

Company Name

Address Line 1

Address Line 2

Contact: 0123-456789

Month: _____**Year:** _____

Monthly Salary Slip

Employee Name	_____	Employee ID	_____
Department	_____	Designation	_____
Bank Account	_____	PAN	_____

Earnings	Amount (INR)
Basic	_____
House Rent Allowance (HRA)	_____
Conveyance	_____
Special Allowance	_____
Total Earnings	_____

Deductions	Amount (INR)
Provident Fund	_____
Professional Tax	_____
Income Tax	_____
Other Deductions	_____
Total Deductions	_____

Net Salary Payable	_____
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Signature: _____