

**TYMAT LLC**

## **Employee Payroll Information Sheet**

Company name				
Location		Date completed: _____		
<b><u>Instructions:</u></b> This form should be completed for each employee. A new form should be completed as changes in an employee's general information, pay rate or payroll deductions occur.				
<b>General Information</b>				
Employee Name				
Social Security Number				
<b>Address</b>				
<u>Street</u>				
City:	State		Zip Code	
Date of Birth				
Phone Number				
Email Address				
Date Employed				
Date Terminated				
<b>Payment Information</b>				
Frequency			Amount (Hourly Rate or Salary)	
Weekly - Biweekly - Semi Monthly - Monthly			\$_____/Hr or \$_____	
<b>Banking Information</b>				
Bank Name				
Routing Number				
Bank Account Number				

- Please complete forms: I-9, W-4 and State Withholding (if Any) and Direct Deposit Form (if provided) and enclosed to this information sheet.
- Please provide copies of: State Driver's License or ID and Social Security Card

**Office Use ONLY**

Type	Date Created	Date Completed	Documents copies	
Info Sheet				
W-4				
G-4				
I-9				
Direct Deposit Form				

Copy of: Driver's License/ID			
Copy of: Social Security Card			