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	inute 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	to submit your Income Tatic 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 communicate the results of the results of the communicate the results of the communicate the results of the complete authorise the Comptroller assessment record(s) for the complete of Work Passes. *I/We a verification to the Controller than the event that *my/our communication to the controller than the communication to the controller than the event that *my/our communication to the communication to the communication to the controller than the event that *my/our communication to the communication to t	orise the Comptroller of Incorf the verification to the Control Lead to the Control employer to price and the complete the current Year of Assessments authorise the Comptrolle of Work Passes.	me Tax to verify your income biller of Work Passes. *NRIC/WP No/FIN: *NRIC/WP No/FIN: Our income tax range stated and the two previous Year of Income Tax to thereafted current Year of Assessment.	in Part I above, based on *mylour s of Assessment, for the Controller er communicate the results of the *is/are not available or finalised at	
the point of verification, I*	/we understand that the Com	ptroller of Income Tax will ver previous Years of Assessme	tify *my/our income range stated in	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
T. T.		T.F		
Signature:		Signature:		
Date:		Date:	AND THE COMMISSION OF THE COMM	
*Deleie where inapplicable		İ		