Work Pass Division

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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 mi	inute to fill in.			
Please complete this for applying for a Work Perm	m only if you do not wish it (WP) for a foreign domes	to submit your Income T	ax Notice of Assessment when	
Part I - Monthly Combine	d Income of Employer and	Spouse		
Please tick (✓) the approp	oriate box.			
☐ Below \$2,000	□ \$2,000 to \$2,499	\$2,500 to \$2,999	□ \$3,000 to \$3,499	
\$3,500 to \$3,999	34,000 to \$4,999	55,000 to \$5,999	36,000 to \$7,999	
\$8,000 to \$9,999	(a) \$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 Spor	use		
complete Part II and author	rise the Comptroller of Incon	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
and/or I,, *NRIC/WP No/FIN:, (Name of the employer's spouse)				
assessment record(s) for the	e current Year of Assessmen o authorise the Comptroller	t and the two previous Years	n Part I above, based on *my/our of Assessment, for the Controller r communicate the results of the	
the point of verification, I*/w	e understand that the Compi	current Year of Assessment * troller of Income Tax will veriforevious Years of Assessmen	ris/are not available or finalised at fy *my/our income range stated in t.	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
Signature: + v ~ 1		Signature:		
Date:		Date:	Date:	
*Delete where inapplicable				