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 Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T	ax Notice of Assessment whe
Part I – Monthly Combine	ed Income of Employer and	Spouse	
Please tick (<) the appro			
□ Below \$2,000	□ \$2,000 to \$2,499	T 62 500 40 62 000	Clan anni da va
□ \$3,500 to \$3,999		□ \$2,500 to \$2,999	☐ \$3,000 to \$3,499
□ \$8,000 to \$9,999	☐ \$4,000 to \$4,999	[] \$5,000 to \$5,999	36,000 to \$7,999
	□ \$10,090 to \$12,499	□ \$12,500 to \$14,999	\$15,000 to \$19,999
□ \$20,000 to \$24,999	\$25,000 and above		
art II – Authorisation by	Employer and His/Her Spot	use	
(Name of the uthorise the Comptroller desemble of the uthorise the utho	employer's spouse) of Income Tax to verify 'my/o he current Year of Assessment so authorise the Comptroller of Work Passes.	NRIC/WP No/FIN  Dur income tax range stated in and the two previous Years of Income Tax to thereafte	n Part I above, based on "my/or of Assessment, for the Controller communicate the results of the
The state of the s	we understand that the Compi essment record(s) for the two p	Irollar of Income Tay will war	for the contract of the contra
Employer		Employer's Spouse	
Income Tax Notice of Assessment No.		Income Tax Notice of Assessment No:	
A"		75	
Signature:		Signature:	
Gui Fer		3	
Date:		Date	
Delete where inapplicable			