## 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.		
	rm only if you do not wish nit (WP) for a foreign domest		Tax Notice of Assessment when
Part I - Monthly Combine	ed Income of Employer and S	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		
Part II – Authorisation by	Employer and His/Her Spou	ise	
complete Part II and author		e Tax to verify your income	Fax Notice of Assessment, please e range stated in Part I above and
1,	7 'ng sheve	, *NRIC/WP No/FIN:	S 8333315D
(Name of e	employer)  V Finhuan ,*1		
(Name of the	employer's spouse)		
assessment record(s) for the	he current Year of Assessmen so authorise the Comptroller	t and the two previous Year	in Part I above, based on *my/ours of Assessment, for the Controlle er communicate the results of the
the point of verification, I*/		roller of Income Tax will ve	*is/are not available or finalised a rify *my/our income range stated ir ent.
E	mployer		loyer's Spouse
Income Tax Notice of Ass	Section 19 Control of Section 19	Income Tax Notice of A	Assessment No:
	S 8333315 D	58	5354169
Signature:		Signature:	
Date:		Date:	
*Delete where inapplicable			