

# STATE TAX LEVY GARNISHMENT STATEMENT

Payroll Withholding & Remittance Form

## 1. ADMINISTRATIVE INFORMATION

State Levying Agency:		Date of Notice:	
Case / Levy Number:		Total Levy Amount Owed:	
Employer Name:			
Employer FEIN:		Contact Phone:	
Employee Name:			
Employee SSN:		Pay Period End Date:	

## 2. WITHHOLDING CALCULATION WORKSHEET

Description	Amount (\$)
<b>1. Gross Earnings for Pay Period</b>	
<b>2. Mandatory Deductions:</b>	
a. Federal Income Tax	
b. Social Security (FICA)	
c. Medicare	
d. State Income Tax	
e. Local Income Tax	
f. Statutory Retirement / Pension Contribution	
<b>3. Total Mandatory Deductions</b> (Sum of 2a through 2f)	
<b>4. Disposable Earnings</b> (Subtract Line 3 from Line 1)	
<b>5. Exempt Amount</b> (Refer to state-specific table/exemptions)	
<b>6. Net Amount Subject to Levy</b> (Subtract Line 5 from Line 4)	
<b>7. Amount Withheld and Remitted for This Period</b> (Lesser of Line 6 or remaining balance owed)	

## 3. EMPLOYER CERTIFICATION

I hereby certify that the information entered on this statement is true, correct, and complete to the best of my knowledge. The withholding amount has been calculated and deducted in accordance with the applicable state tax levy requirements and laws.

\_\_\_\_\_  
Authorized Employer Representative Signature

\_\_\_\_\_  
Date