EMPLOYER GARNISHMENT AND EARNINGS DEDUCTION RETURN

STANDARD RETURN FORM

CASE INFORMATION

Court / Issuing Agency:	
Case / Reference Number:	
Creditor / Plaintiff:	

EMPLOYER & EMPLOYEE INFORMATION

Employer Name:	
Employer FEIN:	
Employer Address:	
Employee Name:	
Employee SSN (Last 4):	

EARNINGS & DEDUCTION WORKSHEET

Item	Description	Amount
1.	Gross Pay for Pay Period (Ending: _____)	$
2.	Federal Income Tax Withheld	$
3.	State & Local Income Tax Withheld	$
4.	FICA (Social Security & Medicare)	$
5.	Other Statutory Deductions Required by Law	$
6.	**Total Statutory Deductions (Sum of Lines 2 through 5)**	**$**
7.	**Disposable Earnings (Line 1 minus Line 6)**	**$**
8.	Maximum Allowable Garnishment (Percentage / Limit applicable)	$
9.	Prior Ordered Garnishments / Higher Priority Deductions	$
10.	**Amount Withheld and Remitted for This Case**	**$**

EMPLOYER CERTIFICATION & SIGNATURE

I hereby certify under penalty of perjury that the information contained in this return is true, correct, and complete to the best of my knowledge and belief, and that the deductions have been calculated in accordance with applicable federal and state laws.

_____ _____

Authorized Signature of Employer | Date

_____ _____

Printed Name and Title | Phone Number