

Wage Levy Exemption Claim Form

Debtor Name:

Debtor SSN or ITIN:

If you think your wages are protected and you wish to claim an exemption, you must complete this form and return it to us. If you are claiming public assistance, please attach proof.

Email: mdor.collection@state.mn.us

Mail: Minnesota Revenue
PO Box 64564
Saint Paul MN 55164-0564

Fax: 651-556-5116

Note: This exemption only applies to wage levies. Even if you qualify, the amount you owe will not change and we will still attempt to collect the debt in other ways.

I was an inmate of a correctional institution within the last six months.

Correctional institution and location

Release date

I have received government assistance based on need within the last six months.

County

Program

Case number

Start date

End date

Case worker's name

Case worker's phone number

Case worker's fax number

The information I provided on this form is accurate to the best of my knowledge and belief, and I authorize the Minnesota Department of Revenue to verify any information on it. By signing below, I

- give authority to any correctional institution in which I was an inmate to disclose when I was an inmate, and
- give authority to any agency from which I received assistance to disclose the type of assistance I received and the end date of that assistance

Signature of person claiming exemption

Date

Daytime phone