

Salary Slip

Employee Name	<input type="text"/>
Employee ID	<input type="text"/>
Designation	<input type="text"/>
Department	<input type="text"/>
Month	<input type="text"/>
Year	<input type="text"/>

Earnings

Description	Amount
Basic Pay	<input type="text"/>
HRA	<input type="text"/>
Allowances	<input type="text"/>

Deductions

Description	Amount
Tax	<input type="text"/>
Provident Fund	<input type="text"/>
Other Deductions	<input type="text"/>

Net Salary	<input type="text"/>
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Signature: _____