Withholding Limitations Worksheet for Support and Medical Support

You may use this Withholding Limitations Worksheet or the electronic Income Withholding Calculator at childsupport.ny.gov for assistance in calculating the withholding amount for the "Income Withholding Order/Notice for Support" (IWO) and the "National Medical Support Notice."

Step 1–Disposable Income Calculation

- "Income" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See New York Civil Practice Law and Rules §5241 for a complete definition.

- "Aggregate Disposable Income" means that part of the earnings remaining after deduction of any amounts required by law to be deducted, also referred to as "disposable income." This amount may **not** equal the employee's/obligor's "net pay."

- "Pay Cycle" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income:

1. Gross earnings per pay cycle.   1. $_____

2. Amounts deducted as required by law. **Note:** Only these deductions apply in calculating support and medical support.

     2a. Federal income tax   2a. $ _____

     2b. Social Security tax   2b. $ _____

     2c. Medicare tax   2c. $_____

     2d. State income tax   2d. $_____

     2e. City/local income tax   2e. $_____

     2f. Involuntary retirement or pension plan payments   2f. $_____

3. Add Lines 2a through 2f. These are the total deductions required by law.   3. $_____

4. Subtract Line 3 from Line 1. **This is the employee's/obligor's disposable income.**   4. $_____

Step 2–Maximum Withholding Limitation Determination pursuant to the Consumer Credit Protection Act (CCPA), 15 U.S.C. § 1673 (b), Limitations on Withholdings for Support

In determining the maximum withholding limitation when there are multiple IWOs for this employee/obligor, consider all IWOs together when answering the following questions. For example, if there are two IWOs and one indicates that the employee/obligor owes arrears greater than 12 weeks but the other IWO has no arrears, you must still answer "Yes" to Question 6 below, and the percentage you enter on Line 8 will apply to both IWOs.

5. Does the employee/obligor support another spouse or child other than those identified on Page 1 of the IWO?
   ☐ Yes. Proceed to question 6.
   ☐ No. Skip question 6 and proceed to question 7.

6. Does the employee/obligor owe arrears greater than 12 weeks as indicated on Page 1 of the IWO?
   ☐ Yes. The maximum withholding is 55%; skip question 7 and enter this percentage on Line 8.
   ☐ No. The maximum withholding is 50%; skip question 7 and enter this percentage on Line 8.

7. Does the employee/obligor owe arrears greater than 12 weeks as indicated on Page 1 of the IWO?
   ☐ Yes. The maximum withholding is 65%; enter this percentage on Line 8.
   ☐ No. The maximum withholding is 60%; enter this percentage on Line 8.

8. Enter the **CCPA maximum withholding limitations percentage** for this employee/obligor and proceed to Line 9.   8. _____%

9. Multiply the amount entered on Line 4 by the percentage entered on Line 8. This is the maximum amount that can be withheld from the employee's/obligor's income per pay cycle for all IWOs received.   9. $_____

Step 3–Calculation of Income Withholding Amount(s)

10. Add up the Total Amount to Withhold from the first page of each IWO for your pay cycle, plus the total employee share of the court ordered health insurance premium from your records.

     _____ IWO 1
+ _____ IWO 2
+ _____ IWO 3
+ _____ IWO 4
+ _____ IWO 5
+ _____ Health Insurance Premium
= _____ **Total**

11. Does the **Total** on Line 10 above exceed the amount on Line 9?
   ☐ Yes. Continue to Line 12.
   ☐ No. Withhold the **Total** amount on Line 10. **No further calculation is necessary.**

IMPORTANT NOTE: Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each IWO received, including the calculation for health insurance premiums where appropriate.

Step 4–Proration of Income Withholding Amount(s)

12. If you are unable to withhold the **Total** on Line 10 you may need to prorate the IWO(s) or not withhold for the health insurance premium. Before determining which support amounts need to be prorated, all support amounts must have the same frequency as your pay cycle. If any of the support amounts to be withheld have <u>different</u> frequencies than your pay cycle, complete columns A and B of the following chart(s) to convert the support amounts to your pay cycle. Use the support amounts and frequencies on the first page of the IWO(s) under ***ORDER INFORMATION*** and the appropriate payment frequency value below:

♦ Weekly = 52   ♦ Bi-weekly = 26   ♦ Semi-monthly = 24   ♦ Monthly = 12

NOTE: If all of the support amounts on the first page of the IWO(s) under ***ORDER INFORMATION*** have the <u>same</u> frequency as your pay cycle, complete only column B of the following chart(s).

IWO 1

Type of support	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	Current Support Amount (B)	Past-due Support Amount and Other (B)
Current Child Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Child Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Cash Medical Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Cash Medical Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Spousal Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Spousal Support Amount	$_____	X		=	$_____	÷		=		$_____
Other (Payments to a third or fourth party)	$_____	X		=	$_____	÷		=		$_____
Enter this Current Support Amount Total on Line **13a**, IWO 1. **Total**									$_____	
Enter this Past-due Support Amount + Other Total on Line **13b**, IWO 1. **Total**										$_____

IWO 2

Type of support	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	Current Support Amount (B)	Past-due Support Amount and Other (B)
Current Child Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Child Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Cash Medical Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Cash Medical Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Spousal Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Spousal Support Amount	$_____	X		=	$_____	÷		=		$_____
Other (Payments to a third or fourth party)	$_____	X		=	$_____	÷		=		$_____
Enter this Current Support Amount Total on Line **13a**, IWO 2. **Total**									$_____	
Enter this Past-due Support Amount + Other Total on Line **13b**, IWO 2. **Total**										$_____

