

Month July

Employee Name:	<u>Shalini Kumari</u>	Pay Period Begin Date:	01-07-2023
Employee Address:	Hardoi	Pay Period End Date:	31-07-2023
SSN:		Hours:	

Earnings		Deductions	
Basic & DA	20,000.00	Provident Fund	-
HRA		Federal Withholding	-
Incentive Pay	-	Federal MED	-
Bonus	-	Federal OASDI	-
Over Time	-	State Withholding	-
		Loan	-
Total Earnings	20,000.00	Total Deduction	-

Current NET Salary	20,000.00
YTD NET Salary	20,000.00

Payment Information	Time Off Balance
Check Number:	Paid Time Off Balance:
Check Date:	Sick Time Balance:
Name of Bank:	Total Time Off Balance:

Employee Signature: _____

Director Signature: _____