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

The second secon			
This form may take you 1 minute to fill in.	contribution and the contribution of the contr		
Please complete this form only if yo applying for a Work Permit (WP) for a	u do not wish to foreign domestic	submit your Income worker.	Tax Notice of Assessment when
Part I - Monthly Combined Income of	Employer and Sp	oouse	
Please tick (✓) the appropriate box.			
☐ Below \$2,000 ☐ \$2,000 ☐	o \$2,499	∐ \$2,500 to \$2,999	☐ \$3,000 to \$3,499
□ \$3,500 to \$3,999 □ \$4,000 to	o \$4,999	□ \$5,000 to \$5,999	□ \$6,000 to \$7,999
⊔\$8,000 to \$9,999	to \$12,499	∐ \$12,500 to \$14,999	Sycological supply (Astronomic and Experience of the ■ — Experience)
□ \$20,000 to \$24,999 □ \$25,000	and above		and the second s
Part II – Authorisation by Employer an	d His/Her Spous	e	
If either you and/or your spouse do no complete Part II and authorise the Comp communicate the results of the verification.    Cavitha do Mell	otroller of Income n to the Controller	Tax to verify your incorr of Work Passes.	ne range stated in Part I above and
(Name of employer) and/or I, Advew So Adde (Name of the employer's spot	MY *NE	RIC/WP No/FIN:	57611034D
authorise the Comptroller of Income Tax assessment record(s) for the current Yea of Work Passes. *I/We also authorise to verification to the Controller of Work Passes. In the event that *my/our assessment rethe point of verification, I*/we understand Part I against *my/our assessment record	to verify *my/our of Assessment and he Comptroller of ses. cord(s) for the cur that the Comptro	income tax range state and the two previous Yes f Income Tax to therea rrent Year of Assessmen oller of Income Tax will v	ars of Assessment, for the Controller fter communicate the results of the nt *is/are not available or finalised at erify *my/our income range stated in
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:	and the second s	Income Tax Notice of	Assessment No:
Signature:	are II	Signature:	
Date:		Date:	
*Delete where inapplicable			