

CHILD SUPPORT GARNISHMENT PAYROLL LEDGER

Confidential Payroll Records

EMPLOYER INFORMATION

COMPANY NAME

FBN

ADDRESS

CONTACT PERSON

PHONE/ EMAIL

EMPLOYEE & CASE INFORMATION

EMPLOYEE NAME

EMPLOYEE SSN

CASE/ CAUSE NUMBER

ISSUING STATE/ AGENCY

WITHHOLDING AMOUNT

[illegible]

PAY DATE	PAY PERIOD START	PAY PERIOD END	GROSS EARNINGS	DISPOSABLE EARNINGS	CALCULATED WITHHOLDING	ACTUAL AMOUNT WITHHELD	DATE REMITTED	CHECK/ EFT REF #

I hereby certify that the above figures represent accurate calculations and withholdings as ordered by the court.

Authorized Payroll Representative Signature

Date