Work Pass Division 18 Havelock Poad 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 lake you 1 n	ninute to fill in.			
Please complete this fo applying for a Work Pen	rm only if you do not wish nit (WP) for a foreign domes	n to submit your Income T	ax Notice of Assessment when	
Part I – Monthly Combin	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	II \$2 000 to \$2 400	
	\$4,000 to \$4,999	☐ \$5,000 to \$5,999	☐ \$3,000 to \$3,499 ☐ \$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	Δ ψ (2,550 to ψ (4,595	F1 #12'000 (D #18'888	
Part II – Authorisation b	/ Employer and His/Her Spo			
I,(Name of			1	
		CAUDAG AND AN ITA		
(Name of the	employer's spouse)	INRIC/VVP NO/FIN:	,	
authorise the Comptroller assessment record(s) for the following of the controller that the controller that the event that the point of verification, It.	of Income Tax to verify *my/o the current Year of Assessments and suthorise the Comptroller or of Work Passes. assessment record(s) for the two understand that the Comp	our income tax range stated introduced into and the two previous Years of Income Tax to thereafte	n Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the *is/are not available or finalised at the *my/our income range stated in	
Employer		Empl	Employer's Spouse	
Income Tax Notice of As	sessment No:		Income Tax Notice of Assessment No:	
J.F		J.F	T. T. T.	
Signature:		Signature:		
Date: 25 April 21	921	Date:	all for any file of their arministration of the state of	
*Delete where inapplicable	adada, ara tara da milita Makali ki a kaji kayara ya milita ki kaji ya da a milita ki kaji ya kara ka a kaji k			