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. | | | |
| 4 | | | | |
| \$elow \$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 | | | |
| art II – Authorisation by | Employer and His/Her Spo | use | | |
| complete Part II and author | spouse do not wish to subnorise the Comptroller of Incor f the verification to the Contro | ne Tax to verify your income | ax Notice of Assessment, pleas range stated in Part I above an | |
| . (Name of | | *NRIC/WP No/FIN: | | |
| · (Name of | employer) | | A terminal formation care parameters of for at 1600 Metals (III) Annual to Epistement, semination for all debuts due to resolve to a second | |
| and/or I, | 1 | *NRIC/WP No/FIN: | | |
| (Name of the | employer's spouse) | | | |
| assessment record(s) for t | he current Year of Assessme Iso authorise the Comptrolle | nt and the two previous Years | in Part I above, based on *my/o s of Assessment, for the Controll or communicate the results of the | |
| the point of verification, I*/ | we understand that the Comp | current Year of Assessment otroller of Income Tax will ver previous Years of Assessme | *is/are not available or finalised ify *my/our income range stated nt. | |
| Employer | | Empl | Employer's Spouse | |
| Income Tax Notice of Assessment No: | | Income Tax Notice of A | Income Tax Notice of Assessment No: | |
| K\$ | | T. A. T. | J. J. | |
| Signature: | 7 | Signature: | · · · · · · · · · · · · · · · · · · · | |
| 1 × / | cul. | TE V | | |
| Date: | | Date: |) | |
| March 1924 | | Date. | | |
| *Delete where inapplicable | | | | |