**PAYSLIP FORMAT**

Company Name

Address: City, STAT, ZIP

Monthly Salary Statement

**Personal Information of Mr. [NAME HERE] d/w/s of [FATHER/HUSBAND/OTHER NAME]**

Personnel Number: CNIC: NTN:

Date of Birth: Entry into the Service: Length of Service:

**Employment Category: Regular / Contract**

**Designation: Manager Finance**

**DDO Code:**

**Payroll Section: GPF Section: Cash Center:**

**GPF A/C No: Interest Applied: No GPF Balance: 0.00**

Vendor Number: -

**Pay and Allowances:** Pay scale: BPS For Pay Scale Type: Civil B Pay Stage:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Wage type** | **Amount** |  | **Wage type** | **Amount** |
| 0001 | Basic Pay |   | 1000 | House Rent Allowance |   |
| 1210 | Convey Allowance  |   | 1842 | Social Security Ben - 30% |   |
| 1963 | Medical Allow |   | 2211 | Adhoc Relief All 2016 10% |   |
| 2224 | Adhoc Relief All 2017 10% |   |  |  |  0.00  |

**Deductions - General**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wage type** | **Amount** | **Wage type** |  | **Amount** |
| 3609 | Income Tax |   | 4200 | Professional Tax |  |   |
| **Deductions - Loans and Advances** |  |  |
| **Loan** | **Description** | **Principal amount** | **Deduction** |  | **Balance** |

**Deductions - Income Tax**

Payable: Recovered till…. Exempted: Recoverable:

**Gross Pay ($): 000 Deductions: ($): Net Pay: ($):**

Payee Name: [NAME HERE]

Account Number:

Bank Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Leaves: Opening Balance:****Permanent Address:**  | **Availed:** | **Earned:** | **Balance:** |
| City: LA | Domicile: -  |  | Housing Status: No Official |

 Temp. Address:

City: Email: