



## 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)*