

NET EARNINGS DECLARATION

Declarant Name:

Employee ID:

Department:

Position:

Period From:

Period To:

Description of Earnings	Amount
Gross Salary / Wages	
Overtime / Bonuses / Allowances	
Other Income (Specify: _____)	
Total Gross Earnings (A)	
Deductions	
Income Tax	
Social Security / Pension Contributions	
Other Deductions	
Total Deductions (B)	
NET EARNINGS (A - B)	

I hereby declare and certify under penalty of perjury that the information provided in this Net Earnings Declaration is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading statements may result in legal or disciplinary action.

Declarant Signature

Date

Authorized Witness / Representative Signature

Date