**Monthly Salary Receipt**

horizontal line

**XYZ Corporation**1234 Business Blvd  
Springfield, IL 62704  
Phone: (555) 123-4567  
Email: payroll@xyzcorporation.com

**MONTHLY SALARY RECEIPT***Date: October 23, 2024*

**Received From:  
Company Name:** XYZ Corporation  
**Address:** 1234 Business Blvd, Springfield, IL 62704

**Received By:  
Employee's Name:** John Doe  
**Employee ID:** 987654  
**Department:** Marketing  
**Position:** Senior Analyst

**Period:** October 1, 2024, to October 31, 2024

**Salary Details:**

| **Description** | **Amount (in USD)** |
| --- | --- |
| Basic Salary | 3,000.00 |
| House Rent Allowance | 1,200.00 |
| Conveyance Allowance | 300.00 |
| Medical Allowance | 250.00 |
| Special Allowance | 150.00 |
| **Total Earnings** | **4,900.00** |
|  |  |
| **Deductions** |  |
| Provident Fund | 300.00 |
| Income Tax | 450.00 |
| Professional Tax | 50.00 |
| Other Deductions | 100.00 |
| **Total Deductions** | **900.00** |
|  |  |
| **Net Salary Paid** | **4,000.00** |

**Payment Method:** Direct Deposit  
**Transaction ID (if applicable):** TXN123456789

**Remarks:**Payment includes annual performance bonus included in the Special Allowance.

**Acknowledgement:**I, John Doe, hereby acknowledge the receipt of $4,000.00 as my salary for the month of October 2024, corresponding to the period stated above.

**Employee's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** October 23, 2024

**Authorized Signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Position:** Payroll Manager  
**Date:** October 23, 2024