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.		
	rm 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	□ \$12,500 to \$14,999	E \$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 author	spouse do not wish to submorise the Comptroller of Incorf the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and
I,, *NRIC/WP No/FIN:			,
and/or I,(Name of the	employer's spouse)	*NRIC/WP No/FIN:	
authorise the Comptroller	of Income Tax to verify *my/o the current Year of Assessme Iso authorise the Comptrolle	our income tax range stated	in Part I above, based on *my/our s of Assessment, for the Controller er communicate the results of the
the point of verification, I*	assessment record(s) for the /we understand that the Comp essment record(s) for the two	otroller of Income Tax will ve	*is/are not available or finalised at rify *my/our income range stated in ent.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
Signature:		Signature:	
Date:		Date:	
*Delete where inapplicable			