Work Pass Division

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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	ninute to fill in.			
	rm only if you do not wish nit (WP) for a foreign domes		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	
320,000 to \$24,999	3\$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spoo	ıse		
complete Part II and auth I, TAN AI LEEN MA	orise the Comptroller of Incom	ne Tax to verify your income	Tax Notice of Assessment, please e range stated in Part I above and	
and/or I,, *NRIC/WP No/FIN:				
authorise the Comptroller assessment record(s) for to f Work Passes. *I/We a verification to the Controller. In the event that *my/our the point of verification, I*/	of Income Tax to verify *my/o the current Year of Assessment Iso authorise the Comptroller or of Work Passes.	our income tax range stated and the two previous Year of Income Tax to thereafted current Year of Assessment troller of Income Tax will ver	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the *is/are not available or finalised at rify *my/our income range stated in	
Employer		Empl	Employer's Spouse	
Income Tax Notice of As	sessment No:	Income Tax Notice of A	ssessment No:	
Signature:	Φ	Signature:		
Date:		Date:		

*Delete where inapplicable