

# STATE OF COLORADO



Colorado Department of Revenue  
1375 Sherman St  
Denver, CO 80261-0004



Mar 09, 2016

CORPORATE MANAGEMENT GROUP INC  
ATTN: MATT FORSS  
12000 WASHINGTON ST STE 290  
THORNTON CO 80241-3133

Letter: L1048892448  
Source: COL

## NOTICE OF LIEN & GARNISHMENT UNDER DISTRAINT ON WAGES, SALARY AND OTHER INCOME FOR COLLECTION OF DELINQUENT STATE TAXES

### GARNISHEE

GARNISHEE: Return the remittance with the enclosed payment processing document

CORPORATE MANAGEMENT GROUP INC  
ATTN: MATT FORSS  
12000 WASHINGTON ST STE 290  
THORNTON CO 80241-3133

**PAY THIS**  
**AMOUNT OF TAX: \$140.06**  
**TYPE OF TAX:** Individual Income Tax  
**LETTER ID:** L1048892448

Note: Garnishée is directed to answer the questions on the back of this form within twenty (20) days from the date of service of this order unless garnishee has delivered to the proper officer holding distraint warrant, any property in his possession belonging to, or paying to such officer any monies due to taxpayer, or by mailing same to the Colorado Department of Revenue, 1375 Sherman Street, Room 504, Denver, Colorado 80261.

As the garnishee, you are hereby notified that the State of Colorado, through the Executive Director, Department of Revenue, hereby gives notice that a lien is asserted for the amount that is owed. Although notice and demand that are required by Colorado statutes have been made, the amount owed has not been paid. This garnishment requires you to turn over to the Colorado Department of Revenue (1) this taxpayer's wages and salary which have been earned but not paid yet, as well as wages and salary earned in the future, and (2) this taxpayer's other income that you have now or for which you are obligated.

**Taxpayer:** ALONDRA K. MENDOZA

**Customer SSN/FEIN:** 534-72-5803

**Customer CO Acct #:** 23658859

You are instructed to withhold and forward to my attention 25 percent of all monies you pay to, or that is owned by, the above named taxpayer until the full amount of the garnishment is paid.

I certify that this instrument was served this 09 day of Mar, 2016.

Authorized State Revenue Agent

**COMPLETE QUESTIONS ON BACK UNLESS AMOUNT OF TAX HAS BEEN PAID.**

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**The following questions must be answered within twenty (20) days from the date of service of this order:**

Are you in any way indebted to the Taxpayer named herein?  
If yes, state nature, amount, when due, etc.

YES

NO

Is the Taxpayer named herein employed by you?

YES

NO

If you have any questions, please call 303-205-8291.



### Calculation of Disposable Income:

(1)	Gross Monies Due to Taxpayer		\$ _____
(2)	Less Federal Withholding	\$ _____	
(3)	Less State Withholding	\$ _____	
(4)	Less FICA Taxes	\$ _____	
(5)	Less Health Insurance Provided by Individual	\$ _____	
(6)	Total Lines 2, 3, 4 & 5		\$ _____
(7)	Line 1 minus Line 6		\$ _____
	Line 7 is Disposable Income		



Please photocopy for each remittance

Cut here and send only the coupon below. Help us save time and your tax dollars.

DR 0040	<b>DO NOT SEND CASH</b> Use this coupon when mailing payment OR pay online at <a href="http://www.Colorado.gov/RevenueOnline">www.Colorado.gov/RevenueOnline</a>
Colorado Department of Revenue Denver Colorado 80261-0004	<b>PAYMENT COUPON</b>
	Balance: <span style="border: 1px solid black; padding: 2px;">\$140.06</span>

**Please follow these steps:**

- Write your account number on your check.
- Enclose this coupon with your check. Do NOT staple.
- Mail and make checks payable to:  
Colorado Department of Revenue  
Denver Colorado 80261-0004

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollectible funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**Payment Type:** Garn  
**Account:** 23658859  
**Letter:** L1048892448



ALONDRA K. MENDOZA  
 240 E ILEX ST  
 MILLIKEN CO 80543-9114

**AMOUNT ENCLOSED:**

\$

**MINIMUM OWED:**

\$

140.06

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March 15, 2016

To whom it may concern,

This letter is in response to a request for employment verification for Alondra Mendoza. Alondra was employed by Corporate Management Group and assigned to work at our client site, Leanin' Tree. Date of Hire was 12/10/2015, and her first day of work was 12/14/2015. She was considered a FT (30-40 hrs per week) employee with a pay rate of \$10 per hour.

Alondra is no longer employed through CMG at this time. Her assignment ended 12/21/2015. She was hired as a seasonal employee and the project she worked on was completed.

Please feel free to contact me should you have any questions at 303-920-1425.

Sincerely,

A handwritten signature in blue ink, appearing to read "Caitlin Scholl", written in a cursive style.

Caitlin Scholl

**Corporate Management Group, Inc.**  
Administrative Assistant

Office: 303-920-1425

Fax: 303-736-7767

Email: [Caitlin@corpmgmtgroup.com](mailto:Caitlin@corpmgmtgroup.com)

