

Income Withholding for Support

A Guide to the New IWO



OCSE



IWO Revision

- ❖ IWO revision completed 10/22/07
- ❖ New fields on the IWO are noted in **red**.
- ❖ Instructions for the IWO are noted in the **green** box.
- ❖ Points of interest are noted in the **purple** shaded box at the bottom of the slide.



Income Withholding for Support

- ❖ The IWO has a new title

INCOME WITHHOLDING FOR SUPPORT



Original/Amended IWO

1a ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

AMENDED IWO

Instructions

1a. Income Withholding Order/Notice for Support (IWO) or Amended IWO.
Check a box to indicate whether this is an original IWO or an amended IWO.
If field 1a is checked, 1b should be left blank.



One-Time Order/Notice – Lump Sum Payment

1b ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT

Instructions

1b. One-Time Order/Notice - Lump Sum Payment. Check the box when the IWO is used to attach a one-time, lump sum payment. When this box is checked, enter the amount in field 14, One-Time Lump Sum Payment, in the *Order Information* section. When attaching a lump sum payment, leave fields 5a through 13d blank. If field 1b is checked, 1a should be left blank. This is a one-time collection of a lump sum payment. If there are additional lump sum payments to be attached, additional IWOs should be used to collect each lump sum payment.

Note: If box 1b is checked, box 14 must be completed.



Termination of IWO

1c TERMINATION of IWO

1d Date: _____

Instructions

1c. Termination of the IWO. Check the box when the income withholding has terminated. Complete all applicable identifying information to aid the employer in terminating the correct IWO.

1d. Date this form is completed and/or signed.

Note: Termination of the IWO may not be necessary for ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT unless the State chooses to do so.



Who is Sending the IWO

- 1e Child Support Enforcement (CSE) Agency
 Court
 Attorney
 Private Individual/Entity
(Check One)

Instructions

- 1e. State or Tribal Child Support Enforcement Agency, Court, Attorney, Private Individual/Entity (Check one). Check the appropriate box to indicate which entity is sending the IWO. **Note:** If the employer/income withholder receives this document from someone other than a State or Tribal CSE agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an IWO.



NOTE

Revised IWO - Note

NOTE: If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

Instructions

Not applicable.

Note: Any party other than a State or Tribal CSE agency or court must provide a copy of the underlying order that contains the provision authorizing income withholding.



Who is the Issuing Entity

State/Tribe/Territory _____ **1f** _____

City/County/Dist./Tribe _____ **1h** _____

Private Individual/Entity _____ **1j** _____

Instructions

- 1f. Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1h.
- 1h. Name of the city, county or district sending this form. This must be a governmental entity of the State. Name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (Leave blank if a Tribe is not submitting this form on behalf of another Tribe).
- 1j. Name of the private individual/entity or Non IV-D Tribal CSE organization.



Case and Order Identifier

Revised IWO - Identifiers

Case Identifier _____ **1g** _____

Order Identifier _____ **1i** _____

Instructions

- 1g. Case Identifier. This is a unique identifier assigned to a case. In a State CSE case this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR Identifier or other applicable identifier.
- 1i. Order Identifier. This is a specific identifier designated by the issuing entity to identify the order. It could be a court number, docket number, or other issuer's identifier. This is an optional field.

Note: Case Identifier has replaced Case Number.



Employer/Income Withholder

- 2a. Employer/**Income** Withholder's Name
- 2b. Employer/**Income** Withholder's Address
- 2c. Employer/**Income** Withholder's Federal EIN

Instructions

- 2a. Employer/income withholder's name.
- 2b. Employer/income withholder's mailing address, city, and state. (This may differ from the employee/obligor's work site).
- 2c. Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

*Note: Employer/ **Income** Withholder allows the issuing entity to send the IWO for an Independent Contractor or other types of income withholders.*



Employee/Obligor

3a. Employee/Obligor's Name (Last, First, MI)

3b. Employee/Obligor's Social Security Number (if known)

Instructions

3a. Employee/obligor's last name, first name, and middle initial.

3b. Employee/obligor's Social Security Number (if known).



Custodial Party/Obligee

3c. Custodial Party/Obligee's Name

3d-n. Child's Name (Last, First, MI)

3e-o. Child's Birth Date

Instructions

3c. Custodial party/obligee's last name, first name, and middle initial.

3d-3n. Child's last name, first name, and middle initial. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 31 (Additional Information).)

3e-3o. Child's birth date.



Blank Box



Instructions

A blank box has been placed in the shaded box on the front page midway down under the Custodial Party (3c) field for court stamps, bar codes or other information.



Order Information

ORDER INFORMATION: This document is based on the support or withholding order from 4 . You are required by law to deduct these amounts from the employee/obligor's income until further notice.

Instructions

4. Name of the State or Tribe that issued the order.



Order Information (Cont.)

