

# INCOME WITHHOLDING FOR SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Original  Amended  Terminated (See item #10)

## EMPLOYER/INCOME WITHHOLDER

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal EIN: \_\_\_\_\_

<b>EMPLOYEE/OBLIGOR</b> <b>RE:</b> _____ <b>Social Security Number:</b> _____ <b>New York Case Identifier:</b> _____
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<b>OBLIGEE</b> (Commissioner of Social Services, Assignee, O/B/O)
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**ORDER INFORMATION:** This "Income Withholding for Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, \_\_\_\_\_ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

## TOTAL AMOUNT TO WITHHOLD: \$ (frequency)\* - Remit to Payee below

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\*You do not have to vary your pay period (cycle) to comply with this NOTICE. If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

If your pay period is:	Withhold this amount:	If your pay period is:	Withhold this amount:
Weekly	\$ _____	Semimonthly (twice a month)	\$ _____
Biweekly (every 2 weeks)	\$ _____	Monthly	\$ _____

### GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date, and the New York case identifier, employee's/obligor's name and social security number, and your company or business name and Employer Identification Number (EIN). **See item #3 on page 2 and #8 on page 3 for withholding limits.**
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the pay date for each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

## PAYMENT OPTIONS

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### Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code \_\_\_\_\_. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

### Check remittance

- You must include a payment coupon with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.



8. **Withholding Limits:** For ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673[b]); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Support and Medical Support or go to [newyorkchildsupport.com](http://newyorkchildsupport.com) to access the Income Withholding Calculator.

9. Child(ren)'s Name(s)	Date of birth	Child(ren)'s Name(s)	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10 **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

11. **Notification of Termination of Employment/Income:** You must promptly notify the issuing agency if the employee/obligor is not working for you, or receiving income from you at the time you receive this NOTICE, or if the employee/obligor stops working for you, or receiving income from you at any time in the future for any reason. Please complete the information below and return a copy of this NOTICE to the **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368:**

This person has never worked for this employer or never received income from this income withholder.  
 This person no longer works for this employer or receives income from this income withholder  
Employer's/ Income withholder's contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Employee's/Obligor's name: \_\_\_\_\_ NY case ID: \_\_\_\_\_  
Date of termination: \_\_\_\_\_ Reason for termination: \_\_\_\_\_  
Employee's/Obligor's last known address: \_\_\_\_\_  
New employer's/income withholder's name and address: \_\_\_\_\_

**NOTICE TO EMPLOYEE/OBLIGOR**

- You are hereby notified that this NOTICE is issued against you as a result of the order of support listed on page 1.
- This NOTICE has been served on your current employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income withholder(s).
- **You must begin and continue to make support payments by money order or cashier's check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- If you believe that this NOTICE was issued in error or the amounts are incorrect, you may notify your local Support Collection Unit (SCU) in writing at the address listed below. You should make a submission of information and evidence by mail, or in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self-support reserve (\$14,620 for 2009), or if other support obligations already bring your remaining income below the self-support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. You may also contact the NYS Child Support Helpline to request that the additional amount be modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your claim, including information about your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received

**CONTACT INFORMATION**

By phone, contact the New York State Child Support Helpline toll free at 888-208-4485 Monday through Friday from 8:00 AM to 5:00 PM.

In writing, contact the \_\_\_\_\_ SCU, \_\_\_\_\_, NY \_\_\_\_\_