Work Pass Division

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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.			
	rm only if you do not wish nit (WP) for a foreign domest		ax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and S	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	34,000 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	3 \$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spou	ise		
If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above I,			range stated in Part I above and	
nd/or I,, *NRIC/WP No/FIN: (Name of the employer's spouse)				
(Name of the	employer's spouse)			
assessment record(s) for to f Work Passes. *I/We all verification to the Controlled In the event that *my/our at the point of verification, I*/	the current Year of Assessment so authorise the Comptroller or of Work Passes. Assessment record(s) for the comptroller or the	t and the two previous Years of Income Tax to thereafte current Year of Assessment troller of Income Tax will ver	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the *is/are not available or finalised at ify *my/our income range stated in the int.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
Signature:		Signature:		
Date: 2 3 JUL 2019		Date: 2 3 JUL 2019	Date: 2 3 JUL 2019	

^{*}Delete where inapplicable