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OLMSTED COUNTY COMMUNITY SERVICES  
CHILD SUPPORT RECOVERY  
2117 CAMPUS DR SE STE 100  
ROCHESTER MN 55904-4825

TELEPHONE: 507-328-6550

CORPORATE MANAGEMENT GROUP INC  
C/O CMG  
12000 WASHINGTON ST STE 350  
THORNTON CO 80241-3136

\_\_\_\_\_  
\_\_\_\_\_  
06/06/2018

**INCOME WITHHOLDING FOR SUPPORT**

INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

**AMENDED IWO**

**ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**

**Date: 06/06/2018**

**TERMINATION OF IWO**

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/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/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    MINNESOTA  
City/County/Dist./Tribe    Olmsted  
Private Individual/Entity    \_\_\_\_\_

Remittance ID (include w/payment)  
Order ID    0014320013  
Case ID    001453414901

Employer/Income Withholder's Name & Address:  
Corporate Management Group Inc  
C/O Cmg  
12000 Washington St Ste 350  
Thornton CO 80241-3136

RE: Phetda, Wat  
Employee/Obligor's Name (Last, First, Middle)  
473-11-4021  
Employee/Obligor's Social Security Number  
01/13/1980  
Employee/Obligor's Date of Birth  
Christenson, Traci L.  
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN  
201535646

Child(ren)'s Name(s) (Last, First, Middle)  
Christenson, Nadiya A.

Child(ren)'s Birth Date(s)  
03/03/2003

**ORDER INFORMATION:** This document is based on the support order from Minnesota (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$381.00    Per month current child support  
\$86.20    Per month past-due child support - **Arrears greater than 12 weeks? X yes    \_ no**  
\$50.00    Per month current cash medical support  
\$0.00    Per month past-due cash medical support  
\$0.00    Per month current spousal support  
\$0.00    Per month past-due spousal support  
\$0.00    Per month other (must specify) \_\_\_\_\_ Fees.  
for a **Total Amount to Withhold** of \$517.20 per month.

**Employer's Name:** Corporate Management Group Inc  
**Employee/Obligor's Name:** Phetda, Wat  
**Case Identifier:** 001453414901

**Employer FEIN:** 201535646  
**SSN:** 473-11-4021  
**Order Identifier:** 0014320013

**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:

\$119.36 per weekly pay period  
\$258.60 per semimonthly pay period (twice a month)  
\$238.67 per biweekly pay period (every two weeks)  
\$517.20 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 Minnesota (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of 06/06/2018. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 65% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not Minnesota (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmap/DataDotGovSamples/Id\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/Id_map.html).

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

**For EFT/EDI instructions go to the following website address at:** <https://mn.gov/dhs/>  
Select the Following Path: Partners and providers --> Policies and procedures --> Services for children, families and adults --> Child support --> Policies and procedures for employers --> Minnesota Child Support Electronic Funds Transfer (EFT) Guide DHS-5621 (PDF)

Minnesota Child Support Online (MCSO) can also be used to make electronic payments. Go to <https://www.childsupport.dhs.state.mn.us/Action/Welcome> to enroll.

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