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 fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	n 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	ouse		
complete Part II and author	spouse do not wish to subnorise the Comptroller of Incorf the verification to the Control	me Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, Yang Mei (Name of employer)				
and/or I,	,	*NRIC/WP No/FIN:		
(Name of the	employer's spouse)		,	
assessment record(s) for t	he current Year of Assessme Iso authorise the Comptrolle	nt and the two previous Years	n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the	
the point of verification, I*/	we understand that the Comp	current Year of Assessment otroller of Income Tax will veri previous Years of Assessmen	*is/are not available or finalised at fy *my/our income range stated in ht.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
IS		JES .	T3	
Signature:	CI SH	Signature:		
Date:		Date:		
*Delete where inapplicable				