IWO 3

Type of support	IWO Amount	X	IWO Freq.	=	**A** Annual Amount	÷	Pay Freq.	=	**B** Current Support Amount	Past-due Support Amount and Other
Current Child Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Child Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Cash Medical Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Cash Medical Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Spousal Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Spousal Support Amount	$_____	X		=	$_____	÷		=		$_____
Other (Payments to a third or fourth party)	$_____	X		=	$_____	÷		=		$_____
Enter this Current Support Amount Total on Line **13a**, IWO 3. **Total**									$_____	
Enter this Past-due Support Amount + Other Total on Line **13b**, IWO 3. **Total**										$_____

IWO 4

Type of support	IWO Amount	X	IWO Freq.	=	**A** Annual Amount	÷	Pay Freq.	=	**B** Current Support Amount	Past-due Support Amount and Other
Current Child Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Child Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Cash Medical Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Cash Medical Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Spousal Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Spousal Support Amount	$_____	X		=	$_____	÷		=		$_____
Other (Payments to a third or fourth party)	$_____	X		=	$_____	÷		=		$_____
Enter this Current Support Amount Total on Line **13a**, IWO 4. **Total**									$_____	
Enter this Past-due Support Amount + Other Total on Line **13b**, IWO 4. **Total**										$_____

IWO 5

Type of support	IWO Amount	X	IWO Freq.	=	**A** Annual Amount	÷	Pay Freq.	=	**B** Current Support Amount	Past-due Support Amount and Other
Current Child Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Child Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Cash Medical Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Cash Medical Support Amount	$_____	X		=	$_____	÷		=		$_____
Current Spousal Support Amount	$_____	X		=	$_____	÷		=	$_____	
Past-due Spousal Support Amount	$_____	X		=	$_____	÷		=		$_____
Other (Payments to a third or fourth party)	$_____	X		=	$_____	÷		=		$_____
Enter this Current Support Amount Total on Line **13a**, IWO 5. **Total**									$_____	
Enter this Past-due Support Amount + Other Total on Line **13b**, IWO 5. **Total**										$_____

	IWO 1	IWO 2	IWO 3	IWO 4	IWO 5	Total
13a. **Total** Current Support Amount						13a.
13b. **Total** Past-due Support Amount + Other						13b.
13c. Employee's share of the court ordered Health Insurance Premium (from your records.)						13c.
13d. Add the Total Current Support Amount (Line 13a) and the Health Insurance Premium (Line 13c).						13d.
13e. Add the Total Current Support Amount (Line 13a) and Total Past-due + Other (Line 13b).						13e.

14.   Enter the maximum amount that can be withheld from the employee's/obligor's income from Line 9, Step 2. $ _____

15.   Does the amount on Line 13d above exceed the amount on Line 14?
☐ Yes. Continue to Line 16.
☐ No. Withhold the Current Support Amount for each IWO and the Health Insurance Premium. Skip Lines 16 and 17, go to Line 18 to prorate any Past-due + Other up to the amount on Line 14.

16.   Does the amount on Line 13e exceed the amount on Line 14?
☐ Yes. Continue to Line 17.
☐ No. Withhold the amount on Line 13e. **No further calculation is necessary.***

17.   Does the amount on Line 13a exceed the amount on Line 14?
☐ Yes. Skip Line 18 and go to Line 19 to prorate the Current Support Amount.
☐ No. Continue to Line 18 to prorate the Past-due + Other.

18.   Proration of the Past-due + Other Amounts   IWO 1   IWO 2   IWO 3   IWO 4   IWO 5

a.   Enter each Past-due + Other from Line 13b for the IWO(s).   a. $_____ $_____ $_____ $_____ $_____

b.   Enter the **TOTAL** Past-due + Other for all IWOs (Line 13b Total).
b. $_____

c.   Divide the amount(s) on Line 18a by 18b for each IWO.
Enter as a percentage (00.00%).
Note: A single IWO is 100%.   c. _____% _____% _____% _____% _____%

d.   Subtract the amount on Line 13d from the amount on Line 14.
If you get a negative number subtract ONLY the Total Current
Support Amount on Line 13a from the amount on Line 14.   d. $_____

e.   Multiply the amount entered on Line 18d by the percentages on
Line 18c for each IWO. This is the pro rata share to be withheld.
e. $_____ $_____ $_____ $_____ $_____

f.   Add the current amount for each IWO, Line 13a, to the prorated
amount on Line 18e for the corresponding IWO.   f. $_____ $_____ $_____ $_____ $_____

g.   Add each amount on Line 18f and the Health Insurance Premium
to get the **TOTAL** amount to be withheld. This amount cannot
exceed the amount on Line 14.
No further calculation is necessary.**   g. $_____

19.   Proration of Current Support Amount   IWO 1   IWO 2   IWO 3   IWO 4   IWO 5

a.   Enter the Current Support Amount, Line 13a, for the IWO(s).   a. $_____ $_____ $_____ $_____ $_____

b.   Enter the **TOTAL** Current Support Amount, Line 13a,
for all IWOs.   b. $_____

c.   Divide the amount(s) on Line 19a by 19b for each IWO.
Enter as a percentage (00.00%). Note: A single IWO is 100%.   c. _____% _____% _____% _____% _____%

d.   Enter the amount from line 14.   d. _____

e.   Multiply the amount entered on Line 19d by the percentages on
Line 19c for each IWO.
This is the pro rata share to be withheld.   e. $_____ $_____ $_____ $_____ $_____

f.   Add each Line amount in Line 19e to determine the pro rata
TOTAL amount to be withheld for all IWOs. This amount
cannot exceed the amount on Line 14.
No further calculation is necessary.**   f. $_____

Please remit payment for the appropriate support amount as calculated above.
**If proration was necessary, you must identify the prorated amount withheld for each IWO with your payment*