#### INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154

Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date:

Private Individual/Entity (Check One)

INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

Court

AMENDED IWO

ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

**TERMINATION OF IWO** 

**NOTE:** This IWO must be regular on its face. Under certain circumstances, you must reject this IWO and return it to the sender (see IWO instructions <a href="https://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions">www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions</a>). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be

attached.

State/Tribe/Territory Remittance ID (include w/payment)

Attorney

City/County/Dist./Tribe Order ID
Private Individual Entity Case ID

#### II. Employer and Case Information: (Completed by the Sender)

RE:

Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)

Employer/Income Withholder's Address Employee/Obligor's Social Security Number

Employee/Obligor's Date of Birth

Custodial Party/Obligee's Name (Last, First, Middle)

Yes

No

Employer/Income Withholder's FEIN

Child Support Agency (CSA)

Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)

#### III. Order Information: (Completed by the Sender)

This document is based on the support order from (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ Per	current child support
\$ Per	past-due child support - Arrears greater than 12 weeks?
\$ Per	current cash medical support
\$ Per	past-due cash medical support
\$ Per	current spousal support
\$ Per	past-due spousal support

\$ Per other (must specify) for a **Total Amount to Withhold** of \$ per

## IV. Amounts to Withhold: (Completed by the Sender)

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:

\$ per weekly pay period \$ per semimonthly pay period (twice a month)

\$ per biweekly pay period (every two weeks) \$ per monthly pay period

\$ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

Employer/Income Withholder's Name:	Employer/Income Withholder's FEIN:
Employee/Obligor's Name:	SSN:
Case ID:	Order ID:

Order in

#### V. Remittance Information: (Completed by the Sender, except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is
later than the first pay period that occurs days after the date of of the order/notice. Send payment
within business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this
employee/obligor, withhold % of disposable income for all orders. If the employee/obligor's principal place of
employment is not (State/Tribe), obtain withholding limitations, time requirements, the appropriate
method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of
the employee/obligor's principal place of employment.

State-specific withholding limit information is available at <a href="www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements">www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements</a>. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at <a href="www.acf.hhs.gov/sites/default/files/programs/css/tribal\_agency\_contacts\_printable\_pdf.pdf">www.acf.hhs.gov/sites/default/files/programs/css/tribal\_agency\_contacts\_printable\_pdf.pdf</a> or <a href="www.bia.gov/tribalmap/DataDotGovSamples/tld">www.bia.gov/tribalmap/DataDotGovSamples/tld</a> map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at <a href="https://www.dol.gov/agencies/whd/fact-sheets/30-cppa">https://www.dol.gov/agencies/whd/fact-sheets/30-cppa</a>. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at <a href="https://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements">www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements</a>.

## Remit payment to

at

(SDU/Tribal Order Payee) (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/**Tribal order payee** on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

# If Required by State or Tribal Law:

Signature of Judge/Issuing Official: Print Name of Judge/Issuing Official: Title of Judge/Issuing Official:

Date of Signature:

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 of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name:	Employer/Income Withholder's FEIN:					
Employee/Obligor's Name:	SSN:					
Case ID:	Order ID:					
/I. Additional Information for Employers/Income Withholders: (Completed by the Sender)						
<b>Priority:</b> Withholding for support has priority over any other legal process under state law against the same income section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.						
yments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal A within 7 business days, or fewer if required by state law, after the date the income would have been paid to the ployee/obligor and include the date you withheld the support from his or her income. You may combine withheld ounts from more than one employee/obligor's income in a single payment as long as you separately identify each ployee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child pport Services (OCSS) Child Support Portal.						
bonuses, commissions, or severance pay, to this employer report and/or withhold lump sum payments. Employers/ir (ocsp.acf.hhs.gov/csp/) to provide information about employers.	state or tribal CSA of upcoming lump sum payments, such as ee/obligor. Contact the sender to determine if you are required to acome withholders may use the OCSS Child Support Portal loyees who are eligible to receive lump sum payments and to their companies. Child support payments may not be made					
	s IWO, contact the sender. If you fail to withhold income from the able for both the accumulated amount you should have withheld					
	ed under state or tribal law for discharging an employee/obligor ry action against an employee/obligor because of this IWO.					
Supplemental Information:						

Employer/Income Withholder's	Name:	Employer/Income Withholder's	FEIN:				
Employee/Obligor's Name:			SSN:				
Case ID:	C	Order ID:					
VII. Notification of Employm	ent Termination or Incom	e Status: (Completed by the	Employer/Income Withholder)				
If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the <b>Contact Information</b> section below or by using the OCSS Child Support Portal ( <a href="https://ocsp.acf.hhs.gov/csp/">ocsp.acf.hhs.gov/csp/</a> ). Please report the new employer or income withholder, if known.  This person has never worked for this employer nor received periodic income.  This person no longer works for this employer nor receives periodic income.							
Please provide the following information for the employee/obligor:							
Termination date:		Last known telephone no	umber:				
Last known address:							
Final payment date to SDU/Trik	oal Payee:	Final payment amount:					
New employer's or income with	nholder's name:						
New employer's or income withholder's address:							
VIII. Contact Information: (C	ompleted by the Sender)						
<u>To Employer/Income Withholder</u> : If you have questions, contact (sender name) by							
telephone:	, by fax:	, by email, or website:					
Send termination/income status notice and other correspondence to							
			(sender address).				
To Employee/Obligor: If the employee/obligor has questions, contact (sender nar							
by telephone:	, by fax:	, by email or website:					
IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.							

# **Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).