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 Perr	rm only if you do not wisl nit (WP) for a foreign domes	h to submit your Income T stic worker.	ax Notice of Assessment whe	
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	The terror of th	
□ \$20,000 to \$24,999	☐ \$25,000 and above	y	Δ Ψ10,000 to Ψ19,999	
Part II – Authorisation by	Employer and His/Her Spo	use		
	spouse do not wish to submorise the Comptroller of Incor f the verification to the Contro		ax Notice of Assessment, please range stated in Part I above and	
ANCI GIVA	HOON employer)	, *NRIC/WP No/FIN:	S7634560J	
and/or I,	, *	NRIC/WP No/FIN:		
authorise the Comptroller of assessment record(s) for the of Work Passes. *I/We also verification to the Controller of the event that *my/our at the point of verification. I*We point of verification	of Income Tax to verify *my/cone current Year of Assessment of authorise the Comptroller of Work Passes. Seessment record(s) for the cone of the cone	our income tax range stated in that and the two previous Years of Income Tax to thereafter	n Part I above, based on *my/ou of Assessment, for the Controlle communicate the results of the is/are not available or finalised a	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
7-10-	34560 J	TS		
Signature:		Signature:		
Date:	2 9 MAR 2020	Date:		
Delete where inapplicable				