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.			
Please complete this for applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income Tatic 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	Ø\$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 autho	orise the Comptroller of Incor f the verification to the Contro	ne Tax to verify your income ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
		KNIDIOAA/D NI/EINI.		
(Name of the	employer's spouse)	NRIC/WP No/FIN:		
assessment record(s) for to of Work Passes. *I/We all verification to the Controlle In the event that *my/our a the point of verification, I*/	he current Year of Assessmer so authorise the Comptroller or of Work Passes. assessment record(s) for the we understand that the Comp	nt and the two previous Years r of Income Tax to thereafte current Year of Assessment	in Part I above, based on *my/ous of Assessment, for the Controlle or communicate the results of the *is/are not available or finalised a fify *my/our income range stated int.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
15		T.S		
Signature:		Signature:	· · · · · · · · · · · · · · · · · · ·	
Date:	***************************************	Date:		
*Delete where inapplicable				