

Company Name : PAYSLIP #2

Address: Salary Month:June 2020

Employee Name : new emp Month & Year : December,2020

Earnings 1	D	Deductions	
Basic	T	DS	
DA(40%)	E	SI	
HRA(15%)	Pf	F	
Conveyance	Le	eave	
Allowance	Pr	rof. Tax	
Medical Allowance	La	abour Welfare	
OTHERS	Fu	und	
	0.	THERS	
Total Earnings	Te	otal Deductions	
	N	IET Salary	0

Signature of Employee	Signature of Director