

13 HOWARD COUNTY
DEPT. OF SOCIAL SERVICES
P.O. BOX 17286
BALTIMORE, MD 21203

STARRY INTERNET SERVICE
38 CHAUNY STREET 2ND FL
BOSTON, MS 02111

Date: 11/26/2018

Beginning January 2015, employers may elect to receive Income Withholding Notice electronically. More information about the e-IWO program, and instructions on signing up are available on the Federal Office of Child Support website:
www.acf.hhs.gov/css/employers/e-iwo.

The enclosed Income Withholding Order (IWO) has been issued to you by the Maryland Child Support Administration (CSA). You are required to begin withholding at the beginning of the next pay cycle and to remit payment within seven days of withholding. As required by Maryland law, a copy has been sent to your employee at the last known residential address and place of employment.

Under Maryland Family Law Section 10-129 an employer who fails to withhold payment or fails to remit payment in a timely manner is liable for damages equal to the amount not withheld or not remitted within seven days. Liability is in addition to payments made by the obligor. An employer may not use the withholding as a basis for reprisal against the employee, dismissal from employment, or refusal to hire or promote the obligor.

CSA appreciates the cooperation of the employer community. If you have any questions please contact our Customer Service Unit at 1-800-332-6347.

Thank you,

CSA

- (X) INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- () AMENDED IWO
- () ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- () TERMINATION OF IWO

Date: 11/26/2018

(X) Child Support Enforcement (CSE) Agency () Court () Attorney () Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Maryland
City/County/Dist./Tribe HOWARD COUNTY
Private Individual/Entity _____

Remittance ID (include w/payment) 860115717
Order ID 13-C-10-81763
Case ID 860115717

STARRY INTERNET SERVICE
Employer/Income Withholder's Name
38 CHAUNY STREET 2ND FL
Employer/Income Withholder's Address
BOSTON, MS 02111

RE: KAPUSTA, MICHAEL THOMAS
Employee/Obligor's Name (Last, First, Middle)
216-11-4368
Employee/Obligor's Social Security Number
01/19/1972
Employee/Obligor's Date of Birth
KAPUSTA, NATALIE ERIN
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
KAPUSTA, ABIGAIL E.	09/02/2006
KAPUSTA, ZOIE R.	08/27/2004
_____	_____
_____	_____
_____	_____
_____	_____

ORDER INFORMATION: This document is based on the support order from Maryland (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$1,500.00	Per MONTH current child support	
\$375.00	Per MONTH past-due child support - Arrears greater than 12 weeks?	(X) Yes () No
\$0.00	Per MONTH current cash medical support	
\$0.00	Per MONTH past-due cash medical support	
\$0.00	Per MONTH current spousal support	
\$0.00	Per MONTH past-due spousal support	
\$0.00	Per MONTH other (must specify) _____	

for a **Total Amount to Withhold** of \$1,875.00 per MONTH.

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:

\$432.69 per weekly pay period	\$937.50 per semimonthly pay period (twice a month)
\$865.38 per biweekly pay period (every two weeks)	\$1,875.00 per monthly pay period
\$0.00 Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.	

Document Tracking ID 000000000000644868

Employer's Name: STARRY INTERNET SERVICE
Employee/Obligor's Name: KAPUSTA, MICHAEL THOMAS
Case Identifier: 860115717

Employer FEIN: _____
SSN: 216-11-4368
Order Identifier: 13-C-10-81763

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Maryland (State/Tribe), you must begin withholding no later than the first pay period that occurs 1 day after the date of 11/26/18. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 65% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not Maryland (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/css/employers/employer-responsibilities/payments.

Include the Remittance ID with the payment and if necessary this locator code: 24000.

Remit payment to Maryland Child Support Account at P.O. Box 17396, Baltimore, MD 21297-1396	(SDU/Tribal Order Payee) (SDU/Tribal Payee Address)
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() **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law: Signature of Judge/Issuing Official: _____ Print Name of Judge/Issuing Official: Child Support Administration Title of Judge/Issuing Official: Child Support Administration Date of Signature: _____
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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 of this IWO must be provided to the employee/obligor.
() If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name: STARRY INTERNET SERVICE
 Employee/Obligor's Name: KAPUSTA, MICHAEL THOMAS
 Case Identifier: 860115717

Employer FEIN: _____
 SSN: 216-11-4368
 Order Identifier: 13-C-10-81763

Reporting the Pay Date: 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 regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any 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 an employee/obligor because of this IWO.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC section 1673 (b)); or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after 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, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears Greater Than 12 Weeks? If the *Order Information* section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information:

Employer's Name: STARRY INTERNET SERVICE
 Employee/Obligor's Name: KAPUSTA, MICHAEL THOMAS
 Case Identifier: 860115717

Employer FEIN: _____
 SSN: 216-11-4368
 Order Identifier: 13-C-10-81763

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

() This person has never worked for this employer nor received periodic income.

() This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact Maryland Child Support Administration (issuer name) by telephone: 1-800-332-6347, by fax: _____, by email or website:

dhr.maryland.gov/child-support-services.

Send termination/income status notice and other correspondence to:
 HOWARD COUNTY DEPT. OF SOCIAL SERVICES
 P.O. BOX 17286 BALTIMORE, MD 21203

(issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact Maryland Child Support Administration (issuer name) by telephone: 1-800-332-6347, by fax: _____, by email or website:

dhr.maryland.gov/child-support-services.

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

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.