COMMONWEALTH OF MASSACHUSETTS

GARNISHMENT DATA INPUT FORM

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1) **Department Authorizing Garnishment:** _____

1a) **Dept Org # i.e OSC/1100** _____ **Employee Record #** _____

2) **Department Contact:** _____
(Name/Title of Person Filling Out Form)

3) **Phone Number:** _____

4) **Email Address:** _____

5) **Fax Number:** _____

Please enter the required garnishment information using the garnishment order in the spaces provided below. The data entered on this form will be directly transferred into the Garnishment Panels in HR/CMS for payment.

6) **Employee ID:**_____ **Employee Name:** _____

7) **Garnish ID:**_____ ------> *(Enter 01 if this is the employee's first garnishment, enter 02 if it is the employee's second garnishment and so on)*

8) **Type:**
- O IRS Tax Levy*
- O Child Support
- O DOR Tax Levy*
- O Spousal Support
- O Federal Student Loans
- O Recovery of Overpayment (DTA)
- O Reimbursement of Medical Assistance (DMA)
- O Court Ordered Employer Wage Garnishments

(Select the garnishment type based on the garnishment order)

* For Tax Levies only – Attach a Completed Employee Exemption Statement

9) **Court Name:** _____

(Enter the name of the court or legal entity that has jurisdiction over this garnishment)

10) **Court Document ID's:** _____ _____

(Enter any identifiers found on the garnishment order that further reference whom is being garnished. A case number, docket number or necessary tax identifying numbers are entered here)

11) **Payee Name from Payee Table:** _____
(As it appears on the Garnishment Payee Table in HR/CMS)

OR

O **Add Payee to Garnishment Payee Table** (Garnishment Payee Request Form must be submitted if this option is checked off) *(Enter either the name of the garnishment payee listed on the garnishment order or check off the "Add Payee to Garnishment Payee Table" box. The payee must be on the Garnishment Payee Table in order for the garnishment to be processed.)*

12) **Limit Amount (Optional):**_____

(If you have a garnishment with a total amount due, enter that total dollar amount for the garnishment here and once that amount is reached, the garnishment will stop)

13) Percent (For Student Loans): _____

(For Student Loan garnishments, enter the percent of disposable earnings indicated on garnishment order, in most cases it will be 10%. If the garnishment order does not indicate a percentage, but a flat amount, move on to the next step.)

14) Flat Amount: _____

(Enter the amount to be withheld from the employee's pay, based on the garnishment order.)

15) Frequency: O   Weekly   O   Monthly (*Garnishment Order must specify "monthly" frequency*)

(Select the frequency of the deduction from the garnishment order. The system will automatically calculate the selected frequency into the appropriate biweekly payment)

16) Authorization Section

Print Name and Title of Department Authorized Signatory

_____

The undersigned authorized signatory approving this input form certifies that this form and any attachments are accurate and complete and comply with all applicable garnishment policies as set forth by the Office of the Comptroller's Payroll Expenditure Policy Manual. The signatory authority agrees to take responsibility for the validity of the information entered on this form and to initiate any corrections to this information by contacting the Comptroller's Payroll Garnishment Unit.

_____   _____

Signature of Department Authorized Signatory   Date

Once completed and signed, send this form with a copy of the garnishment order to:

Office of the Comptroller
Payroll Garnishment Unit
1 Ashburton Place, 9th Floor
Boston, MA 02108
Fax: (617) 727-2163

For Comptroller's Use Only

Date Input Form was Received by Comptroller's Garnishment Unit: _____

Date Input Form was Entered into HR/CMS: _____

Name of Person Entering Data: _____

    O   General Deduction Code Entered   Reviewed By: _____