

[Company Name]  
[Payroll Department Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[State Department of Revenue/Taxation Agency Name]  
[Agency Address]  
[City, State, Zip Code]

**RE: Notice of Compliance - State Tax Levy / Wage Garnishment**

**Case/Reference Number:** [Insert Case Number]  
**Employee Name:** [Insert Employee Full Name]  
**Employee SSN:** [Insert Last 4 Digits of SSN]

To the Department of Revenue,

This letter serves as formal notification that [Company Name] is in receipt of the Order to Withhold Income dated [Date of Order] regarding the above-referenced individual.

Please be advised of the following status regarding this garnishment:

- **Compliance Start Date:** Withholding will commence on the pay period ending [Date] and will be remitted according to your required schedule.
- **Calculated Amount:** Based on the state guidelines provided, we will withhold \$[Amount] per [Pay Period: e.g., week/month] until the total obligation of \$[Total Amount] is satisfied.
- **Priority Conflict:** [Optional: State if there is a higher priority garnishment already in place, such as Child Support].
- **Employment Status:** [Optional: If the employee is no longer with the company, provide the termination date and last known address].

Payments will be remitted to the address specified in the order or via the state's electronic payment portal. If you require further documentation or have questions regarding this calculation, please contact the payroll department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]  
[Title/Payroll Manager]