\$ 5a Per 5b current child support
\$ 6a Per 6b past-due child support
6c Arrears greater than 12 weeks? Yes No
\$ 7a Per 7b current cash medical support
\$ 8a Per 8b past-due cash medical support
\$ 9a Per 9b current spousal support
\$ 10a Per 10b past-due spousal support
\$ 11a Per 11b other (must specify) 11c

Instructions

5a-10b. For each specific kind of support, the dollar amount to be withheld for payment per time period that corresponds to that amount (such as per week, month, etc.).

11a-11b. Miscellaneous obligations dollar amount to be withheld for payment per period that corresponds to that amount. Specify the obligation in field 11c.

Note: If the Order Information does not indicate whether the arrears are greater than 12 weeks, then the employer is instructed to calculate the CCPA limit using the lower percentage. Do not complete 5a-11c when the IWO is used for a ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT.



Amounts to Withhold

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:

Instructions

AMOUNTS TO WITHHOLD - Fields 13a through 13d refer to the dollar amount to be withheld for this IWO for a specific pay cycle.



Amounts to Withhold (Cont.)

AMOUNTS TO WITHHOLD:

\$ __ 13a__ per weekly pay period

\$ __ 13b__ per biweekly pay period (every two weeks)

\$ __ 13c__ per semimonthly pay period (twice a month)

\$ __ 13d__ per monthly pay period

Instructions

13a. Total amount an employer should withhold if the employee/obligor is paid weekly.

13b. Total amount an employer should withhold if the employee/obligor is paid every two weeks.

13c. Total amount an employer should withhold if the employee/obligor is paid twice a month.

13d. Total amount an employer should withhold if the employee/obligor is paid once a month.



Amounts to Withhold (Cont.)

\$ 14 ONE-TIME LUMP SUM PAYMENT Do not stop any existing IWO unless you receive a termination order.

Instructions

14. Amount to be withheld when the IWO is used to attach a one-time lump sum payment. This field should be used in conjunction with field 1b. When attaching a lump sum payment, leave fields 5a-13d blank.

Note: This is the total amount of the lump sum payment to be withheld.



Remittance Information

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____15_____, you must begin withholding no later than the first pay period that occurs ___16___ days after the date of ___17___. Send payment within ___18___ working days of the pay date.

Instructions

15. Name of the State or Tribe sending this document.
16. Number of days after the effective date noted in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.
17. The effective date of the income withholding order.
18. Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.



Document Tracking Identifier

Document Tracking Identifier _____ 19 _____

Instructions

19. Document Tracking Identifier. Unique identifier assigned by the entity for this specific document. This is an optional field used to identify the document.

Note: The Document Tracking Number appears in the footer of the first page of the form.



Remittance Information

If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 20% of disposable income for all orders.

Instructions

20. The percentage of disposable income that may be withheld from the employee/obligor's paycheck. For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.



Remittance Information (Cont.)

If the employee/obligor's principal place of employment is not
15, see the **ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS** for limitations on withholding, applicable time requirements and any allowable employer's fees.

Instructions

15. Name of the State or Tribe sending this document.



Remittance Information (Cont.)

For EFT/EDI instructions, **contact the EFT/EDI office at the website listed below.** If **paying by check**, make check payable to:

_____21_____.

Instructions

21. Payee name. Name of State Disbursement Unit (SDU), individual, tribunal/court, or Tribal CSE agency specified in the underlying support order to which payments are required to be sent. This form must include the payment location specified by the entity authorized under State or Tribal law to issue an income withholding order. Federal law requires payments made by income withholding to be sent to the SDU except for payments for cases in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE cases.



Remittance Information (Cont.)

Include this **Remittance Identifier** with payment: _____22_____.

Instructions

22. Remittance Identifier. This field is required. The employer must use this identifier when remitting payments so the State or Tribe can identify and apply the payment correctly. This identifier may be the case identifier, order identifier, or other identifier designated by the State or Tribe.

Note: The Remittance Identifier is a new field specifically designed to be used so that the payment issued by the employer will be easily recognized and processed at the SDU. This is the critical identifier between the issuer and the employer.



Remittance Information (Cont.)

Send check to: _____ 23 _____

FIPS code (If necessary): _____ 24 _____

Instructions

23. Address of the SDU, individual, tribunal/court, or Tribal CSE agency to which payments are required to be sent. (Federal law requires payments made by income withholding to be sent to the SDU except for payments for cases in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE cases).
24. Include the Federal Information Processing Standards (FIPS) code if necessary.



Signature

Signature (if required by State or Tribal law): _____ **25** _____

Print Name: _____ **26** _____

Title of Issuing Official: _____ **27** _____

Instructions

25. Signature (if required by State or Tribal law) of the official authorizing this IWO.
26. Name of the official authorizing this IWO.
27. Title of the official authorizing this IWO.

Note: The signature field may not be completed if not required by State or Tribal law.



Copy to Employee

28 If checked, you are required to provide a copy of this form to the employee/obligor. 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 must be provided to the employee/obligor even if the box is not checked.

Instructions

28. Check this box if the State or Tribal law requires the employer to provide a copy of the IWO to the employee/obligor.



