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	minute to fill in.		7
Please complete this fo	orm only if you do not wish	to submit your Income 1	ax Notice of Assessment when
1-1-3-19 tot a 1101K1 of	mic (vvi) for a foreign dollies	suc worker.	, and the same which
Part I - Monthly Combin	ed Income of Employer and	Spouse	
Please tick (\checkmark) the appropriate box.		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ 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	
□ \$20,000 to \$24,999	\$25,000 and above	AND THE PERSON	
Part II - Authorisation by	/ Employer and His/Her Spor	use	
communicate the results of	of the verification to the Control	ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and
I, Wang Ying ling (Name of	employer)	, *NRIC/WP No/FIN:	98676176 G
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	,
	so authorise the Comptroller		n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the
The point of volimoution, 17	assessment record(s) for the owe understand that the Compressment record(s) for the two	Ifolier of Incomo Lov will work	ris/are not available or finalised at fy *my/our income range stated in t.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
F		T.S	
Signature:	/m	Signature:	
Date:		Date:	
*Delete where inapplicable			