

# EMPLOYEE FEDERAL TAX LEVY WITHHOLDING WORKSHEET

In Reference to IRS Form 668-W (Parts 1 & 3)

## SECTION 1: GENERAL INFORMATION

Employee Name \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_

Date Notice of Levy Received \_\_\_\_\_

Payroll Period Ending Date \_\_\_\_\_

Pay Frequency (e.g., Weekly, Bi-weekly, Monthly) \_\_\_\_\_

## SECTION 2: CALCULATION OF EXEMPT AMOUNT (USING IRS PUB. 1494 TABLE)

Refer to the current year IRS Publication 1494 to determine the exempt amount based on filing status, frequency, and verified exemptions.

Filing Status (on Form 668-W Parts 3 & 4) \_\_\_\_\_

Number of Exemptions Claimed \_\_\_\_\_

Additional Exemptions (Age 65+ / Blind) \_\_\_\_\_

Line Item Description	Amount (\$)
A. Base Exempt Amount (From IRS Publication 1494 Table)	
B. Additional Exempt Amount (If applicable, e.g., verified blind/elderly exemptions)	
C. TOTAL EXEMPT AMOUNT (Sum of Lines A and B)	

## SECTION 3: CALCULATION OF TAKE-HOME PAY

Only enter deductions that are legally allowed and in effect BEFORE the date the levy was received.

Gross Earnings for Pay Period	Amount (\$)
Gross Pay (Salary, Hourly, Commission, Overtime, etc.)	
<b>ALLOWABLE DEDUCTIONS</b>	
1. Federal Income Tax Withholding	
2. Social Security Tax (FICA)	
3. Medicare Tax	
4. State Income Tax Withholding	
5. Local / City Tax Withholding	
6. Retirement / Pension Contributions (Mandatory only)	
7. Pre-existing Court-Ordered Child Support / Alimony (Prior to levy date)	

Gross Earnings for Pay Period	Amount (\$)
8. Pre-existing Health Insurance Premiums	
9. Other Authorized Deductions (Specify: _____)	
<b>Total Allowable Deductions (Sum of Lines 1 through 9)</b>	
<b>NET TAKE-HOME PAY (Gross Pay minus Total Allowable Deductions)</b>	

**SECTION 4: LEVY WITHHOLDING CALCULATION**

1. Net Take-Home Pay (From Section 3)	
2. LESS: Total Exempt Amount (From Section 2, Line C)	
<b>3. TOTAL FEDERAL TAX LEVY AMOUNT TO WITHHOLD (Line 1 minus Line 2)</b>	

*\*Note: If Line 3 is zero or negative, no amount should be withheld for this payroll period.*

Prepared By (Payroll Representative Name)

Signature

Date

Approved By (Supervisor / HR Manager Name)

Signature

Date