

LED AND REMOVE

PERSONAL AND CHECK INFORMATION

io S Alston
Eutaw Forest Dr
orf, MD 20603
oyee ID: 10534

Department: 201 FLAGSHIP DRIVER

Period: 02/16/25 to 02/22/25

Check Date: 02/28/25 Check #: 31171

PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
g 748	674.09	3785.76
PAY	674.09	3785.76

TIME OFF (Based on Policy Year)

DESCRIPTION	BEG BAL	TOT ACCRUE	CURR DEDUCT	AVAIL BAL
SONAL	4.17 hrs	5.39 hrs	0.00 hrs	5.39 hrs

EARNINGS		BASIS OF PAY		HRS/UNITS	RATE	CURRENT (\$)	YTD (\$)
		Incentives				100.00	400.00
		Regular - Daily Rate		M35.9700			M144.9600
		Days Worked		5.0000	191.7200	958.60	4217.84
		Snow					191.72
		Total Hours		35.9700			144.9600
		Total Hrs Worked				1058.60	4809.56
		Gross Earnings					
WITHHOLDINGS		DESCRIPTION		FILING STATUS		CURRENT (\$)	YTD (\$)
		Social Security				65.63	298.19
		Medicare				15.35	69.74
		Fed Income Tax	SMS			20.52	108.05
		MD Income Tax	S 4			60.31	263.27
		TOTAL				161.81	739.25
DEDUCTION		DESCRIPTION				CURRENT (\$)	YTD (\$)
		Child Support1				203.36	203.36
		Misc Ded				8.75	35.00
		Union Dues				10.59	46.19
		TOTAL				222.70	284.55
NET PAY						THIS PERIOD (\$) 674.09	YTD (\$) 3785.76

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date: 02/18/2025

☒ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

☐ AMENDED IWO

☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

☐ TERMINATION OF IWO

☒ Child Support Agency (CSA) ☐ 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 CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Maryland

Remittance ID (include w/payment) 90171903

City/County/Dist./Tribe BALTIMORE CITY

Order ID 24-D-21-001619

Private Individual Entity _____

Case ID 90171903

II. Employer and Case Information: (Completed by the Sender)

UNITY DISPOSAL RECYCLING

RE: ALSTON ANTONIO

Employer/Income Withholder's Name

Employee/Obligor's Name (Last, First, Middle)

14862 OLD GUNPOWDER RD

****2449

Employee/Obligor's Social Security Number

LAUREL, MD 20707-3135

10/10/1989

Employer/Income Withholder's Address

Employee/Obligor's Date of Birth

PARKER BRITTANY P

Employer/Income Withholder's FEIN _____

Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

ALSTON AVA

07/09/2018

III. Order Information: (Completed by the Sender)

This document is based on the support order from _____ (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 705.00	Per	Month	current child support	
\$ 0.00	Per	Month	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 705.00 per Month

IV. Amounts to Withhold: (Completed by the Sender)

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:

\$ 162.70	per weekly pay period	\$ 352.50	per semimonthly pay period (twice a month)
\$ 325.39	per biweekly pay period (every two weeks)	\$ 705.00	per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.