

Company Name pay Slip For The Month of _____ 2021						
Employee Name : _____		Grade : _____		Bank Name : _____		
Email ID : _____		Department : _____		LOP Days : _____		
Contact No: _____		Location : _____		Standard Days : _____		
Gender : _____		Bank A/C No : _____		Refund Dayas : _____		
Earnings	Monthly Rate	Current Month	Arrears	Total	Deductors	Total
Basic Salary	-			-	Profession Tax	-
Conveyance Allowance	-			-	Group Insurance	-
HRA	-			-	Provident Fund	-
Fixed Allowance	-			-	Income Tax	-
Leave Travel Allowance	-			-		
Medical	-			-		
Total :						
Net Salaray Payable :						
Net Salary Payable (In Words) :						
<div style="display: flex; justify-content: space-between;"> Employee Signnture : Employee Signature : </div>						

Employee_Name	Gross_Salary	Bonus	Income_Tax	Health_Insurance	Employer_Details
Shelley Franklin	186546	949.3	586.56	18.95	Kim Inc