

INCOME WITHHOLDING FOR SUPPORT

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

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

Date: December 29, 2016

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 Court, a copy of the underlying order must be attached.

State/Tribe/Territory: WYOMING Remittance ID (include w/payment) 221758
 City/County/Dist./Tribe: SWEETWATER Order ID 04CV-2014-595-J
 Private Individual/Entity: CSE Agency Case ID 221758

CORPORATE MANAGEMENT GROUP		RE: TISHA A NIEMIEC
Employer/Income Withholder's Name		Employee/Obligor's Name (First, MI, Last)
12000 N WASHINGTON ST		262714867
STE 350		Employee/Obligor's Social Security Number
THORNTON CO 80241		RICHARD A NIEMIEC
Employer/Income Withholder's Address		Custodial Party/Obligee's Name (First, MI, Last)
391430322		
Employer/Income Withholder's FEIN		
Child's Name (First, MI, Last)		Child's Birth Date
RICHARD A NIEMIEC JR		12/20/2001
AUNDREA R NIEMIEC		09/27/2009

ORDER INFORMATION: This document is based on the support or withholding order from WYOMING. You are required by law to deduct these amounts from employee/obligor's income until further notice.

\$ 300.00 MONTHLY	Current Child Support
\$ 75.00 MONTHLY	Past-due Child Support - Arrears greater than 12 weeks? YES
\$ 0.00 MONTHLY	Current Cash Medical Support
\$ 0.00 MONTHLY	Past-Due Cash Medical Support (Included in Past-due Child Support Total)
\$ 0.00 MONTHLY	Current Spousal Support
\$ 0.00 MONTHLY	Past-Due Spousal Support (Included in Past-due Child Support Total)
\$ 0.00 MONTHLY	Other (Must Specify) Costs (including penalties and interest if applicable)

For a Total Amount to withhold of \$375.00 MONTHLY to be forwarded to the payee below.

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:

- \$ 86.53 per weekly pay period
- \$ 173.07 per biweekly pay period (every two weeks)
- \$ 187.50 per semimonthly pay period (twice a month)
- \$ 375.00 per monthly pay period

ONE-TIME 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 Wyoming, you must begin withholding no later than the first pay period that occurs after the date of service on the payor of the income withholding order. Send payment within 7 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 2. If the employee/obligor's principal place of employment is not Wyoming, obtain withholding limitations, time requirements, and any allowable employer's 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.

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 this Remittance ID with payment: 221758

Remit payment to: Wyoming Child Support Enforcement at PO Box 1027, Cheyenne, WY 82003.

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): 
 Print Name of Judge/Issuing Official: Kristie Arneson Attorney Number: 6-4140
 Title of Judge/Issuing Official: IV-D Director Date of Signature: December 29, 2016

If the employee/obligor works in a State or 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.

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

Employer's Name: CORPORATE MANAGEMENT GROUP

Employer FEIN: 391430322

Employee/Obligor's Name: TISHA A NIEMIEC

Order Identifier: 04CV-2014-595-J

CSE Agency Case Identifier: 221758

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER 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 (USC 42 § 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 other penalties set by State or Tribal law/procedure. See Wyo. STAT. § 20-6-218.

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. See Wyo. STAT. § 20-6-218.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 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 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 that 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. See Wyo. STAT. § 20-6-218.

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 whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

CSE Agency Case Identifier: 221758

NOTIFICATION OF TERMINATION OF EMPLOYMENT 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:

If you or your employee/obligor have any questions, contact: CHILD SPPT SVCS OF WY-GREEN RI
by telephone at (307)875-4725 by fax at (307)875-4643.

Send termination/income status notice and other correspondence to:

CORPORATE MANAGEMENT GROUP
12000 N WASHINGTON ST
STE 350
THORNTON CO 80241
CHILD SPPT SVCS OF WY-GREEN RI
140 COMMERCE DR., SUITE F
GREEN RIVER, WY 82935