

**Exemption and Modification Claim Form**  
Employer Wage Execution in Accordance With Tax Warrant



**Section I** (Completed by Commissioner of Revenue Services)

CV 16 50 42803

Address of Court 95 Washington St Harford, CT 06106	Name of employer MATTEN CONSTRUCTION INC.
Name of debtor RICHARD A CHENEY JR	Warrant number and date of issuance of warrant 261990 08/19/2016

**Section II** (Completed by employer upon receipt of exemption claim form)

Complete Section II and send one copy of this form and the tax warrant to the debtor in accordance with Conn. Gen. Stat. §52-361a(d).

**FILED**

Address of employer 26m Bushnell Hollow Rd Baltic CT 06330	Address mailed to same	SEP 14 2016 HARTFORD J.D.
--	---------------------------	------------------------------

Date of mailing 8/25/16	Total amount of wage execution	Amount to be taken out from weekly earnings 0
----------------------------	--------------------------------	--

**Section III – Notice to Debtor**

The attached tax warrant has been issued against wages earned by you from the employer named above. Beginning twenty (20) days from the Date of Issuance of Warrant indicated above, the employer will remove from your weekly earnings an amount of money which leaves you with (a) seventy-five percent (75%) of your disposable earnings or (b) forty (40) times the higher of the minimum hourly wage set by federal law or state law, whichever is larger amount. The statutes your employer must follow to calculate the weekly amount that may be taken out of your wages to comply with the warrant are listed below under General Statutes. If you think that your employer has not calculated the weekly amount correctly, you should tell your employer.

**Your Earnings May Be Exempt From Execution** – Your earnings may be protected from execution by statutes or regulations of the State of Connecticut or of the United States. A checklist and a description of the exemptions established by law are listed on the last page.

**How to Claim an Exemption Allowed by Law** – If you believe that your earnings are exempt by law from execution, you must fill out and sign *Section IV – Claim of Exemption Established by Law*, below and mail or deliver this *Exemption And Modification Claim Form* to the Superior Court at the address of court indicated above. The court clerk will notify you, your employer, and the Commissioner of Revenue Services of the date on which a hearing will be held by the court to determine the issues raised by your claim. If this form is received by the court no later than twenty (20) days from the *Date of Issuance of Warrant* indicated above, the employer will not begin withholding your earnings until after your claim is reviewed by the court. A claim may also be filed after the twenty (20) day period. No earnings claimed to be exempt may be withheld from any employee until the claim has been resolved.

**How to Claim a Modification of Execution** – If you have reasonable cause to believe that you have a right to a modification (change) of the wage execution and you want to request a modification (to have less money taken from your wages), you must fill out *Section V – Claim for Modification*, below and mail or deliver this *Exemption And Modification Claim Form* to the Superior Court at the address of court indicated above. The court clerk will notify you, your employer, and the Commissioner of Revenue Services of the date on which a hearing will be held by the court to determine the issues raised by your claim. If this form is received by the court no later than twenty (20) days from the *Date of Issuance of Warrant* indicated above, the employer will not begin withholding your earnings until after your claim is reviewed by the court. A claim may also be filed after the twenty (20) day period. No earnings claimed to be exempt may be withheld from any employee until the claim has been resolved.

**General Statutes**

- The following is the part of Conn. Gen. Stat. §52-361a(f) which identifies what part of your wages can be removed by the employer and given to the judgment creditor.  
*“The maximum part of the aggregate weekly earnings of an individual which may be subject under this section to levy or other withholding for payment of a judgment is the lesser of (1) twenty-five (25) percent of his disposable earnings for that week, or (2) the amount by which his disposable earnings for that week exceed forty (40) times the higher of (A) the minimum hourly wage prescribed by section 6(a)(1) of the Fair Labor Standards Act of 1938, 29 U.S.C. Section 206(a)(1), or (B) the full minimum fair wage established by subsection (i) of section 31-58, in effect at the time the earnings are payable.”*
- The following is the part of Conn. Gen. Stat. §52-350a(4) which defines **disposable earnings** and, in doing so, explains what parts of your wages which cannot be included in your total earnings when figuring out (calculating) the weekly amount which is subject to execution.  
*“Disposable earnings means that part of the earnings of an individual remaining after the deduction from those earnings of amounts required to be withheld for payment of federal income and employment taxes, normal retirement contributions, union*

**Section IV – Claim of Exemption Established by Law** (Completed by debtor upon receipt of *Exemption and Modification Claim Form*.)

