Buyer Created Tax Invoice

Sales Representative: abcd 2/1/1-15

Statement Week: Test
Statement Date: Test
Statement Week: Test
Payment Type: Test
Termination Date: Test

IRD: Test

Produced by:
Onlineinsure payroll system
1C/39 Mackelvie Street Grey
Lynn
1021 Auckland New Zealand

+6493789676

www.onlineinure.sample

Statement Week: 191794
Statement Date: 2/1/1-15
Payment Type: Direct Credit

Termination Date: IRD: 606171945

| Date | Description | Credit |
|----------|-------------|--------|
| | | |
| 2/1/1-15 | Commission | \$ 1 |
| | | |
| 2/1/1-15 | Bonuses | \$ 1 |
| | | |
| | | \$ 2 |

Detail Commission Statement

Sales Representative: abcd 2/1/1-15

Production

| Client Name | <u>Comission</u> | <u>Balance</u> |
|-------------|------------------|----------------|
| test | 1 | 1 |
| | | |
| | | |
| Total | 4 | 4 |
| Total | <u>_l</u> | <u>!</u> |