

Company Name  
123 town/city/state/country zip  
Phones (555)-xxxxxxxxxxxxxx  
Insurance ID L009-987  
Email abc@sdfffffffffffff.com



Pay slip for the month of September 2015

|               |            |
|---------------|------------|
| Employee Name | Adam smith |
| Designation   | Manager    |
| Department    | Finance    |
| Salary Month  | September  |

|            |                           |            |                |
|------------|---------------------------|------------|----------------|
| COMMENTS:  | (ENTER YOUR COMMENT HERE) |            |                |
| Date       | 23/08/2015                | Company ID | 96-09A         |
| P.O Number | 897-A23                   | Phones     | (111) 222-333  |
|            |                           | TERMS      | Due on Receipt |

| Particulars          | Advance | Amount      |
|----------------------|---------|-------------|
| Basic                |         | \$14,000.00 |
| House Rent Allowance |         | \$9,900.00  |
| Conveyance           |         | \$800.00    |
| Dearness Allowance   |         | \$2,289.00  |
| Overtime             |         | \$1,365.00  |
|                      |         | \$200.00    |

|                          |            |             |
|--------------------------|------------|-------------|
|                          | SUBTOTAL   | \$24,150.00 |
| Employee State Insurance |            | \$960.00    |
| Provident Fund           |            | \$390.00    |
| Professional Tax         |            | 4%          |
|                          | Net Salary | \$23,230.34 |

Employee’s Signature