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

Γ <u></u>				
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 tic worker.	Tax 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			
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author		ne Tax to verify your incom	Tax Notice of Assessment, please ne range stated in Part I above and	
I, Lee Li Bing, Cindy (Name of employer)		, *NRICA A/P No/FIN:	S8851244H	
	= Nyln ,*	NRIC AWP No/FIN :S86	70382C	
assessment record(s) for the	he current Year of Assessmer so authorise the Comptroller	nt and the two previous Yea	d in Part I above, based on * my /our ars of Assessment, for the Controller ter communicate the results of the	
the point of verification, 4*/	assessment record(s) for the we understand that the Compessment record(s) for the two	troller of Income Tax will ve	nt *is /are not available or finalised a erify * my /our income range stated ir ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of	Income Tax Notice of Assessment No:	
588512444		58670382C	58670382C	
Signature:		Signature:	Signature:	
Date: 31 May 2020		Date: 31 May 2020		
*Delete where inapplicable	T-17-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-			