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 m	ninute to fill in.	icano (Coro e e e e e e e e e e e e e e e e e e		
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domest	to submit your Income î ic worker.	ax 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	以\$4,000 to \$4,999	⊔ \$5,000 to \$5,999	, 12/\$6,000 to \$7,999	
⊔ \$8,000 to \$9,999	□ \$10,000 to \$12,499	LJ \$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	se		
complete Part II and author	orise the Comptroller of Incom f the verification to the Controll	e Tax to verify your income er of Work Passes.	Tax Notice of Assessment, please arrange stated in Part I above and	
		1 may		
(Name of the	employer's spouse)	NRIC/WP NO/FIN:	1	
assessment record(s) for to of Work Passes. *I/We all perification to the Controlle on the event that *my/our as the point of verification, I*/	he current Year of Assessmen so authorise the Comptroller of Work Passes.	t and the two previous Year of Income Tax to thereafte urrent Year of Assessment roller of Income Tax will ye	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 at ity *my/our income range stated in	
Employer Income Tax Notice of Assessment No:			Employer's Spouse Income Tax Notice of Assessment No:	
Income Tax Nouce of Ass	sessment No:	Income Tax Notice of A	ssessment No:	
Signature:		Signature:	Signature:	
Date:		Date:		
Delete where inapplicable		La La Maria de Caracteria de La Caracter		