Work Pass Division 18 Havelock Poad Singapore 059764 Tel: 6438 5122 www.mom.gov.sg nom_wpd@mcm.gov.sg

15 11



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.		
Please complete this for	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta	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	[J \$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 Spo	use	
complete Part II and author	spouse do not wish to submorise the Comptroller of Incor f the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and
1,			
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	
assessment record(s) for to f Work Passes. *I/We a verification to the Controlle In the event that *my/our the point of verification, I*/	the current Year of Assessme lso authorise the Comptroller er of Work Passes. assessment record(s) for the	nt and the two previous Years r of Income Tax to thereafte current Year of Assessment ptroller of Income Tax will ver	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the *is/are not available or finalised ar ify *my/our income range stated in nt.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
T.		7.35	
Signature:		Signature:	
1-2 X	Mm.	N. C.	
Date:		Date:	THE CONTRACTOR OF THE PROPERTY
*Deleie where inapplicable			