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 mir	nute to fill in.			
Please complete this for applying for a Work Permi				ax Notice of Assessment when
Part I – Monthly Combine	d Income of Employer	r 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	□ \$4,000 to \$4,999	□ \$5,	000 to \$5,999	₹\$6,000 to \$7,999
□ \$8,000 to \$9,999	□ \$10,000 to \$12,49	99 🗆 \$12	2,500 to \$14,999	□ \$15,000 to \$19,999
□ \$20,000 to \$24,999	☐ \$25,000 and above	ve .		
Part II – Authorisation by	Employer and His/He	r Spouse		
If either you and/or your s complete Part II and autho communicate the results of	rise the Comptroller of	Income Tax to	verify your incom	Tax Notice of Assessment, please e range stated in Part I above and
I, Chiang Ning @ A				
and/or I,(Name of the	employer's spouse)	, *NRIC/WF	P No/FIN:	
assessment record(s) for th	ne current Year of Asse so authorise the Comp	essment and the	two previous Yea	I in Part I above, based on *my/our ars of Assessment, for the Controller ter communicate the results of the
In the event that *my/our a the point of verification, I*/v Part I against *my/our asse	we understand that the	Comptroller of	Income Tax will ve	t *is/are not available or finalised at erify *my/our income range stated in ent.
Er	mployer /		Emp	oloyer's Spouse
Income Tax Notice of Assessment No:		Inco	Income Tax Notice of Assessment No:	
Signature:			Signature:	
1				
Date:		Dat	e:	
*Delete where inapplicable				