

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: _____

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 acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). 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: _____ Remittance Identifier (include w/payment): _____
 City/County/Dist./Tribe: _____ Order Identifier: _____
 Private Individual/Entity: _____ New York Case Identifier: _____

_____ Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____ Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 10px;"></div>
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ORDER INFORMATION: This document is based on the support or withholding order issued from the Supreme or Family Court of New York, _____ County. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ Per _____ current child support
 \$ _____ Per _____ past-due child support - **Arrears greater than 12 weeks?** Yes No
 \$ _____ Per _____ current cash medical support
 \$ _____ Per _____ past-due cash medical support
 \$ _____ Per _____ current spousal support
 \$ _____ Per _____ past-due spousal support
 \$ _____ Per _____ other (payments to a third or fourth party)
 for a **Total Amount to Withhold** of \$ _____ per _____.

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:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ 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 acf.hhs.gov/programs/css/resource/income-withholding-form-state-contacts-and-program-information for the employee/obligor's principal place of employment.

Document Tracking Identifier _____

OMB 0970-0154

For electronic payment requirements contact the State Disbursement Unit (SDU) at 888-208-4485 or see acf.hhs.gov/programs/css/resource/income-withholding-form-state-contacts-and-program-information

Include the Remittance Identifier, pay date, and county name with the payment.

Make payments payable to: **NYS Child Support Processing Center (SDU)**

Remit payment to: NYS Child Support Processing Center (SDU) at PO Box 15363, Albany, NY12212-5363

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 U.S.C. §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: acf.hhs.gov/programs/css/resource/income-withholding-form-state-contacts-and-program-information

Priority: Withholding for support has priority over any other legal process under State law against the same income [42 U.S.C. §666(b)(7)]. If a Federal tax levy is in effect, please notify the sender. See **CONTACT INFORMATION**.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment by providing a separate coupon or by identifying the pay date, the Remittance Identifier, and county name for each employee/obligor.

Payments to SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: if this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method. In New York State, withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total.

Lump Sum Payments: You are required to notify the Child Support Helpline of lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to report and/or withhold lump sum payments. See **CONTACT INFORMATION**.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld, together with interest and reasonable attorney's fees, and any penalties set by State or Tribal law/procedure. In New York State, pursuant to Civil Practice Law and Rules (CPLR) §5241, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

OMB Expiration Date – 05/31/2014. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

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(b)]; 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** 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 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**

Send termination/income status notice to: **NYS Child Support Processing Center (SDU)** at PO Box 15368, Albany, NY12212-5368.

To report and/or withhold lump sum payments e-mail: **nysdulumpsum@otda.ny.gov**

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

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