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 m	ninute to fill in.			
Please complete this fo applying for a Work Perm	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T	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		□ \$12,500 to \$14,999		
□ \$20,000 to \$24,999	☐ \$25,000 and above			
Part II – Authorisation by	/ Employer and His/Her Spo	use		
complete Part II and auth	spouse do not wish to submorise the Comptroller of Inconfithe verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, (Name of employer)		, *NRIC/WP No/FIN:	_, *NRIC/WP No/FIN:,	
and/or I,(Name of the	e employer's spouse)	NRIC/WP No/FIN:		
assessment record(s) for to f Work Passes. *I/We a verification to the Controlled	the current Year of Assessmer lso authorise the Comptroller er of Work Passes.	nt and the two previous Years of Income Tax to thereafte	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 /we understand that the Comp essment record(s) for the two	troller of Income Tax will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
T\$		TE	T.S.	
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				