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



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 re	nute to fill in.		
	rm only if you do not wish nit (WP) for a foreign domes		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	□ \$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 Spor	ise	
complete Part II and suit	spouse do not wish to submorise the Comptroller of Incom If the verification to the Control	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and
I, Lee Sla Pei Nama of employer)		, *NRICMP No/FIN: 88 S9037319F	
and/or I, Teng Eng	Sion4 employer's spouse)	NRIC/WP No/FIN: 581	39909L
assessment record(s) for	the current Year of Assessments authorise the Comptroller	nt and the two previous Year	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the
the point of verification, 1°	assessment record(s) for the /we understand that the Comp essment record(s) for the two	stroller of Income Tax will ver	*is/are not available or finalised a ify *my/our income range stated in nt.
Employer		Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of Assessment No:	
59037319F		58139909C	
Signature:		Signature:	
Date:	The second design to proper second part of the second second second	Date:	
*Delete where inapplicable			