

360-725-7000

817-304-6529

JEFFERY HOLLINGSWORTH  
8518 MAIN ST. NO. D  
BONNEY LAKE, WA 98391-8306

88-878/1119

1267

DATE 2-28-2012

DELIVER VALUE OF DEPOSIT VALUE

PAY TO THE ORDER OF United States Treasury INTERNAL REVENUE SERVICE \$ 1960.00

one thousand nine hundred sixty dollars DOLLARS



The Cowboy Bank of Texas  
Maypearl, Tx. (972)435-2131

Payment PLAN



MEMO

[Redacted]

Jeffery S. Hollingsworth

1267

**FRB CLEVELAND**

**> 041036059 <**

**PCC OTC**

**02/29/2012**

**LAARNI (ANN) GONZALES**

Certified Public Accountant

**A Professional Limited Liability Company**

5511-D Bridgeport Way West, University Place, Wa. 98467

Tel. No. (253) 565-5801 Cell Phone No.(253) 223-9524

E-mail: [laarni.p.gonzales@att.net](mailto:laarni.p.gonzales@att.net)

November 26, 2011

Internal Revenue Service  
Ogden, UT 84201-0010

Re: Jeff S. Hollingsworth SSN XXXXXXXX

Please note that Jeffrey S. Hollingsworth and Dieta M. Hake had subsequently filed separate income tax returns for the year end 2008. This was the result of working with the Collection Department in Tacoma, Washington (R/O Kay Mitchell) in resolving their income tax issues. Also, Mr. Hollingsworth and Ms. Hake are no longer married so their income tax issues should be handled separately.

Mr. Hollingsworth had agreed to an installment agreement set up by Mr. Mitchell a copy of which is enclosed.

Please let us know if you need more information. Thank you.

LAARNI P. GONZALES  
POA



10-3-03483-7 38237608 ORWAS 03-27-12

EVIDENCE

FILED  
IN COUNTY CLERK'S OFFICE

A.M. MAR 27 2012 P.M.  
PIERCE COUNTY WASHINGTON  
KEVIN STOCK, County Clerk  
BY \_\_\_\_\_ DEPUTY

Superior Court of Washington  
County of Pierce

In re:

DIETA HAKE/SIMS

and

JEFFREY HOLLINGSWORTH

and to

MILESTONE INVESTMENTS

Obligee,

Obligor,

Employer.

No. 10-3-03483-7

STIPULATED WAGE  
ASSIGNMENT  
ORDER

THE STATE OF WASHINGTON TO: MILESTONE INVESTMENTS, EMPLOYER, PO  
Box 1376, Sumner, WA 98390-0280

AND TO: JEFFREY HOLLINGSWORTH, OBLIGOR.

The above-named obligee claims that the above-named obligor is subject to a support order requiring immediate income withholding or is more than fifteen days past due in maintenance payments, in an amount equal to or greater than the maintenance payable for one month. The amount of the accrued maintenance debt as of this date is \$52,000 dollars and \$8,000 in other debts for a combined amount of \$60,000. The amount of the current and continuing maintenance obligation under the order is \$0 per month.

Parties agree to the following Wage Assignment Order:

25% of income, not to exceed \$1,500/month for 40 months, or until paid in full.

Payments start April 1, 2012. After June 2014, 50% of income, not to exceed \$3,000/monthly, until paid in full.

Amount to be withheld: \$346.15/per weekly pay period or \$692.31 per biweekly pay period (every two weeks) or \$750.00 per semimonthly period (twice a month) or \$1500/month. After June 2014 (double those amounts). Payments shall be sent to Dieta Sims at the address listed below.

1 You are hereby commanded to answer this order by filling in the attached form  
2 according to the instructions, and you must mail or deliver the original of the answer to the court,  
3 one copy to the Washington state support registry, one copy to the obligee and one copy to the  
4 obligor within twenty days after service of this wage assignment order upon you.

5 If you possess any earnings or other remuneration for employment due and owing to the  
6 obligor, then you shall do as follows:

7 (1) Withhold from the obligor's earnings or remuneration each month, or from each regular  
8 earnings disbursement, the lesser of:

9 (a) The sum of the accrued support or maintenance debt and the current support or  
10 maintenance obligation;

11 (b) The sum of the specified arrearage payment amount and the current support or  
12 maintenance obligation; or

13 (c) Fifty percent of the disposable earnings or remuneration of the obligor.

