**Company Name**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee ID | |  | | |  | |
| Phone No. | |  | | |
| Email | |  | | |
|  | |  | | |
| **Pay slip for the month of Click here to enter a date.** | | | | | | |
|  | | | | | | |
| Employee Name |  | | | Department | |  |
| Designation |  | | |  | |  |
| Salary Month |  | | |  | |  |
|  | | |  |  | |  |
| **Income** | | | | **Deduction** | | |
| Basic | | |  | **Profession Tax** | |  |
| HRA | | |  | **Provident Fund** | |  |
| Conveyance | | |  | **Advance/ Loan** | |  |
| Child Education Allowance | | |  | **Other Deductions** | |  |
| Medical Allowance | | |  |  | |  |
| Leave Travel Allowance | | |  |  | |  |
| Special Allowance | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
| **Total** | | | | | |  |
| **Net Pay** | | | | | |  |

Note: Pay slips must be issued to employees within one working day of the day they are paid.