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	inute to fill in.		
Please complete this for applying for a Work Perm	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta	ax Notice of Assessment when
Part I - Monthly Combine	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	- +1-1,000	□ \$10,000 to \$15,555
Part II – Authorisation by	Employer and His/Her Spo	use	
communicate the results of	the verification to the Control	ne lay to verify your income	ax Notice of Assessment, please range stated in Part I above and 381227450
		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, 1*/v	so authorise the Comptroller of Work Passes. ssessment record(s) for the over understand that the Comp	of Income Tax to thereafter current Year of Assessment * troller of Income Tax will year	n Part I above, based on *my/our of Assessment, for the Controller r communicate the results of the ris/are not available or finalised at fy *my/our income range stated in
Part I against *my/our asse	ssment record(s) for the two	previous Years of Assessmen	it.
Employer		Emplo	oyer's Spouse
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Signature:		Signature:	
Date: 15 \ 0 }	2-2020	Date:	
Delete where inapplicable			