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**EXHIBIT H**

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IWO EMD 3181 002 A 14  
ERIE COUNTY OCSE SCU  
95 FRANKLIN STREET  
BUFFALO NY 14202-3959

0425140830025232

Date: 03/24/2014

**LEGAL NOTICE ENCLOSED  
IMMEDIATE ACTION  
REQUIRED**

New York Case Identifier: BHL6842C1  
Worker Code: ZN23  
Employer No: 29  
Employee/Obligor Name: SIMMONS, EARL  
Employee/Obligor SSN: 108-58-2580

  
UNIVERSAL MUSIC GROUP  
1755 BROADWAY  
NEW YORK NY 10019

**Please carefully read all documents**

This package contains the **Amended Income Withholding Order/Notice for Support (IWO)**.

As the IWO directs, you must take immediate action to withhold the amended amount of support from the income of the employee/obligor named in the IWO. Your failure to withhold or remit the support as directed in the IWO may, upon a finding by family court, result in the payment of a civil penalty to the creditor.

"Income" includes any earned or unearned income including wages, salaries, and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.

For an on-line income withholding calculator to determine the maximum amount of income you can withhold for child support, or for coupon or pay listing templates to use when mailing in payments, please go to the New York State child support website at: [childsupport.ny.gov](http://childsupport.ny.gov).

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed on the third page of the IWO under **Notification of Employment Termination or Income Status**

Please retain a copy of the IWO for your records. If you have any questions about the IWO, please contact the **NYS Child Support Helpline, toll free at 888-208-4485**, Monday through Friday from 8:00 AM to 7:00 PM.

**INCOME WITHHOLDING FOR SUPPORT**

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

Date: 03/24/2014

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 <http://www.act.ahs.gov/programs/cse/newhire/employer/publication/publication.htm#forms> ). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory: NEW YORK      Remittance Identifier (include w/payment): BH16842C1  
 City/County/Dist./Tribe: ERIE      Order Identifier: F21763-04  
 Private Individual/Entity: \_\_\_\_\_      New York Case Identifier: BH16842C1

UNIVERSAL MUSIC GROUP      RE: SIMMONS, EARL  
 Employer/Income Withholder's Name      Employee/Obligor's Name (Last, First, Middle)  
Employer/Income Withholder's Address      108-58-2580      Employee/Obligor's Social Security Number  
1755 BROADWAY      ODEN, DIVYIA D  
NEW YORK NY 10019      Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN 000000000  
 Child(ren)'s Name(s) (Last, First, Middle)      Child(ren)'s Birth Date(s)  
ODEN, JADA S      12/26/2001



**ORDER INFORMATION:** This document is based on the support or withholding order issued from the Supreme or Family Court of New York, ERIE County. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$	0.00	Per Monthly	current child support
\$	0.00	Per Monthly	past-due child support - <b>Arrears greater than 12 weeks?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$	0.00	Per Monthly	current cash medical support
\$	0.00	Per Monthly	past-due cash medical support
\$	0.00	Per Monthly	current spousal support
\$	0.00	Per Monthly	past-due spousal support
\$	7,500.00	Per Monthly	other (additional amount)
for a Total Amount to Withhold of \$ <u>7,500.00</u>			per <u>Monthly</u>

**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:  
 \$ 1,730.78 per weekly pay period      \$ 3,750.00 per semimonthly pay period (2x a month)  
 \$ 3,461.55 per biweekly pay period (every 2 weeks)      \$ 7,500.00 per monthly pay period  
 Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, see **Withholding Limits**. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.act.ahs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.act.ahs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.

Employer's Name: UNIVERSAL MUSIC GROUP  
Employee/Obligor's Name: SIMMONS EARL  
CSE Agency Case Identifier: BH16842C1  
Employer FEIN: 00000000  
Order Identifier: F21763-04

**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. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 U.S.C. §1673(d)]; or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see **REMITTANCE INFORMATION**). Disposable income is the net income left after making 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. For assistance in calculating the withholding amount, go to [childsupport.ny.gov](http://childsupport.ny.gov) to access the Income Withholding Calculator.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under §303(d) of the CCPA [15 U.S.C. §1673 (b)].

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits. In New York State priority of withholding pursuant to CPLR §5241 (h) is current support, health insurance premiums, and then arrears payments including the additional amount.

**Arrears greater than 12 weeks?** If the **ORDER INFORMATION** does not indicate that the arrears are greater than 12 weeks, then you should calculate the CCPA limit using the lower percentage.

**Additional Information:** If the employee/obligor is reinstated or reemployed within 90 days after termination this IWO is still in effect.

**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 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 phone number: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

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 the NYS Child Support Helpline by phone at 888-208-4485, Monday through Friday from 8:00 AM to 7:00 PM or website at [childsupport.ny.gov](http://childsupport.ny.gov).

Send termination/income status notice to: **NYS Child Support Processing Center (SDU)** at PO Box 15368, Albany, NY 12212-5368.

To report and/or withhold lump sum payments e-mail: [nysdulumpsum@otda.ny.gov](mailto:nysdulumpsum@otda.ny.gov)

**To Employee/Obligor:** If the employee/obligor has questions, contact the NYS Child Support Helpline by phone at 888-208-4485, TTY 866-875-9975, Video Relay Service ([www.fcc.gov/encyclopediats-providers](http://www.fcc.gov/encyclopediats-providers)), Monday through Friday from 8:00 AM to 7:00 PM or website at: [childsupport.ny.gov](http://childsupport.ny.gov).

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