

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) and 18 NYCRR § 347.9(a)(2)(iv)(h)(12)

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 7 or 8 below, and the percentage you enter on Line 9 will apply to both IWOs.

5. Is any IWO issued on or after August 29, 2018?
 Yes. Skip question 6 and proceed to question 7.
 No. Proceed to question 6.
6. Does the employee/obligor support another spouse or child other than those identified on Page 1 of the IWO?
 Yes. Proceed to question 7.
 No. Skip question 7 and proceed to question 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 55%; skip question 8 and enter this percentage on Line 9.
 No. The maximum withholding is 50%; skip question 8 and enter this percentage on Line 9.
8. 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 9.
 No. The maximum withholding is 60%; enter this percentage on Line 9.
9. Enter the **CCPA maximum withholding limitations percentage** for this employee/obligor and proceed to Line 10. 9. _____%
10. Multiply the amount entered on Line 4 by the percentage entered on Line 9. This is the maximum amount that can be withheld from the employee's/obligor's income per pay cycle for all IWOs received. 10. \$ _____

Step 3—Calculation of Income Withholding Amount(s)

11. 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

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

Yes. Continue to Line 13.

No. Withhold the **Total** amount on Line 11. **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)

13. If you are unable to withhold the **Total** on Line 11, 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 different 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 same frequency as your pay cycle, complete only column B of the following chart(s).

IWO 1										
Type of support	A						B			
	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	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 14a , IWO 1. Total									\$ _____	
Enter this Past-due Support Amount + Other Total on Line 14b , IWO 1. Total										\$ _____

IWO 2										
Type of support	A						B			
	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	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 14a , IWO 2. Total									\$ _____	
Enter this Past-due Support Amount + Other Total on Line 14b , IWO 2. Total										\$ _____

IWO 3										
Type of support	A							B		
	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	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 14a, IWO 3. Total									\$ _____	
Enter this Past-due Support Amount + Other Total on Line 14b, IWO 3. Total										\$ _____

IWO 4										
Type of support	A							B		
	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	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 14a, IWO 4. Total									\$ _____	
Enter this Past-due Support Amount + Other Total on Line 14b, IWO 4. Total										\$ _____

IWO 5										
Type of support	A							B		
	IWO Amount	X	IWO Freq.	=	Annual Amount	÷	Pay Freq.	=	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 14a, IWO 5. Total									\$ _____	
Enter this Past-due Support Amount + Other Total on Line 14b, IWO 5. Total										\$ _____

	IWO 1	IWO 2	IWO 3	IWO 4	IWO 5	Total
14a. Total Current Support Amount						14a.
14b. Total Past-due Support Amount + Other						14b.
14c. Employee's share of the court ordered Health Insurance Premium (from your records.)						14c.
14d. Add the Total Current Support Amount (Line 14a) and the Health Insurance Premium (Line 14c).						14d.
14e. Add the Total Current Support Amount (Line 14a) and Total Past-due + Other (Line 14b).						14e.

15. Enter the maximum amount that can be withheld from the employee's/obligor's income from Line 10, Step 2. \$ _____
16. Does the amount on Line 14d above exceed the amount on Line 15?
 Yes. Continue to Line 17.
 No. Withhold the Current Support Amount for each IWO and the Health Insurance Premium. Skip Lines 17 and 18, go to Line 19 to prorate any Past-due + Other up to the amount on Line 15.
17. Does the amount on Line 14e exceed the amount on Line 15?
 Yes. Continue to Line 18.
 No. Withhold the amount on Line 14e. **No further calculation is necessary.***
18. Does the amount on Line 14a exceed the amount on Line 15?
 Yes. Skip Line 19 and go to Line 20 to prorate the Current Support Amount.
 No. Continue to Line 19 to prorate the Past-due + Other.
19. 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 14b for the IWO(s). | a. \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b. Enter the TOTAL Past-due + Other for all IWOs (Line 14b Total). | 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. Subtract the amount on Line 14d from the amount on Line 15. If you get a negative number subtract ONLY the Total Current Support Amount on Line 14a from the amount on Line 15. | 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 the current amount for each IWO, Line 14a, to the prorated amount on Line 19e for the corresponding IWO. | f. \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| g. Add each amount on Line 19f and the Health Insurance Premium to get the TOTAL amount to be withheld. This amount cannot exceed the amount on Line 15. No further calculation is necessary.** | g. \$ _____ | | | | |
20. Proration of Current Support Amount
- | | IWO 1 | IWO 2 | IWO 3 | IWO 4 | IWO 5 |
|---|-------------|----------|----------|----------|----------|
| a. Enter the Current Support Amount, Line 14a, for the IWO(s). | a. \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b. Enter the TOTAL Current Support Amount, Line 14a, for all IWOs. | b. \$ _____ | | | | |
| c. Divide the amount(s) on Line 20a by 20b for each IWO. Enter as a percentage (00.00%). Note: A single IWO is 100%. | c. _____% | _____% | _____% | _____% | _____% |
| d. Enter the amount from line 15. | d. _____ | | | | |
| e. Multiply the amount entered on Line 20d by the percentages on Line 20c for each IWO. This is the pro rata share to be withheld. | e. \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| f. Add each Line amount in Line 20e to determine the pro rata TOTAL amount to be withheld for all IWOs. This amount cannot exceed the amount on Line 15. 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*