

Wage Garnishment Transmittal Form

Client Name : _____

Submitted By: _____

Date: _____

Garnished Employee Info

Employee Name: _____

SSN: _____

Other Garnishment Yes No If Yes, describe below:

Garnishment Info - Please Include a Copy of The Garnishment Order

Status: New Amended Terminated

Type: Child Support Tax Levy Bankruptcy General Creditor

Amount Each Pay Period: \$ _____ - or - Percentage _____%

Remittance Info

Payable To: _____

Address: _____

Address: _____

City/State/Zip: _____

Case #: _____

Notes/Comments:

