01693

Order to Withhold and Deliver Answer Sheet

Re: SANERIVI LOLOMATAUAMA
SSN: 576-37-1928
Balance: $3,896.32

Date: 3/6/2015
To: REDMAN VAN & STORAGE

Please start deducting immediately and send payments at least monthly.

Complete and fax or mail this page

Fax: (866) 610-9235 OR **Mail:** Employment Security Department
Benefit Payment Control
PO Box 24928
Seattle, WA 98124-0928

Interest is charged at 1% per month. Please call for a payoff balance when nearing the end of this debt.

You can pay online using your bank account https://onlinebill.paystation.com/esd/

You can fill out this form and submit it online at https://onlinebill.paystation.com/esd/

1) Provide total gross wages minus mandatory deductions required by federal and state laws. (Disposable Earnings) $ 688.71

2) Check how often you issue payroll.
☐ Weekly ☒ Bi-Weekly ☐ Monthly ☐ Semi-Monthly

3) Use the chart below to determine the maximum amount to withhold of disposable earnings, not to exceed 25%. $ 172.18

Weekly	Biweekly	Semimonthly	Monthly
$253.75 or less **Do Not Withhold**	$507.50 or less **Do Not Withhold**	$549.79 or less **Do Not Withhold**	$1,099.58 or less **Do Not Withhold**
More than $253.75 but less than $338.33 **Withhold amount above $253.75**	More than $507.50 but less than $676.66 **Withhold amount above $507.50**	More than $549.79 but less than $733.05 **Withhold amount above $549.79**	More than $1,099.58 but less than $1,466.10 **Withhold amount above $1,099.58**
$338.33 or more **25% of Disposable Earnings**	$676.66 or more **25% of Disposable Earnings**	$733.05 or more **25% of Disposable Earnings**	$1,466.10 or more **25% of Disposable Earnings**

4) Check any other garnishments or levies you are withholding and the total amount.
☐ *Child Support* ☐ *IRS* ☐ *Other* ☐ *60-Day*
Provide company name and expiration date. $ 0

5) Subtract line 4 from line 3. If negative, enter 0. **This is the amount to send.** $ 172.18

Employee's current address: _____ If no longer employed, date of separation: _____

Employee's new employer: _____ Employer comments: _____

Under penalty of perjury, I affirm that the information above is true, correct and complete.

Janet Zidon
Company Representative Name (print)

Company Representative (signature)

Payroll
Title (print)

Redman Van & Storage
Company Name (print)

801-972-4420
Phone (including area code)

801-972-1598
Fax (including area code)

3-13-15
Date

OWD/Percentage (pg 2 of 2)
BPC-009(8/14)

BBAT540