

Fax: (608) 266-6692
Email: uitaxcoll@dwd.wisconsin.gov

Provision of your social security number (SSN) is voluntary;
not providing it could result in an information processing delay.

Date:

Name:

Account Number:

Wage Levy Reduction Request

The department will inform you if your proposed wage levy partial release amount is approved or if additional information is needed. Please feel free to attach additional sheets if your information does not fit in the space provided. Return your completed form to **UI Tax Collections, P.O. Box 8914, Madison, WI 53708, or fax to (608) 266-6692.**

Your Information:

Name _____

Social Security Number _____

Date of Birth _____

Address _____

Phone () _____

Name(s) and age(s) of dependent(s) _____

Spouse Information:

Name _____

Social Security Number _____

Date of Birth _____

Address _____

Phone () _____

Name(s) and age(s) of dependent(s) _____

Place of Employment

Name _____

Address _____

Phone () _____

Job Title/Position _____

Monthly Gross Income _____

Monthly Net Income _____

Place of Employment

Name _____

Address _____

Phone () _____

Job Title/Position _____

Monthly Gross Income _____

Monthly Net Income _____

Other Income

Government Assistance _____

Social Security/SSI _____

Other (specify) _____

Other Income

Government Assistance _____

Social Security/SSI _____

Other (specify) _____

Please indicate both separate and combined assets and expenses.

Financial Institutions	Balance	Name of Institution
Checking Account	\$ _____	_____
Savings Account	\$ _____	_____
Other (Investments)	\$ _____	_____

Motor Vehicles

Make _____ Model _____ Year _____ Fair Market Value \$ _____

Balance Due \$ _____

Make _____ Model _____ Year _____ Fair Market Value \$ _____

Balance Due \$ _____

Other personal property of value (boat, motorcycle, etc.):

Real Estate

Address _____

Fair Market Value \$ _____ Balance Due \$ _____

Expenses	Monthly Payment	Balance Due
Mortgage/Rent	\$ _____	\$ _____
Auto Payments	\$ _____	\$ _____
Auto Gas	\$ _____	\$ _____
Utilities: Heat	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Water	\$ _____	\$ _____
Cable/Internet	\$ _____	\$ _____
Loans: 1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
Credit Cards: 1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
Food	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Insurance (all)	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____

Total Monthly Expenses \$ _____

Requested Wage Levy Payment \$ _____ Weekly Bi-weekly/Semi-monthly Monthly