



**EMPLOYEE PAYROLL INFORMATION SHEET**

*Please attach Form W-4 completed and signed by the employee*

Company: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

**PAYROLL INFORMATION**

Pay frequency: (v) \_\_\_ Weekly \_\_\_ Biweekly \_\_\_ Semimonthly \_\_\_ Monthly

Pay type: (v) \_\_\_ Salaried \_\_\_ Hourly

Pay rate (annual salary if salaried or hourly rate if hourly): \$ \_\_\_\_\_

Deductions other than taxes?

Health Insurance	\$ _____	( ) Before tax
Retirement Plan	_____	( ) Before tax
Life Insurance	_____	( ) Before tax
Garnishment	_____	For _____
Reimbursement	_____	For _____
Other	_____	For _____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for choosing NEA Financial Services!*  
*Please call or email if you have questions – (870) 336-4141 [kclark@neafinancial.com](mailto:kclark@neafinancial.com)*