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 Perm	rm only if you do not wisl nit (WP) for a foreign domes	h to submit your Income T 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			
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499			
□ \$20,000 to \$24,999	☐ \$25,000 and above		Δ Ψ 10,000 to Ψ 19,999	
Part II – Authorisation by	Employer and His/Her Spo	use		
If either you and/or your complete Part II and author	spouse do not wish to subn	nit a copy of your Income T	ax Notice of Assessment, please range stated in Part I above and	
I, Khoo w (Name of e	employer)	, *NRIC/WP No/FIN:	S77712746	
		*NRIC/WP No/FIN:		
	so authorise the Comptroller		n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the	
		current Year of Assessment ' troller of Income Tax will veri previous Years of Assessmer	fis/are not available or finalised at fy *my/our income range stated in it.	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
3-4	712749	T3		
Signature:	SUR	Signature:		
Date:		Date:		
25 MAY	2019			
*Delete where inapplicable				