|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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: |  | |  |  |