**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**