14 (2) The total amount withheld above is subject to the wage assignment order, and all other  
15 sums may be disbursed to the obligor.

16 (3) Upon receipt of this wage assignment order you shall make immediate deductions from  
17 the obligor's earnings or remuneration and remit to the Washington state support registry or other  
18 address specified below the proper amounts within five working days of each regular pay  
19 interval.

20 You shall continue to withhold the ordered amounts from nonexempt earnings or  
21 remuneration of the obligor until notified by:

22 (a) The court that the wage assignment has been modified or terminated; or

23 (b) The addressee specified in the wage assignment order under this section that the accrued  
24 child support or maintenance debt has been paid.

25 You shall promptly notify the court and the addressee specified in the wage assignment order  
26 under this section if and when the employee is no longer employed by you, or if the obligor no  
longer receives earnings or remuneration from you. If you no longer employ the employee, the  
wage assignment order shall remain in effect until you are no longer in possession of any  
earnings or remuneration owed to the employee.

You shall deliver the withheld earnings or remuneration to the Washington state support  
registry or other address stated below within five working days of each regular pay interval.

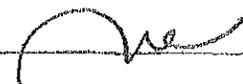
You shall deliver a copy of this order to the obligor as soon as is reasonably possible. This  
wage assignment order has priority over any other wage assignment or garnishment, except for

1 another wage assignment or garnishment for child support or maintenance, or order to withhold  
2 or deliver under chapter 74.20A RCW.

3 WHETHER OR NOT YOU OWE ANYTHING TO THE OBLIGOR, YOUR FAILURE TO  
4 ANSWER AS REQUIRED MAY MAKE YOU LIABLE FOR THE AMOUNT OF SUPPORT  
5 MONEYS THAT SHOULD HAVE BEEN WITHHELD FROM THE OBLIGOR'S EARNINGS  
6 OR SUBJECT TO CONTEMPT OF COURT.

6 NOTICE TO OBLIGOR: YOU HAVE A RIGHT TO REQUEST A HEARING IN THE  
7 SUPERIOR COURT THAT ISSUED THIS WAGE ASSIGNMENT ORDER, TO REQUEST  
8 THAT THE COURT QUASH, MODIFY, OR TERMINATE THE WAGE ASSIGNMENT  
9 ORDER. REGARDLESS OF THE FACT THAT YOUR WAGES ARE BEING WITHHELD  
10 PURSUANT TO THIS ORDER, YOU MAY HAVE SUSPENDED OR NOT RENEWED A  
11 PROFESSIONAL, DRIVER'S, OR OTHER LICENSE IF YOU ACCRUE CHILD SUPPORT  
12 ARREARAGES TOTALING MORE THAN SIX MONTHS OF CHILD SUPPORT  
13 PAYMENTS OR FAIL TO MAKE PAYMENTS TOWARDS A SUPPORT ARREARAGE IN  
14 AN AMOUNT THAT EXCEEDS SIX MONTHS OF PAYMENTS.

12 DATED: 27 day of March 2012.

14   
Judge/Court Commissioner

15 Judith Alber  
16 Judith Alber, Attorney for Obligee, Dieta Sims

17 Send Withheld Payments: \$1500 per month  
18 To: Ms. Dieta Sims  
19 8307 214<sup>th</sup> Ave E  
20 Bonney Lake, WA 98391

FILED  
IN COUNTY CLERK'S OFFICE

A.M. MAR 27 2012 P.M.

PIERCE COUNTY WASHINGTON  
KEVIN STOCK, County Clerk

BY [Signature] DEPUTY

20 Approved by:

21 Dieta Sims  
22 Dieta Sims

Dated: 3-27-12 in Jacom WA  
City State

23 Jeffrey Hollingsworth  
24 Jeffrey Hollingsworth,

Dated: 3-22-12 in Burleson TEXAS  
City State

25 Jan Gosling  
26 Jan Gosling, Attorney for Jeffrey  
Hollingsworth

Dated: 3-23-12

EVIDENCE.



OFFICE OF THE ATTORNEY GENERAL  
STATE OF TEXAS

CHILD SUPPORT DIVISION

**GREG ABBOTT**  
Attorney General

\*\*PRSR\*\*\*\*\*AUTO\*\*MIXED AADC 750  
1878 1 MB 0.390  
MILESTONE INVESTMENTS  
PAYROLL DIRECTOR  
PO BOX 1378  
SUMNER WA 98390-0280



Date: October 13, 2011

**IMMEDIATE RESPONSE REQUIRED**

Dear Payroll Director,

Employers are required by state and federal law to provide information to the Office of the Attorney General (OAG) on new hire reporting, verification of employment, withholding wages for child support and to submit payments. Maintaining accurate employer information on file with the Child Support Division benefits employers by ensuring documents are sent to the proper location and preventing duplicate notices.

