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



Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	ninute to fill in.			
Please complete this fo applying for a Work Pern	rm only if you do not wish nit (WP) for a foreign domes	to submit your Income T	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	□ \$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 Fart if and author	spouse do not wish to submorise the Comptroller of Incor f the verification to the Contro	ne lax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I,*NRIC/WP No/FIN:)	
			Constitution of the second contract of the con	
assessment record(s) for t	ne current year of Assessmer so authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller r communicate the results of the	
the bount of verification, 17	assessment record(s) for the we understand that the Comp essment record(s) for the two	stroller of Income Tay will ver	*is/are not available or finalised at ify *my/our income range stated in nt.	
Employer		Empl	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
SIM		II	T.F	
Signature:		Signature:	Signature:	
Date:		Date:		
*Deleie where inapplicable				