



FS#: 486139847
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P.O. BOX 12048
AUSTIN, TX 78711-2048



CHILD SUPPORT DIVISION



302435510002360103



COLORADO LIGHTING INC
ATTN: CHERYL SULLIVAN
2171 E 74TH AVE
DENVER, CO 80229-6911

Date: December 20, 2016
Custodial Parent: STEPHANIE MATA
Non-Custodial Parent: ODELIO BUENO JR
Attorney General Case #: 0011784644
Cause #: 2009EM501288

RE: ODELIO BUENO JR

Dear Employer:

Enclosed please find an Order/Notice to Withhold Income for Child Support (Administrative Writ of Withholding).

You are required to begin withholding from your employee's disposable earnings no later than the first pay period following the date this document is received by you, and pay all amounts withheld on each regular pay day, according to the terms of the Order/Notice [Texas Family Code §158.202].

If the employee's obligation changes in the future, another Order/Notice for the new amount will be sent to you.

For questions you have regarding the Order/Notice or electronic payment options, please access the Employer Handbook online at www.employer.texasattorneygeneral.gov or contact us at 1-800-850-6442.

Sincerely,

WALTER GAMBOA
CHILD SUPPORT OFFICE
106 S ST MARYS ST STE 300
SAN ANTONIO, TX 78205-3610
(800) 252-8014

Enclosures

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING NOTICE/ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO

Date: December 20, 2016

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory Texas Remittance ID (include w/ payment) 00117846442009EM5012
 City/County/Dist./Tribe 408TH JUDICIAL DISTRICT COURT BEXAR COUNTY Order ID 2009EM501288
 Private Individual/Entity _____ CSE Agency Case ID 0011784644

COLORADO LIGHTING INC

Employer/Income Withholder's Name

ATTN: CHERYL SULLIVAN
2171 E 74TH AVE
DENVER CO 80229-6911

Employer/Income Withholder's Address

840925581

Employer /Income Withholder's FEIN

Child(ren)'s Name(s) Last, First, Middle

BUENO, MARIAH J
BUENO, MARISSA L
BUENO, BRIANNA A

Child(ren)'s Birth Date(s)

04/27/06
04/27/06
08/31/07

RE: BUENO JR ODELIO

Employee/Obligor's Name (Last, First, Middle)

464-63-7309

Employee/Obligor's Social Security Number

MATA STEPHANIE LYNN

Custodial Party/Obligee's Name (Last, First, Middle)

ORDER INFORMATION: This document is based on the support or withholding order from TEXAS (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$600.00 Per monthly current child support
 \$0.00 Per monthly past-due child support - Arrears greater than 12 weeks? Yes No
 \$0.00 Per monthly current cash medical support
 \$0.00 Per monthly past-due cash medical support
 \$ _____ Per _____ current spousal support
 \$ _____ Per _____ past-due spousal support
 \$ _____ Per _____ other (must specify) _____

for a Total Amount to Withhold of \$600.00 per month.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 138.46 per weekly pay period \$ 300.00 per semimonthly pay period (twice a month)
 \$ 276.92 per biweekly pay period (every two weeks) \$ 600.00 per monthly pay period
 \$ _____ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is in Texas, you must begin withholding no later than the first pay period that occurs zero (immediately) days after the date of delivery. Send payment within two working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50% of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not Texas, obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

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Employer's Name: COLORADO LIGHTING INC
 Employee/Obligor's Name: BUENO JR, ODELIO
 CSE Agency Case Identifier: 0011784644

Employer FEIN: 840925581
 SSN: 464-63-7309
 Order Identifier: 2009EM501288

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the *Remittance ID* with the payment and if necessary this FIPS code: 4800000

Remit payment to Office of the Attorney General

At: TX CHILD SUPPORT SDU
 P O BOX 659791
 SAN ANTONIO TX 78265-9791

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if Required by State or Tribal law):	<i>Signature not required by</i>
Print Name of Judge/Issuing Official: <u>Office of the Attorney General of Texas</u>	<i>state law</i>
Title of Judge/Issuing Official: <u>Title IV-D Agency</u>	
Date of Signature: <u>December 20, 2016</u>	

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION TO EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information

Priority: Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments to SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law, if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer's Name: COLORADO LIGHTING INC

Employer FEIN: 840925581

Employee/Obligor's Name: BUENO JR, ODELIO

SSN: 464-63-7309

CSE Agency Case Identifier: 0011784644

Order Identifier: 2009EM501288

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673 (b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *REMITTANCE INFORMATION*). Disposable income is the net income after making mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Supplemental information: Non-employees' withholding limitations are the same as that for employees under Texas Family Code

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IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

This person has never worked for this employer nor received periodic income.
 This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION

To Employer/Income Withholder: If you have any questions, contact **WALTER GAMBOA** by phone at (800) 252-8014, by fax at (210) 930-3541, by e-mail or website at www.employer.texasattorneygeneral.gov

Send termination/income status notice and other correspondence to:

Office of the Attorney General
Child Support Division
Central File Maintenance
P O Box 12048
Austin, TX 78711-2048

To Employee/Obligor: If the employee/obligor has questions, contact **WALTER GAMBOA** by phone at (800) 252-8014, by fax at (210) 930-3541, by e-mail or website at <http://texasattorneygeneral.gov/cs>

The Paperwork Reduction Act of 1995

This information collection and associated response are conducted in accordance with 45CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

