Work Pass Division 18 Havelock Road

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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.			
Please complete this for applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Ta	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	☐ \$10,000 to \$12,499	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999	
□ \$20,000 to \$24,999	☐ \$25,000 and above		Δ ψ 10,000 (0 ψ 19,999	
Part II – Authorisation by	Employer and His/Her Spo	use		
communicate the results o	orise the Comptroller of Incor f the verification to the Contro employer)	ne Tax to verity your income ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
	employer's spouse)		,	
	lso authorise the Comptroller		in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
	assessment record(s) for the we understand that the Comp essment record(s) for the two		*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
F		JEF .		
Signature:	. #	Signature:		
Date:		Date:		
*Delete where inapplicable				