Work Pass Division 18 Havelock Road Singepore 059764 Tel: 6438 5122 www.mom.gov.sg mcm_wpd@mem.gov.sg



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inule 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	r to submit your Income T tic worker.	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 author	spouse do not wish to subnorise the Comptroller of Incor f the verification to the Contro	me Tax to verify your income	Fax Notice of Assessment, please a range stated in Part I above and	
,, *NRIC/WP No/FIN:, *NRIC/WP No/FIN:			,	
and/or I, (Name of the	employer's spouse)	"NRIC/WP No/FIN:	3	
assessment record(s) for t	the current Year of Assessme Iso authorise the Comptrolle	nt and the two previous Year	in Part I above, based on *my/our rs of Assessment, for the Controller er communicate the results of the	
the point of verification, 1%	assessment record(s) for the live understand that the Comp essment record(s) for the two	ptroller of Income Tax will ve	: *is/are not available or finalised at rify *my/our income range stated in ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of As	sessment No:	Income Tax Notice of	Income Tax Notice of Assessment No:	
I. de		IF	\land	
Signature:	mad nakan pipamagan naka sia ni ini girah Anda dabbana kasan - ari ari adi mba bigadan umin kidasa kul ini	Signature:		
N. F.		N. S.	//M.	
Date:		Date:		
*Deleje where inapplicable				