

MONTHLY NET EARNINGS STATEMENT

Employee Name:

Employee ID:

Department:

Pay Period:

Payment Date:

Job Title:

1. GROSS EARNINGS	AMOUNT
Basic Salary	
Overtime Pay	
Allowances / Bonuses	
Other Earnings	

2. DEDUCTIONS	AMOUNT
Income Tax	
Social Security / Pension Contribution	
Health Insurance	
Other Deductions	

TOTAL GROSS EARNINGS (A):
TOTAL DEDUCTIONS (B):
NET EARNINGS (A - B):

PREPARED BY

EMPLOYEE SIGNATURE & DATE