

Employer's Wage Attachment Remittance

Please reproduce this form and mail with future payments.

Instructions. Complete and send with your payment to the address below.
Use one line for each employee from whom you have withheld delinquent taxes.
Do not include regular amounts of income taxes withheld.

Make checks payable to: Wisconsin Department of Revenue

Mail remittance with this form to: Wisconsin Department of Revenue
Central Collection Section
PO Box 8960
Madison WI 53708-8960

TERMINATED EMPLOYEE: You are required to withhold the entire amount payable to terminated employees or an amount equal to the balance of certification.

Employer's name
Payroll phone number () -
Contact person name

If payroll address has changed, enter new address below.

Address		
City	State	Zip

Entry Required for Each Employee that had Delinquent Amounts Withheld This Period			Check ONLY if this is the FINAL Payment of the Wage Attachment	Entry required if it applies to an employee under a wage certification. Check whichever applies and enter the requested dates.				
Name of Employee	Employee's Social Security Number	Delinquent Amount Withheld		Terminated/ Quit	Last Day of Work	Temporary Lay-Off	Leave of Absence	Anticipated Return Date (month - year)
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL AMOUNT WITHHELD →		\$						