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 n	ninute to fill in.		
Please complete this fo applying for a Work Peri	orm only if you do not wish mit (WP) for a foreign domes	to submit your Income Tatic worker.	ax Notice of Assessment when
Part I – Monthly Combin	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 b	y Employer and His/Her Spo	use	
complete Part II and auth	spouse do not wish to submorise the Comptroller of Incorporation to the Control of the Verification to the Control of the Verification to the Control of Employer)	ne Tax to verify your income ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and
	e employer's spouse)		
assessment record(s) for	the current Year of Assessme also authorise the Comptrolle	nt and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the
the point of verification, I'	assessment record(s) for the f/we understand that the Compsessment record(s) for the two	otroller of Income Tax will ver	*is/are not available or finalised at rify *my/our income range stated in nt.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
TS .		J. A.S.	
Signature:	73	Signature:	
Date:		Date:	
*Delete where inapplicable			