

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date: 10/30/2024

☐ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)☒ AMENDED IWO☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT☐ TERMINATION OF IWO☒ Child Support Agency (CSA) ☒ 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 www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Michigan

Remittance ID (include w/payment) 912870261

City/County/Dist./Tribe Eaton County Friend of the Court

Order ID 2013000698

Private Individual Entity

Case ID 912870261

II. Employer and Case Information: (Completed by the Sender)

LLPS INC

RE: STENZEL, JOSEPH, LUKE

Employer/Income Withholder's Name

Employee/Obligor's Name (Last, First, Middle)

5859 W SAGINAW HWY

376-02-0594

Employer/Income Withholder's Address

Employee/Obligor's Social Security Number

BOX 343

04/07/1986

LANSING, MI 48917-2460

Employee/Obligor's Date of Birth

STEHOUWER, KRISTYN, LYNN

Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN 383468792

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

STEHOUWER, ASHTON, JAMES

07/29/2011

III. Order Information: (Completed by the Sender)

This document is based on the support order from Michigan (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 344.00 Per month current child support

\$ 0.00 Per month past-due child support - Arrears greater than 12 weeks? ☒ Yes ☐ No

\$ 13.00 Per month current cash medical support

\$ 0.00 Per month past-due cash medical support

\$ 0.00 Per month current spousal support

\$ 0.00 Per month past-due spousal support

\$ 53.50 Per month other (must specify) Arrears and/or Fees

for a Total Amount to Withhold of \$410.50 per MONTH.

IV. Amounts to Withhold: (Completed by the Sender)

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:

\$94.37 per weekly pay period \$205.25 per semimonthly pay period (twice a month)

\$188.74 per biweekly pay period (every two weeks) \$410.50 per monthly pay period

\$ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

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☒ AMENDED IWO

☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

☐ TERMINATION OF IWO

☒ Child Support Agency (CSA) ☒ 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 www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Michigan

Remittance ID (include w/payment) 911954555

City/County/Dist./Tribe Ingham County Friend of the Court

Order ID 2005002970

Private Individual Entity _____

Case ID 911954555

II. Employer and Case Information: (Completed by the Sender)

LLPS INC

RE: STENZEL, JOSEPH, LUKE

Employer/Income Withholder's Name

Employee/Obligor's Name (Last, First, Middle)

5859 W SAGINAW HWY

376-02-0594

Employer/Income Withholder's Address

Employee/Obligor's Social Security Number

BOX 343

04/07/1986

LANSING, MI 48917-2460

Employee/Obligor's Date of Birth

WERTZBAR, MICHELLE, LOUISE

Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN 383468792

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

STENZEL, CAMERON, JOSEPH

07/08/2005

III. Order Information: (Completed by the Sender)

This document is based on the support order from Michigan (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 0.00 Per month current child support

\$ 0.00 Per month past-due child support - Arrears greater than 12 weeks? ☒ Yes ☐ No

\$ 0.00 Per month current cash medical support

\$ 0.00 Per month past-due cash medical support

\$ 0.00 Per month current spousal support

\$ 0.00 Per month past-due spousal support

\$ 313.50 Per month other (must specify) Arrears and/or Fees

for a **Total Amount to Withhold** of **\$313.50** per **MONTH**.

IV. Amounts to Withhold: (Completed by the Sender)

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:

\$ 72.07 per weekly pay period \$ 156.75 per semimonthly pay period (twice a month)

\$ 144.14 per biweekly pay period (every two weeks) \$ 313.50 per monthly pay period

\$ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.