**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.