

**UNITED STATES GOVERNMENT
WAGE GARNISHMENT ORDER (SF-329B)**



1. Date of this Order: 12/24/2019	2. Date Mailed to Employer: 12/26/2019	3. Creditor Agency Tracing No. (refer to this number in all correspondence): 1029965052
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RE:

4. Employee Name: JOSEPH C AUSTIN	5. Employee Social Security No.: 384-82-8843
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TO:

6. Employer: LABOR LAW POSTER SERVICES	7. Employer Mailing Address (include street address, P.O. Box, suite no., city, state, zip code): MIKE ATTN HUMAN RESOURCES /MIKE 5859 W SAGINAW HWY # 343 LANSING MI 48917-2460
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FROM:

8. Creditor Agency: CENTRAL RESEARCH	9. Creditor Agency Mailing Address (include street address, city, state, zip code): U.S. DEPARTMENT OF EDUCATION AWG P.O. BOX 790356 ST. LOUIS, MO 63179-0356
10. Contact Name: CENTRAL RESEARCH	11. Telephone No.: 844-804-8467
12. Internet e-mail address:	13. Fax No.:

14. Amount Due: \$7,723.98	15. As of (Month/Day/Year): 12/26/2019
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Note: The amount due may be increased as a result of additional interest, penalties, and other costs being assessed by the Creditor Agency.

Section 1. ORDER. YOU, the Employer, are hereby ORDERED to deduct from all disposable pay paid by you to the Employee the Wage Garnishment Amount described in Section 2 of this Order. You are ordered to begin deductions on the first pay day after you receive this Order. If the first pay day is within 10 days after you receive this Order, you may begin deductions on the second pay day after you receive this Order. You are ordered to continue deductions until you receive notification from the Creditor Agency to suspend or discontinue deductions. YOU are further ORDERED to pay the Creditor Agency all Wage Garnishment Amounts deducted by you under

this order within three (3) business days of the withholding. Employers are encouraged to make payments electronically, if possible, as follows:

16. ABA Routing No.: N/A	17. Account No.: N/A	18. Agency Location Code (ALC) No.: N/A
19. Account Title: N/A	20. Other information required (i.e., tracking no., debtor name, etc.): N/A	

Otherwise, mail checks (postmarked with 3 business days of the withholding) to:

21. Mailing address for check payments:

**US DEPARTMENT OF EDUCATION AWG
PO BOX 790356
ST LOUIS, MO 63179-0356**

Section 2. WAGE GARNISHMENT AMOUNT.

(a) The Wage Garnishment Amount is \$ _____ per pay period in accordance with an agreement between the Creditor Agency and the Employee.

-OR-

(b) The Wage Garnishment Amount for each pay period is the lesser of:

(1) 15 % of the Employee's disposable pay (*not to exceed 15%*);

(2) the garnishment amount set forth in 15 U.S.C. 1673(a)(2) (the amount by which the employee's disposable pay exceeds an amount equivalent to 30 times the minimum wage); or

(3) 25% of the Employee's disposable pay less the amounts withheld under the withholding orders with priority. A withholding order with priority is a valid, legally enforceable withholding order that either (1) was received by the Employer prior to this Order, or (2) is an order for family support regardless of date received. Upon termination of any withholding order with priority or upon receipt of an order for family support subsequent to the receipt of this Order, the amount withheld for this order shall be recalculated based on the formula described in this Section 2(b).

Note: The Employer may use the attached Wage Garnishment Worksheet to calculate the Wage Garnishment Amount.

CREDITOR AGENCY CERTIFICATION. The **CREDITOR AGENCY** hereby certifies that this Order is issued in accordance with the requirements of 31 U.S.C. 3720D and 31 C.F.R. 285.11 and is mailed to the Employer on the date shown above.

Mark LaVia

CREDITOR AGENCY SIGNATURE

Print Name: Mark LaVia

WAGE GARNISHMENT WORKSHEET (SF-329C)

Notice to Employers: The Employer may use a copy of this Worksheet each pay period to calculate the Wage Garnishment Amount to be deducted from a debtor's disposable pay. Disposable pay includes, but is not limited to, salary, overtime, bonuses, commissions, sick leave and vacation pay. **If section 2(a) of the Wage Garnishment Order specifies the dollar amount to be garnished, the employer does not need to complete this Worksheet.**



Debtor Name JOSEPH C AUSTIN

Social Security Number 384-82-8843

Pay Period Frequency (Select One):

* Weekly or less * Every other week * Two times per month * Monthly * Other (Specify: _____)

DISPOSABLE PAY COMPUTATION

1.	Gross Amount paid to Employee		
2.	Amounts Withheld:		
a.	Federal income tax		
b.	F.I.C.A. (social security)		
c.	Medicare		
d.	State tax (including income tax, unemployment, disability)		
e.	City/Local tax		
f.	Health insurance premiums		
g.	Involuntary retirement or pension plan payments		
3.	Total allowable deductions [Add lines a - g]		
4.	DISPOSABLE PAY [Subtract line 3 from line 1]		

WAGE GARNISHMENT AMOUNT COMPUTATION

If the Employee's wage are not subject to any withholding orders with priority, skip to line 8.

5.	25% of Disposable Pay [Multiply line 4 by .25]	
6.	Total Amounts Withheld Under Other Wage Withholding Orders with Priority. See section 2(b) of the Order.	
7.	Subtract line 6 from line 5 [If line 6 is more than line 5, enter zero]	
8.	Multiply the percentage from section 2(b)(1) of the Order by line 4. (The percentage from section 2(b)(1) of the Order may not exceed 15%). <u>Example:</u> If the percentage from section 2(b)(1) of the Order is 15%, multiply .15 by line 4.	
9.	Amount equivalent to 30 times the Federal Minimum wage (\$7.25) If the employee is paid Line 9 is If the employee is paid Line 9 is Weekly or less 217.50 2x per month 471.25 Every other week 435.00 Monthly 942.50	
10.	Subtract line 9 from line 4 [if line 9 is more than line 4, enter zero]	
11.	WAGE GARNISHMENT AMOUNT Line 7, 8, or 10, whichever amount is the smallest	