Work Pass Division

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Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.			
	m only if you do not wish nit (WP) for a foreign domest		ax Notice of Assessment when	
Part I – Monthly Combine	ed Income of Employer and S	Spouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000	000 to \$2,499	\$2,500 to \$2,999) 000 to \$5,999	□ \$3,000 to \$3,499	
☐ \$3,500 to \$3,999	□ \$4,000 to \$4,999	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 Spou	se		
complete Part II and author communicate the results of	orise the Comptroller of Income f the verification to the Controll	e Tax to verify your income er of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
siti farina	employer's spouse)	*NRIC/WP No/FIN:	S8920190Z	
(Name of	employer)	,		
and/or I,	K _{,*1}	NRIC/WP No/FIN:	,	
(Name of the	employer's spouse)			
assessment record(s) for t	he current Year of Assessmen so authorise the Comptroller	t and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the	
the point of verification, I*/	assessment record(s) for the c we understand that the Compt essment record(s) for the two p	roller of Income Tax will ver	*is/are not available or finalised a ify *my/our income range stated ir nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
Signature:	ton	Signature:		
Date:		Date:		
	02/06/2021	= =		
*Delete where inapplicable	10 To 10 10 10 10 10 10 10 10 10 10 10 10 10			