I, the debtor named above, claim and certify under the penalty of false statement that my earnings are exempt from execution (do not have to be taken) because:

- I get public assistance and earn wages under an incentive earnings or similar program and my earnings are exempt from execution;  
or
- Other statutory exemption (List each exemption below, the amount of exemption, and the statutory authority for the exemption. Attach additional pages as needed.)

Statutory Authority	Amount Claimed to be Exempt	Described Claimed Exemptions Established by Law

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Address of debtor: \_\_\_\_\_

**Section V – Claim for Modification** (Completed by debtor upon receipt of *Exemption and Modification Claim Form*)

I, the debtor, ask for a modification of wage execution against me because:

New Amount Requested Per Week	Describe why you think you should have less money taken from your wages.
0\$	This was based on a Federal tax lien that the state used to determine this levy. The Fedonals are complete and the amounts show were wrong. This coming week I will provide information to show the state is wrong.

Signed: *Phil O'Neil* Date: 9/9/16 Address of debtor: 42 Oak Or Mansfield Ct

**Section VI – Notice to the Clerk of Superior Court** (Completed by clerk upon receipt of the exemption claim form)

Complete Section VI and send a file-stamped copy to:

1. The debtor at the address of debtor indicated in Section IV or V;
2. The employer indicated in Section II;
3. The Department of Revenue Services, Office of Counsel, 19th Floor, 25 Sigourney Street Ste 2, Hartford CT 06106; and
4. The Office of the Attorney General, Attention: Finance, Department 4, 55 Elm Street, Hartford CT 06106.

Date of hearing	Time of hearing	Courtroom number

Order of the Court

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date



7190 1201 9751 1678 9055



## Notice of Wage Execution

\*\*\*\*0816\*\*\*EWarrWage\*\*\*54\*\*\*AUCOL\*\*\*\*

MATTERN CONSTRUCTION INC.  
26M BUSHNELL HOLLOW RD  
BAL TIC CT 06330-1404

The Department of Revenue Services (DRS) has issued a tax warrant to garnish the wages of one of your employees (debtor). In accordance with Conn. Gen. Stat. §12-35, that debtor is identified and the applicable Connecticut tax registration number or Social Security Number (SSN) and tax warrant number are indicated on the attached tax warrant.

If the debtor has a current garnishment in effect, other than child support, keep the tax warrant and send DRS a letter detailing the remaining time on the current garnishment and the possible start date for the attached tax warrant garnishment. Include the Connecticut tax registration number and tax warrant number.

Under Conn. Gen. Stat. §52-361, Child Support Orders should be calculated independently of this tax warrant.

On any Child Support Arrearage Order, the amount of the arrearage deduction should be subtracted from the 25% of the disposable earnings with the difference submitted to the garnishment(s) in the order of service.

If the debtor is not an employee or has been terminated, please complete the back side of this form and return this entire **Notice of Wage Execution** to the address indicated.

To ensure payments are correctly applied, you must use the attached coupon for your payment.

All payments must include the **Debtor's Name** and **Tax Warrant Number**.

Thank you for your cooperation.

Collections Unit, Warrants

Telephone: 860-297-5883

FAX: 860-297-5843

Tax Warrant No.: 261990

### Important

You have a legal duty to make deductions from your employee's wages and to pay any amounts deducted as required by this tax warrant. If you do not, legal action may be taken against you. You may be held liable to the Commissioner of Revenue Services for the amount you did not withhold from your employee's wages. Additionally, the penalty for false statement is imprisonment not to exceed one year or a fine not to exceed \$2,000, or both.

*Detach the coupon below and return it with payment in the envelope provided.*



### Warrant Notice

R698 (Rev. 06/16)

Notice Date: 08/19/2016  
Total Amount Due: \$7,477.79

Enter amount enclosed \$ \_\_\_\_\_

Mail payment with stub to:

DEPARTMENT OF REVENUE SERVICES  
PO BOX 2929  
HARTFORD CT 06104-2929



DRS Use Only

Make remittance payable to:  
**Commissioner of Revenue Services.**

Write debtor's CT Tax Registration Number  
and tax warrant number on your check.

6980015P019999

5745336000

1455871

261990


Please complete this if the debtor is not an employee or has been terminated and return this page **Notice of Wage Execution** to:

Department of Revenue Services  
State of Connecticut  
Collections Unit, Warrants  
25 Sigourney St.  
Hartford CT 06106-5032

Debtor name	Debtor CT Tax Registration Number
Debtor Social Security Number	Date of termination

New employment

I declare under the penalty of false statement that the above information is to the best of my knowledge and belief, true, complete, and correct.

Signature	Date
Title	Telephone number