Work Pass Division 18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mom_wpd@mom.gov.sg

This form may take you 1 minute to fill in.



Annex A Employer and Spouse Income Tax Declaration

Please complete this fo applying for a Work Perr	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T tic 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		□ \$6,000 to \$7,999	
□ \$8,000 to \$9,999	□ \$10,000 to \$12,499		□ \$15,000 to \$19,999	
□ \$20,000 to \$24,999		_ +, = = = + , = = =	Δ Ψ 10,000 to Ψ 10,000	
Part II – Authorisation by	/ Employer and His/Her Spot	use		
complete Part II and auth	spouse do not wish to submorise the Comptroller of Incomfithe the Verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I, LINDIS PWE	E KE KIN employer)	, *NRIC/WP No/FIN:	S9001785C	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:		
of Work Passes. *I/We a verification to the Controlle In the event that *my/our the point of verification, I*/	the current Year of Assessmer lso authorise the Comptroller er of Work Passes. assessment record(s) for the o	nt and the two previous Years of Income Tax to thereafte current Year of Assessment troller of Income Tax will yer	in Part I above, based on *my/our s of Assessment, for the Controller communicate the results of the *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 Assessment No:	
IS		T.S.	T.S	
Signature:		Signature:		
T. T.		T. A.		
Date:		Date:		
*Delete where inapplicable				