



TEST EMPLOYER LLC
789 MAIN STREET
PHILADELPHIA PA 17895

Date Issued 12/14/2021

Letter ID L0000474844

FEIN **_***1199

Official Notice of Wage Garnishment

One of your employees owes unpaid state taxes to the Pennsylvania Department of Revenue.

Why you are receiving this notice

If you have any questions regarding this notice, please contact the department using the information provided.

Bureau of Compliance, Wage
Garnishment/Bank Attachments
(717) 425-2495 Extension 91130
(717) 214-5847 (F)

Email: RA-COMPWAGEFAX@pa.gov

Attached to this notice is an Administrative Wage Garnishment Order and an Employer Certification Form that will aid you in withholding the appropriate amount of the Garnishee's wages to fulfill the unpaid liability.

Thank you for your assistance in resolving this unpaid liability.

What you need to do

Please complete the included Employer Certification Form and return it to the department. You must implement this garnishment action within 60 days of the Date Issued printed on this notice.

Further instruction can be found on the included pages. Additional information may be found on the department's website at www.revenue.pa.gov and searching "wage garnishment."

Please retain this notice for your records.

Test Print

**Official Notice of Administrative
Wage Garnishment Order**

Please retain a copy of this notice for your records.

Garnishment Information

1. **Date of this order**
14-Dec-2021
2. **Garnishment ID**
71146

Employee Information

3. **Employee Name**
TEST TAXPAYER
4. **Employee SSN**
XXX-XX-1111
5. **Total Due**
\$3,317.46

The Amount Due may be increased as a result of additional interest, penalties, and other costs being assessed by the department.

Employer Information

6. **Employer Name**
TEST EMPLOYER LLC
7. **Employer Mailing Address**
TEST EMPLOYER LLC
789 MAIN STREET
PHILADELPHIA PA 17895

Department Information

Bureau of Compliance

Phone: (717) 425-2495 Extension 91130
Fax: (717) 214-5847

Email: RA-COMPWAGEFAX@pa.gov

Wage Garnishment Section
PO Box 280948
Harrisburg, PA 17128-0948

Section 1. Order

You, as the referenced Employer, are hereby ordered pursuant to Act 46 of 2003, (72 P.S. § 10003.15), by the Pennsylvania Department of Revenue to deduct from all gross wages paid by you, or any payroll servicing firm operating as your Agent, from the above-referenced EMPLOYEE wages and to remit, through garnished periodic payments to the Pennsylvania Department of Revenue the amount stated on Line 5 of this Order.

To avoid collection actions against you, the EMPLOYER, are hereby directed to implement this wage garnishment action within 60 days of the Order. You are further ordered to continue to make periodic deductions and remittances until you receive written notification from the Department to cease, suspend, or modify such deductions. Once the garnishment has been implemented, the Department expects the receipt of all subsequent periodic garnishments to be remitted to the Department within three business days of the payment being withheld from the wages of the EMPLOYEE who is the subject of this administrative wage garnishment order.

Section 2. Wage Garnishment Amount

The Wage Garnishment Amount is 10 percent of the employee's gross wages. Employers reserve the right to retain 2 percent of the garnished wages as an administrative fee.

Section 3. Terms of Payment

10 percent of the employee's gross wages for each subsequent pay period, until the total amount due plus further accrued interest and any further accrued penalty, is fully paid. The first garnishment under this Order must commence within no more than 60 days of this administrative order. Subsequent garnishments should be remitted within three business days of the respective pay date. Please note that you do not need to alter your current payment schedule.

Wage payments made to the employee who owes the Commonwealth delinquent state taxes which do not provide for this garnishment will be a violation of this administrative order and shall make the employer personally liable for the sums released and will subject the employer to additional penalties.

If your company no longer employs the employee, please contact the Wage Garnishment Representative Section using the contact information provided.

Section 4. Payment Instructions

Employers make their remittances by going to my.path.pa.gov. You will need the Letter ID, Garnishment ID, and taxpayer's last digits of their SSN to submit a payment.

Payment may be made via check with the included voucher to the address shown on the voucher. Please make copies of the included voucher, as additional vouchers will not be provided by the department.

Note: If you have multiple garnishees that you are submitting payments for, please send separate checks and separate vouchers for each of the garnishees.

Department Certification

The Pennsylvania Department of Revenue hereby certifies that this Order is issued in accordance with the provision of Act No. 46 of 2003 (72 P.S. § 10003.15), effective December 23, 2003, and is mailed to the Employer on the date provided.

Employer Certification Notice

Why you are receiving this notice

If you have any questions regarding this notice, please contact the department using the information provided.

Bureau of Compliance, Wage
Garnishment/Bank Attachments
(717) 425-2495 Extension 91130
(717) 214-5847 (F)

Email: RA-COMPWAGEFAX@pa.gov

Please complete this form and return it to the Pennsylvania Department of Revenue via email or fax.

If unable to email or fax, you may remit to the address provided.

Pennsylvania Department of Revenue
Bureau of Compliance
Wage Garnishment Section
PO BOX 280948
Harrisburg, PA 17128-0948

Garnishment Information

1. **Date of this order**
14-Dec-2021

2. **Garnishment ID**
71146

Employee Information

3. **Employee Name**
TEST TAXPAYER

4. **Employee SSN**
XXX-XX-1111

Employer Information

5. **Employer Name**
TEST EMPLOYER LLC

6. **Employer Taxpayer Identification Number**
XXX-XX-1199

The below sections are to be completed by the Employer

7. The Employer received the Wage Garnishment Order concerning the Employee on the following date:

8. Check one of the following

The referenced Employee is currently employed by the Employer

The referenced Employee is NOT currently employed by the Employer (complete next section)

Employee Termination Date _____

Employee's Current Employer _____

Employee's Address and Telephone Number at Termination Date

Address _____

Phone _____

If the Employee is no longer employed by the Employer, the Employer does not need to complete the remainder of this Certification. Sign and date this Certification and return to the Pennsylvania Department of Revenue.

9. Pay Period Frequency

Weekly or less Bi-weekly

Semi-monthly Monthly

Other _____

10. What date will the first payment be withheld? _____

11. Payment type? myPATH Check

The person signing below certifies that he or she is a duly authorized representative of the Employer, and that the above information is accurate to the best of his or her knowledge and belief.

Signature _____

Print Name _____

Email _____

Phone _____ Fax _____

Date _____

Updates regarding this garnishment will be communicated via the contact information provided in this section.

Test Print

PATH PAYMENT COUPON

pL002 : 10
L0000474844

Pay online for free at <https://mypath.pa.gov/>.

Department of Revenue
P.O. Box 280431
Harrisburg, PA 17128-0431

Social Security Number: *** ** -1111

Media: 3239933

Amount Due: \$3,317.46

Make check or money order payable to PA Department of Revenue. Please include Social Security Number and daytime telephone number on the check.

DEPT. USE ONLY



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