

## TBA Payroll Solutions Payroll Submission

COMPANY INFO:				
Company Name		EIN/SSN		
Address				
City	Stat	:e	Zip	
CONTACT PERSON INFO:				
Name	Phone			
Email Address				
PAYROLL SUBMISSION:				
Payroll Start Date	Payroll End Date		Pay Date	
Employee 1:				
Name		Type of Emp (w4 or w9)		
Hours Commission	Labor	Advance	Other	
Deductions & Description		Total Pay Check		
Employee 2:				
Name		Type of Emp (w4 or w9)		
Hours Commission	Labor	Advance	Other	
Deductions & Description		Total Pay Check		
Employee 3:				
Name		Type of Emp (w4 or w9)		
Hours Commission	Labor	Advance	Other	
Deductions & Description		Total Pay Check		
Employee 4:				
Name		Type of Emp (w4 or w9)		
Hours Commission	Labor	Advance	Other	
Deductions & Description		Total Pay Check		
Employee 5:				
Name		Type of Emp (w4 or w9)		
Hours Commission	Labor	Advance	Other	
Deductions & Description	Total Pay Check			