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 nit (WP) for a foreign domes | to submit your Income Ta tic worker. | x 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 | ☐ \$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 | me Tax to verify your income | ax Notice of Assessment, please range stated in Part I above and |
| I, Su YuJin (Name of employer) | | *NDICAMD No/EINI | S8519883A |
| | | , 'NRIC/VVP NO/FIN | 1 |
| | | | · · · · · · · · · · · · · · · · · · · |
| (Name of the | e employer's spouse) | | |
| assessment record(s) for | the current Year of Assessme also authorise the Comptrolle | ent and the two previous Year | 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 f/we understand that the Comsessment record(s) for the two | ptroller of Income Tax will ver | *is/are not available or finalised a rify *my/our income range stated in ent. |
| Employer | | Employer's Spouse | |
| Income Tax Notice of Assessment No: | | Income Tax Notice of A | Assessment No: |
| S85198 | 883A | | |
| Signature: | | Signature: | |
| Date: | | Date: | |
| 28/03/2021 | 1 | | |
| *Delete where inapplicable | | | |