

WISCONSIN WORKS (W-2) OVERPAYMENT WORKSHEET

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m). Wisconsin Statutes]

Case Name	Case Number	Date
W-2 Agency Name/Number	Worker Name	Worker ID

		Previous Budget	Corrected Budget	Previous Budget	Corrected Budget	Previous Budget	Corrected Budget
	Eligibility Period: Month/Date/Year						
	Participation Period: Month/Date/Year						
	Check Date: Month/Year						
1	Group Size						
2	Vehicle Assets						
3	+ Other Assets						
4	= Total Assets (2 + 3)						
5	Asset Limit						
6	Earned Income						
7	+ Unearned Income						
8	= Total Gross Income						
9	Gross Income Limit						
10	W-2 Employment Position Payment						
11	- Drug Felon Penalty						
12	- Learnfare Penalty						
13	- Missed Hours Penalty						
14	- Total W-2 Penalties (11 + 12 + 13)						
15	= W-2 Payment Amount Sub-total (10 - 14)						
16	- Prior Monthly Recoupment Withheld						
17	= Correct W-2 Payment Amount (15 - 16)						
18	Actual W-2 Payment Issued (If 14 = 0, add 15 to this figure)						
19	W-2 Subtotal Overpaid (17 - 18)						
20	W-2 Underpaid (18 - 17)						
21	Child Support Retained (CS control group)						
22	Unreimbursed W-2 Payments (18 - 21)						
23	Subtotal W-2 to be Recovered (the lesser of line 19 or 22)						

Total all line 23 amounts \$ _____ Minus Total all line 20 amounts: \$ _____

Equals Total Amount W-2 Payments to be Recovered: \$ _____

Claim Referral #: _____

Reason for W-2 Overpayment:

Distribute Copies to: Participant and Case Record