

**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

## 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.	<b>DISPOSABLE PAY</b> [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 <u>Line 9 is</u> If the employee is paid <u>Line 9 is</u> 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.	<b>WAGE GARNISHMENT AMOUNT</b> Line 7, 8, or 10, whichever amount is the smallest	