

PAYROLL REGISTER

Statutory Government Deductions

Company Name: _____ Pay Period: _____
 Tax Year: _____ Payment Date: _____

EMP. ID	EMPLOYEE NAME	GROSS EARNINGS	STATUTORY GOVERNMENT DEDUCTIONS				TOTAL DEDUCTIONS	NET PAY	SIGNATURE / REMARKS
			INCOME TAX	SOCIAL SECURITY	HEALTH INSURANCE	PENSION / FUND			
Total:									

Prepared By

Reviewed By

Authorized Approved By