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 Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income 1	Tax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and	Spouse		
Please tick (√) the appro	priate box.			
☐ Below \$2,000 ☐ \$3,500 to \$3,999 ☐ \$8,000 to \$9,999 ☐ \$20,000 to \$24,999	□ \$10,000 to \$12,499	□ \$2,500 to \$2,999 □ \$5,000 to \$5,999 □ \$12,500 to \$14,999		
Part II – Authorisation by	Employer and His/Her Spor	use		
	spouse do not wish to submorise the Comptroller of Inconfithe the verification to the Control		ax Notice of Assessment, please range stated in Part I above and	
	employer)			
and/or I,(Name of the	employer's spouse) *	NRIC/WP No/FIN:		
of Work Passes. *I/We also verification to the Controller In the event that *my/our at the point of verification. I*/w	so authorise the Comptroller of Work Passes.	of Income Tax to thereafte	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 state of the state	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
IS		TE		
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				