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.			
Please complete this for applying for a Work Pern	rm 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	□ \$6,000 to \$7,999	
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499	\$12,500 to \$14,999		
□ \$20,000 to \$24,999	☐ \$25,000 and above		± + 10,000	
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author	spouse do not wish to submorise the Comptroller of Incorfithe the Verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
. (Name of employer) , *NRIC/WP No/FIN:				
(Name of the	employer's spouse)		,	
assessment record(s) for to of Work Passes. *I/We all verification to the Controlle In the event that *my/our a	he current Year of Assessmei lso authorise the Comptrollei er of Work Passes. assessment record(s) for the	nt and the two previous Years of Income Tax to thereafte current Year of Assessment	in Part I above, based on *my/ou s of Assessment, for the Controlle r communicate the results of the *is/are not available or finalised a	
the point of verification, I*/ Part I against *my/our asso	we understand that the Compessment record(s) for the two	otroller of Income Tax will veri previous Years of Assessmen	ify *my/our income range stated int.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
JS \	1.	J.F		
Signature: Sv. V		Signature:		
Date:		Date:		
*Delete where inapplicable				