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 T tic 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	\$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 auth	spouse do not wish to submorise the Comptroller of Incor of the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please e range stated in Part I above and	
I,PHANG JUN JIE FREDERICK, *NRIC/WP No/FIN: \$9038829J			S9038829J	
(Name of	employer)			
and/or I, NGUYEN	THI KIM NGA	*NRIC/WP No/FIN: S937	7048Z	
(Name of the	employer's spouse)			
accessment record(s) for	the current Year of Assessme Iso authorise the Comptrolle	nt and the two previous Year	in Part I above, based on *my/ou is of Assessment, for the Controlle er communicate the results of the	
the point of verification. I*	assessment record(s) for the /we understand that the Compessment record(s) for the two	otroller of Income Tax will ve	*is/are not available or finalised a rify *my/our income range stated i ent.	
Employer		Emp	Employer's Spouse	
Income Tax Notice of Assessment No:			Income Tax Notice of Assessment No:	
S 9038829J		593	S 9377048Z	
Signature:		Signature:	Signature:	
Date: 30/09/2020		Date: 30/09/2020	Date: 30/09/2020	
*Delete where inapplicable				