



**ADIRONDACK**  
PAYROLL SERVICES

**\*\*\*New Employee Form\*\*\***

*Please use this form when adding/changing an employee.*

Company Name: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Employee Information**

Last, First, Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Full Time or Part Time (please circle)

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

Federal Filing Status:

State Filing Status:

Married    Single    Head of Household

Married    Single    Head of Household

Number of Qualifying Children Under 17: \_\_\_\_\_

Number of Exemptions: \_\_\_\_\_

Number of Other Dependents: \_\_\_\_\_

Additional Withholding Amount: \$ \_\_\_\_\_

Additional Withholding Amount: \$ \_\_\_\_\_

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_