The OAG is requesting your assistance by promptly completing the enclosed form so that we maintain accurate address information for your company. The verification form can be completed in one of the following ways:

1. Online at <http://employer.oag.state.tx.us>. Click on the **Survey** link located on the left-hand side of your screen. *You will need your company FEIN and your OAG EID number, located in the upper right hand corner of the attached form, in order to access the website.*
2. Manually by completing the verification form and returning it in the enclosed pre-paid business reply envelope;
3. Fax transmission to **(800) 591-7618**; or
4. By calling **(800) 591-7614** and speaking to an Employer Maintenance Customer Service Representative.

Please confirm or correct all information requested on the verification form including:

- Company Information
- Headquarters Address
- Wage Withholding Address
- Verification of Employment Address
- Worker's Compensation Claim Address
- Accounts Payable Address

We appreciate your time in completing the verification form. If you have any questions or comments, please call **(800) 591-7614** during the hours of 7:00 am and 6:00 pm Central Time, Monday through Friday.

Sincerely,

Office of the Attorney General  
Child Support Division



003941482

EID: 003941482  
FEIN: 452605733

The Attorney General of Texas  
Child Support Division  
Employer Contact Information Verification Form

Thank you for your cooperation in helping the Texas Attorney General's Child Support Division reduce or eliminate the number of duplicate documents being sent by providing us with the correct address(es) for your company. **Please reply to this form within 5 days.**

The left column is populated with the information that the Child Support Division currently has regarding your company. Please respond and make any necessary changes in the column on the right and to the questions on the back of this form.

You may also fill out this form on line at <http://employer.oag.state.tx.us> by clicking on the Survey link or by calling (800) 591-7614. You may also fax your completed form to (800) 591-7618.

Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Employer Information</b> <input type="checkbox"/> Information is correct. Legal Name: MILESTONE INVESTMENTS Primary FEIN: 452605733 <small>(assigned Federal Employer Identification Number for your company)</small>	<input type="checkbox"/> Corrected Information below: Legal Name: _____ Primary FEIN: _____
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Are there any additional names that employees of MILESTONE INVESTMENTS might be considered as working for such as franchise names, Doing Business As (DBA) names, Also Known As (AKA) names or trade names? Yes  No  If yes, list those names. (Please do not include names of clients, sister companies or subsidiaries.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is MILESTONE INVESTMENTS a subsidiary of another company? Yes  No

If yes, what is your parent company's FEIN, name, city, and state or foreign country?

Parent Company FEIN	Parent Company Name
Parent Company City	Parent Company State or Country

Does MILESTONE INVESTMENTS offer a retirement plan other than a 401K? Yes  No

<b>Headquarters Information</b> <small>(your primary address)</small> MILESTONE INVESTMENTS PO BOX 1376 SUMNER WA 98390-0280 UNITED STATES Contact Name Contact Phone Contact E-Mail Contact Fax	<input type="checkbox"/> Information is correct. <input type="checkbox"/> Corrected Information below: Name (if different from legal name): _____ Attention: _____ Address: _____ City: _____ St: _____ Zip: _____ Region (if not USA): _____ Country: _____ Contact Name: _____ Phone: ( ) _____ E-Mail Address: _____ Fax: ( ) _____
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↓ ADDITIONAL ADDRESSES CONTINUED ON OTHER SIDE ↓

18  
111024NS1  
FS: 348933088  
Central File Maintenance  
P.O. BOX 12048  
AUSTIN, TX 78711-2048

RECEIVED  
11/11/11  
Email to Ron



OFFICE OF THE ATTORNEY GENERAL  
STATE OF TEXAS

CHILD SUPPORT DIVISION

GREG ABBOTT  
Attorney General

\*\*PRSR\*\*\*\*\*AUTO\*\*MIXED AADC 750  
20409 1 MB 0.390  
MILESTONE INVESTMENTS  
PO BOX 1376  
SUMNER, WA 98390-0280



Date: **October 21, 2011**  
Custodial Parent: **KIMETHA HOLLINGSWORTH**  
Non-Custodial Parent: **JEFFREY HOLLINGSWORTH**  
Attorney General Case #: **0011657953**  
Cause #: **32442745207**

RE: JEFFREY S HOLLINGSWORTH



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.

