

STATEMENT OF SALARY AND WAGES INCOME

Official Proof of Earnings

EMPLOYER INFORMATION

Company Name:

Address:

Business Registration:

Contact Number:

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Job Title/Designation:

Tax Identification No:

Pay Period Start:

Pay Period End:

INCOME STATEMENT DETAILS

Earnings Description	Amount	Deductions Description	Amount
Basic Salary / Wages		Income Tax / PAYE	
Overtime Pay		Social Security / National Insurance	
Allowances		Pension contribution	
Bonuses / Commission		Other Deductions	
Gross Earnings		Total Deductions	
Net Pay Distributed:			

I hereby certify that the above information is a true and accurate statement of the salary/wages and deductions paid to the designated employee for the period stated.

Authorized Employer Signature

Date:

Employee Signature (Acknowledgment)

Date:

