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.			
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T tic worker.	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	⊔ \$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	LJ \$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 Spor	ISA		
I,(Name of	f the verification to the Control mployer)			
and/or I,		NRIC/WP No/FIN:		
(Name of the	employer's spouse)		***************************************	
assessment record(s) for the of Work Passes. *I/We all verification to the Controlle In the event that *my/our a	he current Year of Assessmer so authorise the Comptroller of Work Passes.	nt and the two previous Years of Income Tax to thereafte	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the sis/are not available or finalised a	
the point of verification, 176 Part I against *my/our asse	we understand that the Comp essment record(s) for the two p	troller of Income Tax will veri previous Years of Assessmei	ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:		
Signature: SP2 Jacks		Signature:	Signature:	
Date:		Date:	Date:	
*Delete where inapplicable				