



ADIRONDACK
PAYROLL SERVICES

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

Please use this form when adding/changing an employee.

Company Name: Roots Rising Date Sent: _____

Department (if applicable): N/A Effective Date: 9/22/2026

Employee Information

Last, First, Middle Name: _____

Social Security Number: _____ - _____ - _____ Hire Date: 9/22/2026

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: \$ _____

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

Gross Salary or Hourly Rate (per pay period): Stipend up to \$800.00

Deductions

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

Comments:

