

Month July

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

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

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

<b>Payment Information</b>	<b>Time Off Balance</b>
Check Number:	Paid Time Off Balance:
Check Date:	Sick Time Balance:
Name of Bank:	Total Time Off Balance:

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

Director Signature: \_\_\_\_\_