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 for applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domest	to submit your Income T ic worker.	ax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and S	pouse		
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	以\$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 Spou	se		
complete Part II and author	orise the Comptroller of Income f the verification to the Controlle	Tax to verify your income of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,(Name of the	employer's spouse) , *N	IRIC/WP No/FIN:	1	
assessment record(s) for tl	he current Year of Assessment so authorise the Comptroller	and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the	
the point of verification, I*/	assessment record(s) for the co we understand that the Comptr essment record(s) for the two p	oller of Income Tax will ver	*is/are not available or finalised at fy *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:	Signature:	
Date:	<u> </u>	Date:		
*Delete where inapplicable		1		