



# Wage Attachment Review Request

Wisconsin Department of Revenue  
 PO Box 8901  
 Madison WI 53708-8901  
 Phone: (608) 266-7879  
 Fax: (608) 224-5790  
 DORCompliance@wisconsin.gov

The Department will inform you if your proposed deduction amount is approved or if additional information is needed. If approved as proposed, your employer will be sent the updated deduction amount. If it is determined that larger payments are necessary, or additional information is required, someone from the department will contact you. **Be sure to complete both pages.**

## Part A: Your Information

Name			Date of Birth	SSN
Mailing Address			Phone (    )    -	
City	State	Zip		
Dependents: List names and ages				

### Employer:

Company Name			Phone (    )    -	
Mailing Address			Job Title / Position	
City	State	Zip		
Gross Income / month	Net Income / month			

### Other Income:

General Assistance	Wisconsin Works Payments	Social Security / SSI
Other ( <i>list</i> )	Other ( <i>list</i> )	Other ( <i>list</i> )

## Part B: Your Spouse I am not married. Skip to Part C.

Name			Date of Birth	SSN
Mailing Address			Phone (    )    -	
City	State	Zip		
Dependents: List names and ages				

### Employer:

Company Name			Phone (    )    -	
Mailing Address			Job Title / Position	
City	State	Zip		
Gross Income / month	Net Income / month			

### Other Income:

General Assistance	Wisconsin Works Payments	Social Security / SSI
Other ( <i>list</i> )	Other ( <i>list</i> )	Other ( <i>list</i> )

**Part C: Banks and Other Financial Institutions (list all – attach separately if necessary)**

Name	Type (checking, savings, IRA, CD, money market, etc.)	Balance

**Part D: Motor Vehicles, Boats, Motorcycles, Snowmobiles, ATV's, etc. (list all – attach separately if necessary)**

Vehicle	Year	Make	Model
1	Fair Market Value	Balance Owed	Lien Holder
2	Fair Market Value	Balance Owed	Lien Holder

**Part E: Real Estate (list all – attach separately if necessary)**

Location	Fair Market Value
Mortgage Holder	Balance Due

**Part F: Expenses**

Expense	Monthly Payment	Total Balance Owed	Note any payments that are behind and how much
Mortgage (include escrow) or Rent	\$	\$	
Vehicle Payments	\$	\$	
Gasoline / Oil	\$	\$	
Utilities:	Home Heating	\$	\$
	Electric	\$	\$
	Telephone	\$	\$
	Water	\$	\$
	Cable / Internet	\$	\$
Loans (list)	\$	\$	
	\$	\$	
	\$	\$	
Credit Cards (list)	\$	\$	
	\$	\$	
	\$	\$	
Food:	\$	\$	
Insurance (all):	\$	\$	
IRS – Delinquent Payment	\$	\$	
Entertainment / Other (attach list if needed)	\$	\$	
Total Monthly Expenses	\$	<b>REQUESTED DEDUCTION AMOUNT</b>	
Total Net Monthly Income	\$	\$ _____ Monthly	
Net Difference	\$		

**Additional Information:**

1. The Department of Revenue may file delinquent tax warrants. These warrants are liens against your property and, as public records, may affect your credit rating. The filing of these tax warrants will add additional charges to your balance.
2. Your Wisconsin tax refunds will be used to reduce the unpaid tax liability and will not be considered wage attachment payments on your agreement.
3. All returns and taxes must be filed and paid as they become due.
4. The Wisconsin Department of Revenue reserves the right to void any agreement if it is determined that it was made based on false or inaccurate information or if there is a material change in your financial condition.

**Part G: Signature**

I/We attest that the information furnished on this form is true and correct to the best of my/our knowledge.

Taxpayer Signature	Date	Spouse Signature	Date
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