

Adirondack Payroll

New Employee Form

Please use this form when adding/changing an employee. Thank You!!

Company Name: _____ Date Sent: _____

Department (if applicable): _____ Effective Date: _____

Employee Information

Last, First, Middle Name: _____

Social Security Number: _____ Hire Date: _____

Address: _____ Birth date: _____

_____ Full Time or Part Time (please circle)

Email: _____

Federal Filing Status:

State Filing Status:

Married Single

Married Single

Exemptions: _____

Exemptions: _____

Additional Withholdings: _____

Additional Withholdings: _____

Pay Information: Hourly Salary (exempt/non exempt) 1099

Gross Salary or Hourly Rate (per pay period): _____

Deductions

Type	Amount (% or \$)	Pre Tax (Y or N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Direct Deposit Information (please attach copy of voided check)

No.	Acct Type	Am (% or \$)	Bank	Routing	Acct No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Comments:

