# EMPLOYER'S RETURN ON WAGE GARNISHMENT

## WAGE DEDUCTION ANSWER / GARNISHMENT RETURN

**COURT / ISSUING AGENCY:**

| |
|---|
| |

**CASE / FILE DETAILS:**

| | |
|---|---|
| **Case Number:** | |
| **Garnishment Date:** | |

**CREDITOR (Plaintiff):**

| |
|---|
| |

**DEBTOR (Employee):**

| | |
|---|---|
| **Name:** | |
| **SSN (Last 4):** | |

**EMPLOYER INFORMATION**

| | |
|---|---|
| **Employer Name:** | |
| **Mailing Address:** | |
| **Contact Person / Title:** | |
| **Phone / Email:** | |

**EMPLOYER'S ANSWER / STATUS OF EMPLOYEE**

☐ The Employee is currently employed. First withholding date: _____

☐ The Employee has never been employed by this company.

☐ The Employee was previously employed, but terminated/resigned active employment on: _____

☐ The Employee's earnings are not subject to garnishment because: _____

☐ Other active wage assignments, garnishments, or child support orders are currently in effect and take priority (Detail below):

| | | | |
|---|---|---|---|
| **Prior Order Court/Case No:** | | **Amount Withheld:** | |

**CALCULATION OF GARNISHMENT AMOUNT (PER PAY PERIOD)**

| | | |
|---|---|---|
| **Pay Period Frequency:** | ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly | |
| 1. Gross Earnings for pay period: | | $ |

| | | |
|---|---|---|
| 2. Mandatory Deductions (Federal/State Tax, FICA, Medicare, Local Taxes, Pension): | | $ |
| **3. Disposable Earnings (Subtract Line 2 from Line 1):** | | **$** |
| 4. Statutory Exemption Amount / Limit: | | $ |
| **5. Total Amount Subject to Withholding (Lesser of calculated limits):** | | **$** |
| 6. Amount Withheld for this pay period: | | $ |

**CERTIFICATION AND SIGNATURE**

*I declare under penalty of perjury that I have examined this return, and to the best of my knowledge and belief, the information provided herein is true, correct, and complete.*

Authorized Employer Representative Signature

Printed Name & Title

Date