## **Work Pass Division**

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## Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	ninute to fill in.			
	rm only if you do not wish nit for a foreign domestic wo		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	$\square$ \$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 Incorf the verification to the Contro	ne Tax to verify your income	ax Notice of Assessment, please range stated in Part I above and	
I,	, *NRIC/WP			
No/FIN:(Name of	employer)	<del></del> ,		
`	, , ,	**		
and/or I,, *NRIC/WP No/FIN:,				
authorise the Comptroller assessment record(s) for t	he current Year of Assessmer Iso authorise the Comptroller	nt and the two previous Years	in Part I above, based on *my/our s of Assessment, for the Controller 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	troller of Income Tax will veri	*is/are not available or finalised at ify *my/our income range stated in nt.	
E	mployer	Empl	Employer's Spouse	
Income Tax Notice of Assessment No:		Income Tax Notice of As	ssessment No:	
Signature:		Signature:		
Date:		Date:		
*Delete where inapplicable				

