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			
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mate to min.			
Please complete this fo applying for a Work Perr	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T	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	니 \$3,000 to \$3,499	
∐ \$3,500 to \$3,999	\$4,000 to \$4,999	LJ \$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 Spou	:50		
complete Part II and author	orise the Comptroller of Incom f the verification to the Controll	e Tax to verify your income er of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	,	
authorise the Comptroller assessment record(s) for t	of Income Tax to verify *my/or he current Year of Assessmen so authorise the Comptroller	ur income tax range stated it and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, I*/	essessment record(s) for the cowe understand that the Comptessment record(s) for the two p	roller of Income Tax will veri	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Emple	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
Signature:	als)	Signature:		
Date:		Date:		
*Delete where inapplicable				