

## Annex A

### Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

#### Part I – Monthly Combined Income of Employer and Spouse

Please tick (✓) the appropriate box.

<input type="checkbox"/> Below \$2,000	<input type="checkbox"/> \$2,000 to \$2,499	<input type="checkbox"/> \$2,500 to \$2,999	<input type="checkbox"/> \$3,000 to \$3,499
<input type="checkbox"/> \$3,500 to \$3,999	<input checked="" type="checkbox"/> \$4,000 to \$4,999	<input type="checkbox"/> \$5,000 to \$5,999	<input type="checkbox"/> \$6,000 to \$7,999
<input type="checkbox"/> \$8,000 to \$9,999	<input type="checkbox"/> \$10,000 to \$12,499	<input type="checkbox"/> \$12,500 to \$14,999	<input type="checkbox"/> \$15,000 to \$19,999
<input type="checkbox"/> \$20,000 to \$24,999	<input type="checkbox"/> \$25,000 and above		

#### Part II – Authorisation by Employer and His/Her Spouse

If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.

I, \_\_\_\_\_, \*NRIC/WP No/FIN: \_\_\_\_\_  
 (Name of employer)

and/or I, \_\_\_\_\_, \*NRIC/WP No/FIN: \_\_\_\_\_  
 (Name of the employer's spouse)

authorise the Comptroller of Income Tax to verify \*my/our income tax range stated in Part I above, based on \*my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. \*I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

In the event that \*my/our assessment record(s) for the current Year of Assessment \*is/are not available or finalised at the point of verification, I\*/we understand that the Comptroller of Income Tax will verify \*my/our income range stated in Part I against \*my/our assessment record(s) for the two previous Years of Assessment.

Employer	Employer's Spouse
Income Tax Notice of Assessment No:	Income Tax Notice of Assessment No:
Signature: 	Signature: 
Date: _____	Date: _____

\*Delete where inapplicable