ADMINISTRATIVE
WAGE GARNISHMENT
FORM SF-329

Notice to Federal Agencies:

In addition to this coversheet, this Administrative Wage Garnishment package includes:

SF-329A Letter to Employer & Important Notice to Employer

SF-329B Wage Garnishment Order

SF-329C Wage Garnishment Worksheet

SF-329D Employer Certification

Complete instructions to Federal Agencies preparing Administrative Wage Garnishment Form SF-329 may be obtained from the Financial Management Service's web site at:* http://www.treas.gov/debt*, or by calling the Financial Management Service at (202) 874-0540.

Brief Instructions:

The Federal Agency issuing the Wage Garnishment Order is referred to as the "Creditor Agency." The Creditor Agency must complete this Administrative Wage Garnishment form and mail all parts (SF-329A, SF-329B, SF-329C, and SF-329D) of the form to the employer of the individual who owes a delinquent debt to the Federal Government. However, failure to include all parts of the form (other than the Wage Garnishment Order, SF-329B) will not invalidate the wage garnishment order. The individual who owes a delinquent debt to the Federal Government is referred to as the "employee" or the "debtor."

Letter to Employer and Important Notice to Employer (SF-329A): The Creditor Agency is not required to insert any information on the Letter to the Employer & Important Notice to the Employer. The Creditor Agency must include this Letter as part of the Administrative Wage Garnishment Form mailed to employers when issuing a wage garnishment order.

(see reverse for additional information)

ADMINISTRATIVE
WAGE GARNISHMENT
FORM SF-329

Notice to Federal Agencies (cont.):

Brief Instructions (cont.):

Wage Garnishment Order (SF-329B): This Wage Garnishment Order is to be completed by the Federal Agency issuing the Wage Garnishment Order, and must be included as part of the form mailed to employers.

Section 2. Wage Garnishment Amount: If the agency and the debtor have agreed to an exact dollar amount to be deducted from the debtors's wages, insert the dollar amount in section 2(a). If section 2(a) is completed, the agency should skip section 2(b) and proceed to *Creditor Agency Certification.*

If section 2(a) is not completed, the agency must complete section 2(b)(1). Insert the percentage of the debtor's disposable pay that the employer is ordered to deduct. **The percentage will be 15% unless the agency either agrees to a lower percentage or is ordered by a hearing official to accept a lower percentage, e.g. 10%.**

Creditor Agency Certification: The head of the agency, or his or her delegatee, must sign the Wage Garnishment Order. In addition, the signatory's printed name and title should be printed or typed where indicated.

Wage Garnishment Worksheet (SF-329C): The Creditor Agency is not required to insert any information on the Wage Garnishment Worksheet. The Creditor Agency must include this blank Wage Garnishment Worksheet as part of the Administrative Wage Garnishment form mailed to employers when issuing a wage garnishment order.

Employer Certification (SF-329D): The Creditor Agency must complete the top part of the Employer Certification where indicated, and include the Employer Certification as part of the Administrative Wage Garnishment form mailed to employers. Employers are required to complete the form and return it to the creditor agency within 20 days of receipt.

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LETTER TO EMPLOYER & IMPORTANT NOTICE TO EMPLOYER

Dear Employer,

One of your employees has been identified as owing a delinquent nontax debt to the United States. The Debt Collection Improvement Act of 1996 (DCIA) permits Federal agencies to garnish the pay of individuals who owe such debt without first obtaining a court order. Enclosed is a Wage Garnishment Order directing you to withhold a portion of the employee's pay each pay period and to forward those amounts to us. We have previously notified the employee that this action was going to take place and have provided the employee with the opportunity to dispute the debt.

As both a businessperson and a taxpayer you can understand and appreciate the importance of ensuring that duly owed debts do not go unpaid. Your cooperation in complying with the enclosed Wage Garnishment Order will assist in our efforts to collect the billions of dollars in delinquent nontax debt owed to the United States. A Wage Garnishment Worksheet is enclosed to assist you in determining the proper amount to withhold.

