

Withholding Limitations Worksheet for Support and Medical Support

You may use this Withholding Limitations Worksheet or the electronic Income Withholding Calculator at newyorkchildsupport.com for assistance in calculating the withholding amount for the "Income Withholding for Support" (NOTICE) 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 Civil Practice Law and Rules (CPLR) §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." **Note:** This amount may **not** equal the employee/obligor's "net pay."
- "Pay Period" 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 period. 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

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

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

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 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 2 of the NOTICE?
 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 2 of the NOTICE?
 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 for all NOTICES received. 9. \$ _____

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

Step 3—Calculation of Income Withholding Amount(s)

10. For this step, use the current, past-due and the additional amounts shown below the Itemized List of Payments Due on page 2 of each NOTICE. If the frequency of the obligation amounts shown is the same as your pay period, enter the current amount(s) in 10a. Add the past-due and additional amounts and enter the totals in 10b. If the obligation frequency differs from your pay period, convert the obligation payment amounts to your pay period using the appropriate payment frequency values below:

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

Current Support Amount \$ _____ X _____ (NOTICE frequency, e.g., 52 for Weekly) = \$ _____ ÷ _____ (your pay period, e.g., 26 for Biweekly) = \$ _____ Enter this amount in 10a. (Repeat for additional NOTICES.)

Past-due Amount \$ _____ X _____ (NOTICE frequency) = \$ _____ ÷ _____ (your pay period) = \$ _____ Add this amount to any additional amount and enter the total in 10b. (Repeat for additional NOTICES.)

Additional Amount \$ _____ X _____ (NOTICE frequency) = \$ _____ ÷ _____ (your pay period) = \$ _____ Add this amount to any past-due amount and enter the total in 10b. (Repeat for additional NOTICES.)

	NOTICE one	NOTICE two	NOTICE three	Total
10a. Current Support Amount				10a.
10b. Past-due + Additional Amount				10b.
10c. Employee's Cost of Health Insurance Premium (From your records.)				10c.
10d. Add the Current Support Amount Total, Line 10a, and the Health Insurance Premium Total, Line 10c.				10d.
10e. Add the Past-due + Additional Amount Total, Line 10b, and the total on Line 10d.				10e.
10f. Add the Current Support Amount Total, Line 10a, and Past-due + Additional Amount Total, Line 10b.				10f.

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

12. Does the amount on Line 10e above exceed the amount on Line 11?

Yes. Continue to Line 13.

No. Withhold the amount on Line 10e. **No further calculation is necessary.***

13. Does the amount on Line 10d above exceed the amount on Line 11?

Yes. Continue to Line 14.

No. Withhold the Current Support Amount for each NOTICE and the Health Insurance Premium. Skip Lines 14 and 15, go to Line 16 to prorate any Past-due + Additional Amount up to the amount on Line 11.

14. Does the amount on Line 10f exceed the amount on Line 11?

Yes. Continue to Line 15.

No. Withhold the amount on Line 10f. **No further calculation is necessary.***

15. Does the Current Support Amount Total exceed the amount on Line 11?

Yes. Skip Line 16 and go to Line 17 to prorate the Current Support Amount.

No. Continue to Line 16 to prorate the Past-due + Additional Amount.

16. Proration of the Past-due + Additional Amount

NOTICE one NOTICE two NOTICE three

a. Enter the Past-due + Additional Amount for each NOTICE.

a. \$ _____ \$ _____ \$ _____

b. Enter the **TOTAL** Past-due + Additional Amounts for all NOTICES.

b. \$ _____

c. Divide the amount(s) on Line 16a by 16b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE is 100%.

c. _____% _____% _____%

d. Subtract the amount on Line 10d from the amount on Line 11. If you get a negative number subtract **ONLY** the Current Support Amount Total from the amount on Line 11.

d. \$ _____

e. Multiply the amount entered on Line 16d by the percentages on Line 16c for each NOTICE. This is the pro rata share to be withheld.

e. \$ _____ \$ _____ \$ _____

f. Add the current amount for each NOTICE to the prorated amount on Line 16e for the corresponding NOTICE.

f. \$ _____ \$ _____ \$ _____

g. Add each amount on Line 16f and the Health Insurance Premium to get the **TOTAL** amount to be withheld. This amount cannot exceed the amount on Line 11. **No further calculation is necessary.****

g. \$ _____

17. Proration of Current Support Amount

NOTICE one NOTICE two NOTICE three

a. Enter the Current Support Amount for each NOTICE.

a. \$ _____ \$ _____ \$ _____

b. Enter the **TOTAL** Current Support Amount for all NOTICES.

b. \$ _____

c. Divide the amount(s) on Line 17a by 17b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE is 100%.

c. _____% _____% _____%

d. Multiply the amount entered on Line 11 by the percentages on Line 17c for each NOTICE. This is the pro rata share to be withheld.

d. \$ _____ \$ _____ \$ _____

e. Add each Line amount in Line 17d for the pro rata **TOTAL** amount to be withheld for all NOTICES. This amount cannot exceed the amount on Line 11. **No further calculation is necessary.****

e. \$ _____

**Please remit payment for the appropriate support amount as calculated above.*

***If proration was necessary, you must identify the prorated amount withheld for each NOTICE with your payment*