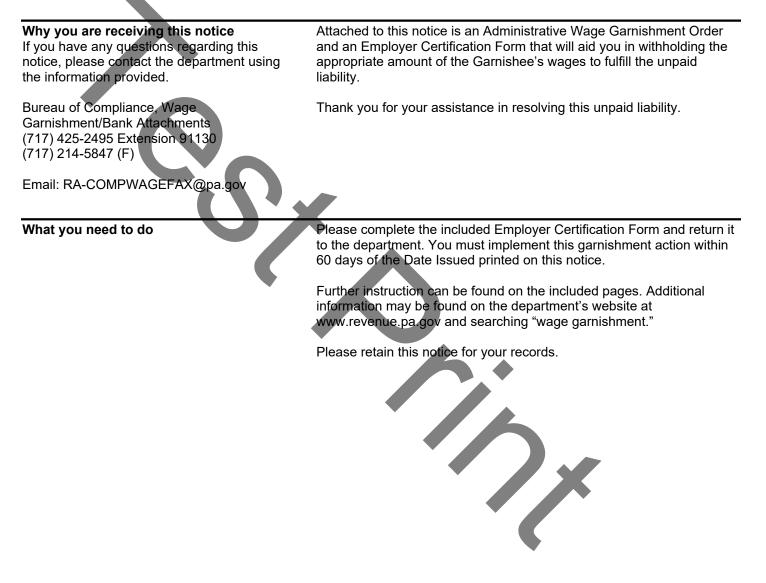
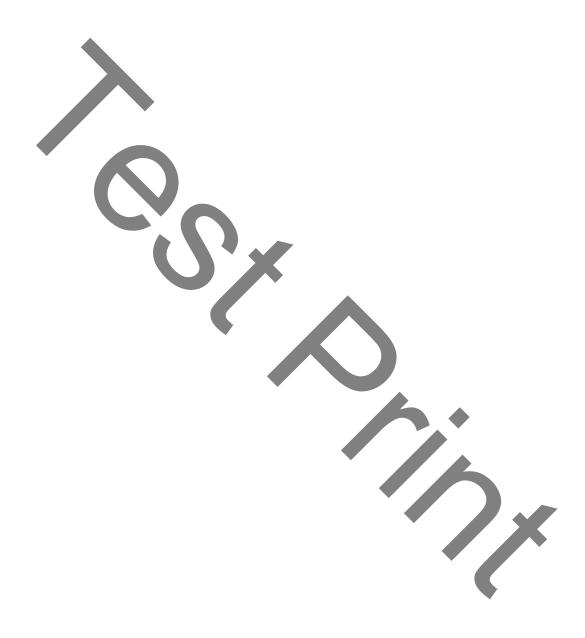


հայուլ հարոհնկակելիկուկ, հկարել լել հլիուլին	Date Issued	12/14/2021
	Letter ID	L0000474844
TEST EMPLOYER LLC 789 MAIN STREET PHILADELPHIA PA 17895	FEIN	**-***1199

Official Notice of Wage Garnishment

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





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 mypath.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.	Please complete this form and <u>return it</u> to the Pennsylvania Department of Revenue via email or fax. If unable to email or fax, you may remit to the address provided.
Bureau of Compliance, Wage Garnishment/Bank Attachments (717) 425-2495 Extension 91130 (717) 214-5847 (F)	Pennsylvania Department of Revenue Bureau of Compliance Wage Garnishment Section PO BOX 280948 Harrisburg, PA 17128-0948
Email: RA-COMPWAGEFAX@pa.gov	
Garnishment Information	 Date of this order 14-Dec-2021 Garnishment ID 71146
Employee Information	 Employee Name TEST TAXPAYER 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 lessBi-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.	

PATH PAYMENT COUPON	pL002 : 10 L0000474844
Pay online for free at https://mypath.pa.gov/. Department of Revenue	Social Security Number: ***-**-1111 Media: 3239933
P.Ó. Box 280431 Harrisburg, PA 17128-0431	Amount Due: \$3,317.46
Make check or money order payable to PA Department of Revenue. Please daytime telephone number on the check.	e include Social Security Number and DEPT. USE ONLY

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