## **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 minute to fill in.				
	rm only if you do not wish nit (WP) for a foreign domes		Fax 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	$\square$ \$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author communicate the results of	orise the Comptroller of Incor f the verification to the Contro	me Tax to verify your incom	Tax Notice of Assessment, please e range stated in Part I above and	
I, Henry Hoe (Name of employer)		, *NRIC/WP No/FIN:	S9004054E	
(Name of	employer)			
		*NRIC/WP No/FIN:	S8467661F	
authorise the Comptroller assessment record(s) for to of Work Passes. *I/We all verification to the Controller.  In the event that *my/our at the point of verification, I*/	of Income Tax to verify *my/o he current Year of Assessme so authorise the Comptroller or of Work Passes.	nt and the two previous Year of Income Tax to thereaft current Year of Assessment otroller of Income Tax will ve	in Part I above, based on *my/ours of Assessment, for the Controller er communicate the results of the *x** *is/are not available or finalised a rify *my/our income range stated in ent.	
Employer			Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of A	Income Tax Notice of Assessment No:	
S9004054E		4	S8467661F	
Signature:		Signature:	Signature:	
		t	tem	
Date:		Date:	Date:	
14/7/2020		14	14/7/2020	
*Delete where inapplicable				