

EMPLOYEE EARNED INCOME AND SALARY DECLARATION FORM

1. EMPLOYEE PERSONAL INFORMATION

Full Name:

Employee ID:

National ID / SSN:

Department:

Job Title:

Email Address:

2. DECLARATION PERIOD

Start Date:

End Date:

3. STATEMENT OF SALARY AND WAGES INCOME

Income Description	Amount
Basic Salary / Wages	
Overtime Payments	
Bonuses & Commissions	
Allowances (Housing, Transport, etc.)	
Gross Salary (A)	
Income Tax Withheld	
Social Security / Pension Contribution	
Other Deductions	
Total Deductions (B)	
Net Salary/Wages Received (A - B)	

4. DECLARATION & AUTHORIZATION

I hereby declare that the information provided in this statement regarding my earned income, salary, wages, and deductions for the specified period is true, accurate, and complete to the best of my knowledge and belief. I understand that any false or misleading statement may result in disciplinary action or legal consequences.

Employee Signature

Date:

Authorized Employer / HR Representative

Date:
