Pay Slip Format

Company Name: _____

Address: _____

Month: _____ Year: _____

Employee Details

Employee Name	_____
Employee ID	_____
Department	_____
Designation	_____
Bank Account No.	_____

Earnings and Deductions

Earnings	Amount (₹)	Deductions	Amount (₹)
Basic Pay		Provident Fund	
HRA		Professional Tax	
Conveyance		Income Tax (TDS)	
Medical Allowance		Other Deductions	
Bonus/Incentives			

Summary

Gross Salary (₹)	_____
Total Deductions (₹)	_____
Net Pay (₹)	_____

Authorized Signatory: _____

Date: _____