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 minute to fill in.	
Please complete this form only if you applying for a Work Permit (WP) for a fo	do not wish to submit your Income Tax Notice of Assessment when reign domestic worker.
Part I – Monthly Combined Income of En	nployer and Spouse
Please tick (✓) the appropriate box.	
☐ Below \$2,000 ☐ \$2,000 to	\$2,499 \( \presspace \\$2,500 \tau \\$2,999 \( \presspace \\$3,000 \tau \\$3,499
□ \$3,500 to \$3,999 □ \$4,000 to	\$4,999 \( \preceq\$ \$5,000 to \$5,999 \( \preceq\$ \$6,000 to \$7,999 \)
□ \$8,000 to \$9,999 □ \$10,000 to	
☐ \$20,000 to \$24,999 ☐ \$25,000 a	nd above
Part II – Authorisation by Employer and	His/Her Spouse
complete Part II and authorise the Comptrommunicate the results of the verification to (Name of employer)	oller of Income Tax to verify your income range stated in Part I above and o the Controller of Work Passes.  *NRIC/WP No/FIN:
	*NRICWP No/FIN:
(Name of the employer's spouse	, *NRIC/WP No/FIN:,
assessment record(s) for the current Year of	o verify *my/our income tax range stated in Part I above, based on *my/our of Assessment and the two previous Years of Assessment, for the Controller Comptroller of Income Tax to thereafter communicate the results of the s.
he point of verification, I*/we understand the	rd(s) for the current Year of Assessment *is/are not available or finalised at lat the Comptroller of Income Tax will verify *my/our income range stated in ) for the two previous Years of Assessment.
Employer	Employer's Spouse
Income Tax Notice of Assessment No:	Income Tax Notice of Assessment No:
Signature:	Signature:
Date:	Date:
Delete where inapplicable	