## **Work Pass Division**

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## Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.			
	m only if you do not wish nit (WP) for a foreign domes		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	<b>V</b> \$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	ıse		
complete Part II and author		ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, _SEAH MELYUEN (Name of e	, MARGARET employer)	, *NRIC/WP No/FIN:_\$	8123304G	
and/or I, NG CHEONG (Name of the	SEN, *	NRIC/WP No/FIN: <u>\$8340</u>	130C,	
assessment record(s) for the	ne current Year of Assessmen so authorise the Comptroller	t 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*/		troller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
Tax Ref No. S8123304G		Tax Ref No. S8340130C		
Signature:	ire: Signature:		<i></i>	
Date:		Date:	Date:	
23/05/2020		23/05/2020	23/05/2020	
*Delete where inapplicable				

This form is updated on 1 July 2007