

# Monthly Salary Statement Form

## Employee Information:

- Name: \_\_\_\_\_
- Employee Number: \_\_\_\_\_
- Department: \_\_\_\_\_
- Month: [Month/Year]

## Earnings Summary:

- Basic Salary: \$ \_\_\_\_\_
- Overtime: \$ \_\_\_\_\_
- Commission/Bonus: \$ \_\_\_\_\_
- Other Earnings: \_\_\_\_\_

## Deductions Summary:

- Tax Withheld: \$ \_\_\_\_\_
- Health Insurance: \$ \_\_\_\_\_
- Pension Contribution: \$ \_\_\_\_\_

Total Deductions: \$ \_\_\_\_\_

Net Salary: \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_