Work Pass Division 18 Havelock Road Singapore 059764

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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	ninute 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	ı to submit your Income Ta stic worker.	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	
☐ \$20,000 to \$24,999	☐ \$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author		ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I,(Name of	, *NRIC/WP No/FIN:			
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:	•	
assessment record(s) for t	he current Year of Assessme iso authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, I*/	assessment record(s) for the we understand that the Compessment record(s) for the two	stroller of Income Tax will veri	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
Signature:		Signature:		
Date:		Date:		
*Dolata whose inapplicable				