised a ify *my/our income range stated ir nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
13		TE		
Signature: Www.Qulk		Signature:		
Date:		Date:		
*Delete where inapplicable				