Please read the enclosed documents carefully. They contain important information concerning your responsibilities to comply with this Order. If you have any questions, please call the contact name listed on the Order.

Thank you for your cooperation.

See reverse for Important Notice to Employer.

Enclosures: Wage Garnishment Order (SF-329B)
Wage Garnishment Worksheet (SF-329C)
Employer Certification (SF-329D)

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Notice to Federal Agencies: *Complete instructions to Federal Agencies preparing Administrative Wage Garnishment forms may be obtained from the Financial Management Service's web site at* http://www.treas.gov/debt

IMPORTANT NOTICE TO EMPLOYER

FEDERAL LAW (31 U.S.C. § 3720D, 31 C.F.R. § 285.11) PROVIDES:

1. Federal law supersedes State law. Federal law applies to wage garnishment pursuant to the Wage Garnishment Order notwithstanding State law.

2. Disposable pay. For purposes of the Wage Garnishment Order, "disposable pay" means the employee's compensation (including, but not limited to, salary, overtime, bonuses, commissions, sick leave and vacation pay) from an employer after the deduction of health insurance premiums and any amounts required by law to be withheld. Proper deductions include Federal, State, and local taxes, State unemployment and disability taxes, social security taxes, and involuntary pension contributions, but do not include voluntary pension or retirement plan contributions, union dues, or amounts withheld pursuant to a court order, and the like. A Wage Garnishment Worksheet is included with the Wage Garnishment Order to assist the employer in calculating disposable pay and the wage garnishment amount.

3. Multiple Withholding Orders. If in addition to the Wage Garnishment Order you, as employer, are served with other withholding orders pertaining to the same employee, then you may withhold sufficient amounts to satisfy the multiple withholding orders simultaneously, up to the maximum amount of 25%. The Wage Garnishment Order should be paid before garnishment or withholding orders that you receive after you receive this one, EXCEPT that family support orders always should be paid first. Upon termination of the family support or prior withholding order(s), the amount withheld for the Wage Garnishment Order shall be increased to the amount stated in Section 2 of the Wage Garnishment Order.

4. Pay cycles. An employer is not required to vary its normal pay and disbursement cycles to comply with the Wage Garnishment Order.

5. **Failure to comply. AN EMPLOYER WHO FAILS TO COMPLY WITH THE WAGE GARNISHMENT ORDER SHALL BE LIABLE FOR ANY AMOUNTS THAT THE EMPLOYER FAILS TO WITHHOLD UNDER THE WAGE GARNISHMENT ORDER, PLUS ATTORNEY'S FEES AND COSTS INCURRED BY THE CREDITOR AGENCY TO ENFORCE THE WAGE GARNISHMENT ORDER. IN ADDITION, THE EMPLOYER WHO FAILS TO COMPLY WITH THE WAGE GARNISHMENT ORDER MAY BE LIABLE FOR PUNITIVE DAMAGES AS DETERMINED BY A COURT OF COMPETENT JURISDICTION.**

6. **No retaliation. AN INDIVIDUAL MAY SUE ANY EMPLOYER WHO DISCHARGES FROM EMPLOYMENT, REFUSES TO EMPLOY, OR TAKES DISCIPLINARY ACTION AGAINST AN INDIVIDUAL SUBJECT TO A WAGE GARNISHMENT ORDER BY REASON OF THE FACT THAT THE INDIVIDUAL'S WAGES HAVE BEEN SUBJECT TO GARNISHMENT UNDER 31 U.S.C. § 3720D. A COURT OF COMPETENT JURISDICTION SHALL AWARD ATTORNEY'S FEES TO A PREVAILING EMPLOYEE, AND, IN ITS DISCRETION, MAY ORDER REINSTATEMENT OF THE INDIVIDUAL, AWARD PUNITIVE DAMAGES AND BACK PAY TO THE EMPLOYEE, OR ORDER SUCH OTHER REMEDY AS MAY BE REASONABLY NECESSARY.**

