|  |  |
| --- | --- |
|  | **Company Name** |
|  |  |  |  |  |
|  | Phone# | (555)-5555-5555 |  |  |
|  | Insurance ID | Click here to enter text. |  |  |
|  | Email | abc@example.com |  |
|  |  |  |  |  |
|  | **Employee Details** |  |  |  |
|  | Employee Name | John | Department | Finance |
|  | Designation | Manager |  |  |
|  | Salary Month | Click here to enter a date. |  |  |
|  |  |  |  |  |
|  | COMMENTS: | [ENTER YOUR COMMENT HERE] |  |
|  | Date | Click here to enter a date. | Company ID | Click here to enter text. |
|  | P.O Number | Click here to enter text. | Phone # | (111) 222-3333 |
|  |  |  | TERMS | On contract |
|  | **Particulars** | **Advance** |  | **Amount** |
|  | Basic |  |  | $00.00 |
|  | House Rent Allowance |  |  | $00.00 |
|  | Conveyance |  |  | $00.00 |
|  | Dearness Allowance |  |  | $ 00.00 |
|  | Overtime |  |  | $ 00.00 |
|  |  |  |  | $00.00 |
|  |  |  |  |  |
|  | **Subtotal** |  | **$ 00.00** |
|  | Employee State Insurance |  |  | $ 00.00 |
|  | Provident Fund |  |  | $ 00.00 |
|  | Professional Tax |  |  | 4% |
|  |  |  |  |  |
|  | **Net Salary** | **$ 00.00** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Employer's Signature: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Employees signature: |  |  |  |