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 n	ninute to fill in.			
Please complete this fo applying for a Work Perr	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income To	ax Notice of Assessment when	
Part I – Monthly Combin	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	y Employer and His/Her Spo	use		
complete Part II and auth communicate the results of	orise the Comptroller of Incorpt the verification to the Control	me Tax to verify your income iller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,		*NRIC/WP No/FIN:	1	
(Name of the	e employer's spouse)		*	
assessment record(s) for of 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 ilso authorise the Comptrolle 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 otroller of Income Tax will yer	in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the *is/are not available or finalised a ify *my/our income range stated in t.	
	mployer		oyer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
IS		TS	TE	
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				