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

1. Date of this Order:	2. Date Mailed to Employer:	3. Creditor Agency Tracing No. (refer to this number in all correspondence):

RE:

4. Employee Name:	5. Employee Social Security No.:

TO:

6. Employer:	7. Employer Mailing Address (include street address, p.o. box, suite no., city, state, zip code):

FROM:

8. Creditor Agency:	9. Creditor Agency Mailing Address (include street address, city, state, zip code):
10. Contact Name:	11. Telephone No.:
12. Internet e-mail address:	13. Fax No.:

14. Amount Due: $	15. As of (Month/Day/Year):

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

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Notice to Federal Agencies: *Complete instructions to Federal Agencies preparing Administrative Wage Garnishment forms may be obtained from the Financial Management Service's web site at* http://www.treas.gov/debt

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

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

21. Mailing address for check payments:

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) 0% % of the Employee's disposal 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 herby 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.

_____ Title _____

CREDITOR AGENCY SIGNATURE

Print Name: _____

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 completed this Worksheet.**

Debtor Name _____

Social Security Number _____

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%). Example: 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 ($5.15) If the employee is paid — Line 9 is Weekly or less — 154.50 Every other week — 309.00 If the employee is paid — Line 9 is 2x per month — 334.75 Monthly — 669.50	
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	

EMPLOYER CERTIFICATION (SF-329D)

NOTICE TO EMPLOYERS: THE EMPLOYER MUST COMPLETE AND RETURN THIS CERTIFICATION TO THE CREDITOR AGENCY WITHIN 20 DAYS OF RECEIPT.

To be completed by Creditor Agency:

Date of this Order:	Date Mailed to Employer:	Creditor Agency Tracking No.:

Creditor Agency:	Creditor Agency Mailing Address (include street address, city, state, zip code):

Employee Name:	Employee Social Security No.:

The remainder of the Employer Certification is to be completed by Employer:

Employer Name:		Employer Taxpayer Identifying Number:
Employer Address (for correspondence regarding garnishment):		Employer Contact Name:
Employer Telephone Number	Employer Fax Number	Employer E-Mail Address

Note: The employer Taxpayer Identifying Number, required by 31 U.S.C. § 7701(c), will be used to collect and report any delinquent amounts owed by the Employer under this Order.

1. The Employer received the Wage Garnishment Order concerning the above named _____.
   (Date)

2. *Check one of the following:*
   a. ____ The above named Employee is currently employed with this Employer, or
   b. ____ The above named Employee is no longer employed by this Employer.

   Please provide the following information for employees no longer employed:

Employment Termination Date:	Employee's current employer (if known):
Employee's last know address and telephone no. (if known)	

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STANDARD FORM 329D (Rev. 12/2002)
Prescribed by 31 CFR 285.11

Note: If the Employee is no longer employed with this Employer, the Employer does not need to complete the rest of this Certification. Sign and date this Certification on page 2 and return to the Creditor Agency.

3. *Please provide the following information for the* ***current pay period only****. Or, you may attach a copy of a completed Wage Garnishment Worksheet to this Certification:*

Gross amount paid to Employee (indicate whether hourly, weekly, annually, etc.) $	Wage Garnishment Amount: $
Pay Interval *(Select one)*: ☐ Weekly or less ☐ Every other week ☐ Two times per month	☐ Monthly ☐ Other *(Specify)* _____

4. *If the Employee's wages are subject to withholding orders with priority, please complete the following*: A withholding order with priority is one received by the Employer prior to this Order or an order for family support received at any time. Upon termination of the family support or prior withholding order, the amount withheld for this Order shall be increased.

List All Withholding Orders With Priority	Date Served On Employer	Approx. Date Withholding Expected to End (if known)

The person signing below hereby 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 OF EMPLOYER REPRESENTATIVE DATE

Print Name: _____
Title: _____
Telephone No.: _____