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	inute to fill in.			
	rm only if you do not wish nit (WP) for a foreign domes		Tax 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	☐ \$25,000 and above			
Part II – Authorisation by	Employer and His/Her Spo	use		
complete Part II and author		ne Tax to verify your incom	Tax Notice of Assessment, please e range stated in Part I above and	
1. YVONHE SON K	EUR TIME + CA	*NRIC/WP No/FIN:	59027549F	
(Name of e	employer)		Andrew Control of the Angel of	
and/or I, (HONLE VIEW HPP , *NR (Name of the employer's spouse)		NRIC/WP No/FIN:	540(0230)	
authorise the Comptroller assessment record(s) for the following of Work Passes. *I/We all verification to the Controlle in the event that *my/our athe point of verification, I*/	of Income Tax to verify *my/one current Year of Assessment of Work Passes.	our income tax range stated nt and the two previous Yea of Income Tax to thereaft current Year of Assessment otroller of Income Tax will ve	in Part I above, based on *my/our rs of Assessment, for the Controller er communicate the results of the this is the trip is t	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
Signature:		Signature:	Signature:	
Date:		Date:	Date:	
30.7.701				
*Delete where inapplicable				