

[Your Organization's Letterhead]

[Date]

[To]

The Regional Provident Fund Commissioner

[EPFO Office Address]

[City, State, Zip Code]

Subject: Wage Declaration for EPF Contribution

Dear Sir/Madam,

We hereby declare the wages of our employees as per the requirements under the Employees' Provident Funds and Miscellaneous Provisions Act, 1952.

****Employer Details:****

- Organization Name: [Your Organization Name]

- Employer Code: [Your EPFO Code]

- Address: [Your Organization Address]

- Contact Number: [Your Contact Number]

****Wage Declaration Details:****

1. Employee Name: [Employee Name]

EPF Account Number: [Employee EPF Number]

Monthly Wages: [Amount]

2. Employee Name: [Employee Name]

EPF Account Number: [Employee EPF Number]

Monthly Wages: [Amount]

3. Employee Name: [Employee Name]

EPF Account Number: [Employee EPF Number]

Monthly Wages: [Amount]

[Continue with additional employees as necessary]

We confirm that the above-mentioned wages are accurate and in compliance with EPF regulations. Should you require any further information, please feel free to contact us.

Thank you for your attention to this matter.

Yours sincerely,

[Your Name]

[Your Designation]

[Your Organization Name]

[Your Contact Information]