Work Pass Division 18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mom_wpd@mom.gov.sg

This form may take you 1 minute to fill in.



Annex A Employer and Spouse Income Tax Declaration

Please complete this for applying for a Work Perm	m only if you do not wish it (WP) for a foreign domes	to submit your Income T tic worker.	ax Notice of Assessment when
Part I – Monthly Combine	d Income of Employer and S	Spouse	
Please tick (✓) the approp	oriate 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	
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499	,	
□ \$20,000 to \$24,999	☐ \$25,000 and above	*	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part II – Authorisation by	Employer and His/Her Spou	ise	
I, <u>Gray atri</u> (Name of e and/or I, <u>Rajanikanta</u> (Name of the authorise the Comptroller of	the verification to the Control Pat naik Imployer) Amployer's spouse) In hanty of Income Tax to verify *my/o	ne Tax to verify your income ler of Work Passes. , *NRIC/WP No/FIN:, NRIC/WP No/FIN:,	S F8 F9 AST H S F2 F6 2 4 A D in Part I above, based on *my/our
assessment record(s) for the	so authorise the Comptroller	t and the two previous Year	s of Assessment, for the Controller communicate the results of the
the point of verification, I*/v	ssessment record(s) for the cover understand that the Compt ssment record(s) for the two p	roller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.
	nployer	Empl	oyer's Spouse
	ne Tax Notice of Assessment No: Income Tax Notice of Assessment No:		
Signature 8 78794	514	TS C	727624ED
Signature:	N.		
Date: 06/08/	0 0	Date: 06	Pouml
*Delete where inapplicable			