Website Information

State-specific information may be viewed on the OCSE Employer Services website located at:

NEW

<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

Instructions

Not applicable.

Note: Instructions for accessing the website for state-specific information is included under “Additional Information for Employers and Other Income Withholders” on page 2 of the form.



Priority Information

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Instructions

Not applicable.

Note: *A Federal tax debt takes precedence over a child support withholding order if an IRS levy was served prior to the issuance of the child support order. Employers may contact the child support agency if a levy was received prior to an IWO. If the underlying order was not established prior to the IRS levy, the child support agency can then contact the IRS to determine if the levy may be modified to allow withholding of any child support.*



Multiple Support Withholdings

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Instructions

Not applicable.



Lump Sum Payments

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Instructions

Not applicable.



Liability

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

29

Instructions

29. Liability: *Enter any* Additional information on the penalty and/or citation for an employer who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

Note: *State-specific information is to be listed here.*



Anti-discrimination

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 a child support withholding.

30

Instructions

30. Anti-discrimination: *Enter any* Additional information on the penalty and/or citation to an employer who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.



Withholding Limits

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. 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, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Instructions

Not applicable.



OMB Expiration Date

OMB Expiration Date – 10/31/2010. The OMB Expiration Date has no bearing on the termination date or validity of the income withholding order; it identifies the version of the form currently in use.

Instructions

Not applicable.

Note: The Office of Management and Budget (OMB) Expiration Date of 10/31/2010 is included in the footer on page 2. To ensure that the employer/withholder understands the purpose of the Expiration Date, an explanation has been provided.



Arrears Greater than 12 Weeks

Arrears greater than 12 weeks? If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Instructions

Not applicable.



Tribal Orders

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Instructions

Not applicable.



Health Insurance Premiums

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Instructions

Not applicable.



Additional Information

31. Additional Information:

Instructions

31. Additional Information: Any additional information, e.g., fees the employer may charge for income withholding or children's names and DOBs on this IWO if there are more than six children.

Note: State-specific information is listed here.



Header Information

Employee/Obligor's Name: _____ **3a** _____

Case Identifier: _____ **1g** _____

Order Identifier: _____ **1i** _____

Employer's Name: _____ **2a** _____

Instructions

Header Information should be printed on the last page of the IWO for identification purposes when the employer returns the Notification of Termination of Employment Section.

These fields include:

3a – Employee/Obligor's Name, 1g – Case Identifier, 1i – Order Identifier, if provided, and 2a – Employer's Name

.

Note: States should complete the header information so employee/obligor case information appears on the completed page when returned by the employer.



Employee Termination

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

This person has never worked for this employer.

This person no longer works for this employer.



NEW

Instructions

Not applicable.

Note: The Notification of Termination section has been expanded so that the employer may provide additional information.



Notification of Employee Termination

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit or

Tribal CSE agency: _____

Final payment amount: _____



New employer's name: _____

New employer's address: _____

Instructions

The employer must complete this section when the employee/obligor's employment is terminated or if the obligor has never worked for the employer.



Employer Contact

To employer: If the employer/income withholder has any questions, contact

**_____32_____ by phone at _____33_____, by fax at
_____34_____, by email or website at: _____35_____**

Send termination notice and other correspondence to:

NEW

_____36_____

Instructions

Please provide the following contact information to the employer:

- 32 Name of the contact person for the employer to call for information regarding the IWO.
- 33 Phone number of the contact person.
- 34 Fax number of the contact person.
- 35 Email or website address of the contact person/agency.
36. Correspondence address. This is the address to which the employer should return the termination notice. It is also the address that the employer should use to correspond with the issuing entity.

Note: States should provide their contact information in case the employer has questions regarding the IWO.



Employee Contact

To employee/obligor: If the employee/obligor has questions, contact _____37_____ by phone at _____38_____, by fax _____39_____, by email or website at _____40_____.

Instructions

Please provide the following contact information to the employee/obligor:

37. Name of the contact person for the employee/obligor to call for information.
38. Phone number of the contact person.
39. Fax number of the contact person.
40. Email or website address of the contact person/agency.

Note: States should provide their contact information in case the employee/obligor has questions regarding the IWO.



Federal Government Agency

Instructions

If the employer is a Federal government agency, the following instructions apply:

- The IWO should be sent to the address listed on the document, *Federal Agencies-Addresses for Income Withholding Purposes*, on the Office of Child Support Enforcement (OCSE) website at <http://www.acf.hhs.gov/programs/cse/newhire/ndnh/ndnh.htm>.
- Sufficient information must be provided for the employee/obligor to be identified. It is recommended that the following information be provided if known and if applicable:
 - (1) full name of the employee/obligor; (2) date of birth; (3) employment number, Department of Veterans Affairs claim number, or Federal retirement claim number;
 - (4) component of the government entity for which the employee/obligor works, and the official duty station or worksite; and (5) status of the employee, e.g., employee, former employee, or retired employee.



Federal Government Agency (cont.)

Instructions

- The Federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.



Paperwork Reduction Act

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.