

Wage Garnishment Transmittal Form

Employer Information

Client Name: _____

Form Submitted By: _____

Date Sent: _____

Garnished Employee Information

Employee Name: _____

SSN: _____

Other Garnishments No Yes *If Yes, please briefly this employee's other garnishments below.*

Garnishment Information

Garnishment Status: New Amended Terminated

Type of Garnishment: Child Support Tax Levy Bankruptcy General Creditor

Amt. Each PAY PERIOD: Flat Amount: \$ _____

Percentage: _____ % Percentage Applied To: % of Disposable % of Net % of Gross

Remittance Info

Payable To: _____

Address: _____

City, State, Zip Code: _____

Case # (if any) _____

Notes: _____
