

Withholding Limitations Worksheet for Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.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. This is also referred to as "disposable income."
- "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:
 - a. Federal income tax a. \$ _____
 - b. Social Security tax b. \$ _____
 - c. Medicare tax c. \$ _____
 - d. State income tax d. \$ _____
 - e. City/local income tax e. \$ _____
 - f. Involuntary retirement or pension plan payments f. \$ _____
3. Add lines 2a through f. 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 as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears greater than 12 weeks, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor owes arrears greater than 12 weeks and the percentage you enter on line 8 would 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. _____%

Step 3 - Calculation of Income Withholding Amount(s)

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____ %
11. Multiply the amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. TOTAL d. _____**
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
- Yes. Continue to line 14.
- No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings.
- | | NOTICE one | NOTICE two | NOTICE three |
|--|-------------|------------|--------------|
| a. Enter the amount to withhold from line 12a through c for each NOTICE. | a. \$ _____ | \$ _____ | \$ _____ |
| b. Enter the TOTAL to be withheld from line 12d. | b. \$ _____ | | |
| c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%).
Note: A single NOTICE will result in 100%. | c. _____ % | _____ % | _____ % |
| d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. | d. \$ _____ | \$ _____ | \$ _____ |
| e. Add each line amount in line 14d 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 submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
- Yes. Proceed to line 16.
- No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
- Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
- No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***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.