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 fr	infate to IIII III.			
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income Tastic 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		
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499			
□ \$20,000 to \$24,999	☐ \$25,000 and above		= 4 10,000 to 4 10,000	
Part II – Authorisation by	Employer and His/Her Spo	use		
	spouse do not wish to subnorise the Comptroller of Incor f the verification to the Contro		ax Notice of Assessment, please range stated in Part I above and	
I, Ng (Name of e	Chai Yin employer)	, *NRIC/WP No/FIN:	S8877067F	
and/or I,	employer's spouse)	*NRIC/WP No/FIN:	S6933303F	
account it is condition in	so authorise the Comptroller	of and the two providing Veers	n Part I above, based on *my/our of Assessment, for the Controller communicate the results of the	
the point of verification. I /v	ve unuersiano mai me como	current Year of Assessment * stroller of Income Tax will veri previous Years of Assessmen	ris/are not available or finalised at fy *my/our income range stated in t.	
Employer		Emplo	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	Income Tax Notice of Assessment No:	
F		TS		
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				