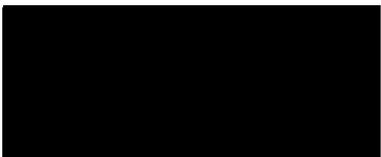
For questions you have regarding the Order/Notice or electronic payment options, please access the Employer Handbook online at <http://employer.oag.state.tx.us> or contact us at 1-800-850-6442.

Sincerely,  
MARGIE MATA  
PO BOX 161879  
FT WORTH, TX 76161  
(817) 884-1475

→ Kept Hanging Up

→ Kept Hanging Up  
Enclosures

Expert Pay



Payment Profile → wasn't on the website

\$1500.00 → 4 day hold

If paying by check, make check payable to:

Send check to: TX CHILD SUPPORT SDU  
P O BOX 659791  
SAN ANTONIO TX 78265-9791

Office of the Attorney General

Include these Remittance Identifiers with payment:

FIPS code (if necessary): 4800000

AG Case # 0011657953

Cause # 32442745207

*Alicia G. Key*

Signature and Date 10/21/2011

Print Name: Alicia G. Key

Title of Issuing Official: Deputy Attorney General for Child Support

If checked, you are required to provide a copy of this form to your employee/obligor. 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 must be provided to your employee/obligor even if the box is not checked.

### ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State specific information may be viewed on the OCSE Employer Services website located at:  
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

**Priority:** Withholding for support has priority over any other legal process under State law (or Tribal law, if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

**Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

**Reporting the Pay Date/Date of Withholding:** 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 with respect to the time periods within which you must implement the withholding and forward the support payments.

**Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to Federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

**Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

**Liability:** If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other 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 any employee/obligor because of a child support withholding.

**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 or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left 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, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Employee/Obligor's Name: JEFFREY S HOLLINGSWORTH  
Order Identifier: 32442745207

Case Identifier: 0011657953  
Employer's Name MILESTONE INVESTMENTS

**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.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional information:

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**NOTIFICATION OF TERMINATION OF EMPLOYMENT:** You must promptly notify the Child Support Enforcement Agency and/or the person listed below by returning this form to the correspondence address if:

- This person has never worked for this employer.
- This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known home address: \_\_\_\_\_  
\_\_\_\_\_

Date final payment made to the State Disbursement Unit or Tribal CSE agency: \_\_\_\_\_

Final payment amount: \_\_\_\_\_ New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

To employer: If the employer/income withholder has any questions, contact **MARGIE MATA** at:  
PO BOX 161879  
FT WORTH, TX 76161

by phone at (817) 884-1475, by fax at (817) 884-3769, or by Internet for employers at <http://employer.oag.state.tx.us>

Send termination notice and other correspondence to: Or You may submit the termination online via the Internet at \_\_\_\_\_  
<http://employer.oag.state.tx.us> \_\_\_\_\_  
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 any questions, contact **MARGIE MATA** at:  
PO BOX 161879  
FT WORTH, TX 76161

by phone at (817) 884-1475, by fax at (817) 884-3769, or by Internet for employees at <http://childsupport.oag.state.tx.us>



