

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: _____
 _____ Time Card No. _____

Federal Filing Status: Married Single
 Exemptions: _____ Additional Withholdings: _____
 State Filing Status: Married Single Head of Household
 Exemptions: _____ 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:

