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 mi	inute to fill in.			
Please complete this for applying for a Work Perm	m only if you do not wish lit (WP) for a foreign domes	to submit your Income T tic worker.	ax Notice of Assessment when	
Part I - Monthly Combine	d Income of Employer and	Spouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000	□ \$2,000 to \$2,499	□ \$2,500 to \$2,999	√x3,000 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			
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and autho communicate the results of	rise the Comptroller of Income the verification to the Control da, Riesmard	ne Tax to verify your income ller of Work Passes.	Tax Notice of Assessment, please range stated in Part I above and Secretary Secre	
nd/or I,(Name of the	employer's spouse)	'NRIC/WP No/FIN:		
assessment record(s) for the	ne current Year of Assessments authorise the Comptroller	nt and the two previous Year	in Part I above, based on *my/our is of Assessment, for the Controller ier communicate the results of the	
the point of verification, I*/	assessment record(s) for the we understand that the Comp assment record(s) for the two	troller of Income Tax will ver	*is/are not available or finalised a rify *my/our income range stated in ent.	
Er	Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
Signature:		Signature:		
Date:	and the state of t	Date:		
*Delete where inapplicable				