003941482

EID: 003941482  
FEIN: 452605733

<p><b>Garnishment Information</b> <input type="checkbox"/> <b>Information is correct.</b> (address for Child Support Income Withholding Orders)</p> <p><b>MILESTONE INVESTMENTS</b> PO BOX 1376 SUMNER WA 98390-0280</p> <p><b>UNITED STATES</b></p> <p>Contact Name Contact Phone Contact E-Mail Contact Fax</p>	<p><input type="checkbox"/> <b>Corrected Information below:</b> <input type="checkbox"/> Third party provides this service. Please provide address below.</p> <p>Name (if different from legal name): _____</p> <p>Attention: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Region (if not USA): _____ Country: _____</p> <p>Contact Name: _____ Phone: ( ) _____</p> <p>E-Mail Address: _____ Fax: ( ) _____</p>
<p><b>Verification of Employment Info</b> <input type="checkbox"/> <b>Information is correct.</b> (address for Verification of Employment request)</p> <p><b>MILESTONE INVESTMENTS</b> PO BOX 1376 SUMNER WA 98390-0280</p> <p><b>UNITED STATES</b></p> <p>Contact Name Contact Phone Contact E-Mail Contact Fax</p>	<p><input type="checkbox"/> <b>Corrected Information below:</b> <input type="checkbox"/> Third party provides this service. Please provide address below.</p> <p>Name (if different from legal name): _____</p> <p>Attention: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Region (if not USA): _____ Country: _____</p> <p>Contact Name: _____ Phone: ( ) _____</p> <p>E-Mail Address: _____ Fax: ( ) _____</p>
<p><b>Worker's Compensation Claim Info</b> <input type="checkbox"/> <b>Information is correct.</b> (address for garnishing Worker Compensation claims)</p> <p><b>MILESTONE INVESTMENTS</b> PO BOX 1376 SUMNER WA 98390-0280</p> <p><b>UNITED STATES</b></p> <p>Contact Name Contact Phone Contact E-Mail Contact Fax</p>	<p><input type="checkbox"/> <b>Corrected Information below:</b> <input type="checkbox"/> Third party provides this service. Please provide address below.</p> <p>Name (if different from legal name): _____</p> <p>Attention: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Region (if not USA): _____ Country: _____</p> <p>Contact Name: _____ Phone: ( ) _____</p> <p>E-Mail Address: _____ Fax: ( ) _____</p>
<p><b>Accounts Payable Information</b> <input type="checkbox"/> <b>Information is correct.</b> (address for any questions regarding payments including any employer refunds)</p> <p><b>MILESTONE INVESTMENTS</b> PO BOX 1376 SUMNER WA 98390-0280</p> <p><b>UNITED STATES</b></p> <p>Contact Name Contact Phone Contact E-Mail Contact Fax</p>	<p><input type="checkbox"/> <b>Corrected Information below:</b> <input type="checkbox"/> Third party provides this service. Please provide address below.</p> <p>Name (if different from legal name): _____</p> <p>Attention: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Region (if not USA): _____ Country: _____</p> <p>Contact Name: _____ Phone: ( ) _____</p> <p>E-Mail Address: _____ Fax: ( ) _____</p>

**INCOME WITHHOLDING FOR SUPPORT  
ADMINISTRATIVE WRIT OF WITHHOLDING**

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

AMENDED IWO

Date: 10/21/2011

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

**NOTE:** If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory Texas  
 City/County/Dist./Tribe 324TH DISTRICT COURT TARRANT COUNTY  
 Private Individual/Entity \_\_\_\_\_

Case Identifier 0011657953  
 Order Identifier 32442745207

**MILESTONE INVESTMENTS**  
 Employer/Income Withholder's Name  
**PO BOX 1376**  
**SUMNER WA 98390-0280**  
 Employer/Income Withholder's Address

**RE: HOLLINGSWORTH, JEFFREY S**  
 Employee/Obligor's Name (Last, First, MI)  
 [REDACTED]  
 Employee/Obligor's Social Security Number (if known)  
**HOLLINGSWORTH, KIMETHA A**  
 Custodial Party/Obligee's Name (Last, First, MI)

**452605733**  
 Employer/Income Withholder's Federal EIN

Child's Name (Last, First, MI)

**HOLLINGSWORTH, TREVOR SCOTT**

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

\$ <u>1500.00</u>	Per <u>monthly</u>	current child support
\$ <u>0.00</u>	Per <u>monthly</u>	past-due child support - Arrears greater than 12 weeks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$ <u>0.00</u>	Per <u>monthly</u>	current cash medical support
\$ <u>0.00</u>	Per <u>monthly</u>	past-due cash medical support
\$ _____	Per _____	current spousal support
\$ _____	Per _____	past-due spousal support
\$ _____	Per _____	other (must specify) _____
for a total of \$ <u>1500.00</u>	Per <u>monthly</u>	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:

- \$ 346.15 per weekly pay period.                      \$ 750.00 per semimonthly pay period (twice a month).  
 \$ 692.31 per biweekly pay period (every two weeks).                      \$ 1500.00 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 in Texas, you must begin withholding no later than the first pay period following the date on which this Order/Notice was delivered to the employer. Send payment on the same day of the pay date/date of withholding. 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 for all orders.

If the employee/obligor's principal place of employment is not in Texas, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS section for limitations on withholding, applicable time requirements, and any allowable employer's fees.

Document Tracking Identifier 348933088

For EFT/EDI instructions, contact the EFT/EDI office at: 1-877-474-4463 before first submission.

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