

MAR 14 2014

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION OF IWO

Date: 03/13/2014

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/ Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory COLORADO Remittance Identifier (include w/payment) 13507298
 City/County/Dist./Tribe PUEBLO Order Identifier 08101113DR030116
 Private Individual/Entity _____ CSE Agency Case Identifier 13507298

CORSENTINO CONSTRUCTION		RE: MARSHALL, MICHAEL
Employer/Income Withholder's Name		Employee/Obligor's Name (Last, First, Middle) <u>526-91-5200</u>
Employer/Income Withholder's Address <u>1989 ASPEN CIR</u> <u>PUEBLO, CO 81006-1409</u>		Employee/Obligor's Social Security Number WILLIAMS, COURTNEY
Employer/Income Withholder's Federal FEIN	<u>00-0000000</u>	Custodial Party/Obligee's Name (Last, First, Middle)
Child(ren)'s Name(s) (Last, First, Middle) <u>MARSHALL, NEVAEH</u>	Child(ren)'s Birth Date(s) <u>07/22/2011</u>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

ORDER INFORMATION: This document is based on the support or withholding order from COLORADO. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ <u>375.00</u>	Per	<u>Month</u>	current child support
\$ <u>46.82</u>	Per	<u>Month</u>	past-due child support - Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
\$ _____	Per	_____	current cash medical support
\$ _____	Per	_____	past-due cash medical support
\$ _____	Per	_____	current spousal support
\$ _____	Per	_____	past-due spousal support
\$ <u>35.15</u>	Per	<u>Month</u>	other (must specify) Amount needed so full \$ is withheld

for a Total Amount to Withhold of \$456.97 per Month.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ <u>105.45</u>	per weekly pay period	\$ <u>210.91</u>	per semimonthly pay period (twice a month)
\$ <u>210.91</u>	per biweekly pay period (every two weeks)	\$ <u>421.82</u>	per monthly pay period

\$ _____ LUMP SUM PAYMENT Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is COLORADO, you must begin withholding no later than the first pay period that is due. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 60% of disposable income for all orders. If the employee/obligor's principal place of employment is not COLORADO, obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.