

# HOW TO FILL OUT THE INCOME WITHHOLDING FOR SUPPORT FORM (DO NOT USE FOR CASES INVOLVING MAINTENANCE ONLY)

## Instructions for filling out Sections I - IV of the *Income Withholding for Support* form

### 1. In Section I:

- Check box **1a** if this is the first *Income Withholding for Support* you are sending.
- Check box **1b** if you are sending a new *Income Withholding for Support* form because the payment amount has changed or a payment for past due support has been added.
- Check box **1c** if the support order is for a lump sum of money that is going to be paid in installments.
- Check box **1d** if withholding should end.
- Check a box in **1e** that describes you. If you are representing yourself, check the box that says, "Private Individual/Entity."

2. Enter the county where your *Order for Support* was granted.
3. Enter your full name.
4. Look at pg. 4 for a list of Remittance ID codes. Find the county where your *Order for Support* was granted and enter the code number for that county and the case number on your *Order for Support*.

|  |  |  |
|--|--|--|
| <b>1</b>   |  | OMB 0970-0154<br>Expiration Date: 09/30/2023 |
| <b>INCOME WITHHOLDING FOR SUPPORT</b>  |  |  |
| <b>I. Sender Information: (Completed by the Sender)</b>  |  | Date: _____                                  |
| <b>a</b> <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  | <b>b</b> <input type="checkbox"/> AMENDED IWO OR ENFORCEMENT IWO |  |
| <b>c</b> <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT   | <b>d</b> <input type="checkbox"/> TERMINATION OF IWO             |  |
| <b>e</b> <input type="checkbox"/> Child Support Enforcement (CSE) Agency <input type="checkbox"/> Court <input type="checkbox"/> Attorney <input type="checkbox"/> Private Individual/Entity (Check One)   |  |  |
| <b>NOTE:</b> 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="http://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 CSE agency or a court, a copy of the underlying support order must be attached. |  |  |
| State/Tribe/Territory <u>Illinois</u>  | Remittance ID (include w/payment) <u>4</u>                       |  |
| City/County/Dist./Tribe <u>2</u>   | Order ID <u>5</u>  |  |
| Private Individual Entity <u>3</u>   | Case ID <u>6</u>   |  |
| <b>II. Employer and Case Information: (Completed by the Sender)</b>  |  |  |
| <b>7</b> _____   | RE: <b>9</b> _____   |  |
| Employer/Income Withholder's Name  | Employee/Obligor's Name (Last, First, Middle)                    |  |
| <b>8</b> _____   | <b>10</b> _____  |  |
| Employer/Income Withholder's Address   | Employee/Obligor's Social Security Number                        |  |
| _____  | <b>11</b> _____  |  |
| _____  | Employee/Obligor's Date of Birth                                 |  |
| _____  | <b>12</b> _____  |  |
|  | Custodial Party/Obligee's Name (Last, First, Middle)             |  |
| Employer/Income Withholder's FEIN <b>13</b> _____  |  |  |
| Child(ren)'s Name(s) (Last, First, Middle) <b>14</b> _____   | Child(ren)'s Birth Date(s) _____                                 |  |
| _____  | _____  |  |
| _____  | _____  |  |

**5.** Enter the case number for your *Order for Support* (the same case number you put in the Remittance ID).

**6.** If the state child support enforcement agency is involved, enter the number assigned to your case. It will begin with "IV".

**7.** Enter the name of the employer of the person paying support.

**8.** Call the employer's payroll or human resources department and ask for the address where they want you to send the *Notice of Income Withholding*. Enter the employer address here.

**9.** Enter the full name of the person paying support.

**10.** Enter the Social Security number of the person paying support.

**11.** Enter the date of birth of the person paying support.

**12.** Enter your name.

**13.** Enter the Employer's FEIN number if you have it or leave it blank.

**14.** Enter the full name and date of birth of each child who is receiving support.

**15.** Transfer the information from your *Order of Support* and enter it here. What is called Maintenance on the *Order of Support* is called spousal support here. Do not use this form if only maintenance was ordered.

**15 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?  Yes  No  
 \$ \_\_\_\_\_ 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 \_\_\_\_\_.

**16.** Transfer the Total Amount to Withhold from box 15 and put it next to the pay cycle that matches how often the support is to be paid.

**16 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

**17.** If the judge ordered a lump sum payment, enter the amount in this box. Do not enter anything in the field labeled "Document Tracking ID."

**17**  
 \$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov).

Document Tracking ID: \_\_\_\_\_

**Instructions for filling out the tops of pages 2-5.**

**18.** Enter the same information you entered in Section II on page 1. If you are completing this on a computer, the information should auto-fill once it is input in Section II.

**18**

Employer/Income Withholder's Name: \_\_\_\_\_ Employer/Income Withholder's FEIN: \_\_\_\_\_

- Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Case ID: \_\_\_\_\_ Order ID: \_\_\_\_\_

**Instructions for filling out Section V.**

**19.** Remittance information for Illinois is already provided.

**20.** Enter the following for SDU/Tribal Payee Address: Illinois State Disbursement Unit (SDU), PO Box 5400, Carol Streams, IL 60197-5400.

**21.** Do NOT check this box.

**22.** Do NOT enter information in this section.

**23.** Do NOT check this box.

**Instructions for filling out**

**24.** Do NOT complete any of these sections.

**19 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 Illinois (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of mailing of the order/notice. Send payment within 7 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 65 % of disposable income for all orders. If the employee/obligor's principal place of employment is not Illinois (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 [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [www.bia.gov/tribalmmap/DataDotGovSamples/tld\\_map.html](http://www.bia.gov/tribalmmap/DataDotGovSamples/tld_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 [www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf](http://www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf). 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 [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

**20** Remit payment to \_\_\_\_\_ (SDU/Tribal Order Payee) at \_\_\_\_\_ (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](http://www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements).

**21**  **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.

**22** **If Required by State or Tribal Law:**  
 Signature of Judge/Issuing Official: \_\_\_\_\_  
 Print Name of Judge/Issuing Official: Illinois Does Not Require Judicial Approval  
 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.

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

**24** **Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 this IWO.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supplemental Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Instructions for filling out Section VII.

**25.** Do NOT complete this section. The employer will provide this information if the person paying support does not work there or stops working there.

### 25 VII. Notification of Employment Termination or Income 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 CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal ([ocsp.acf.hhs.gov/cspj](http://ocsp.acf.hhs.gov/cspj)). 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 number: \_\_\_\_\_

Last known address: \_\_\_\_\_  
 \_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's or income withholder's name: \_\_\_\_\_

New employer's or income withholder's address: \_\_\_\_\_  
 \_\_\_\_\_

## Instructions for filling out Section VIII.

**26.** Enter your name, address, phone, fax, and email if you have it. **Do NOT** enter your information if it should be kept private from the person paying support because of an order of protection or other order. Instead, enter a safe address, phone, fax, and email that do not belong to you, but where you can get information. For example, the address of a friend or relative.

### 26 VIII. Contact Information: (Completed by the Sender)

**To Employer/Income Withholder:** 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 name) 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.

#### Remittance ID Codes

|                      |                     |                      |                       |
|----------------------|---------------------|----------------------|-----------------------|
| 1700100 - Adams      | 1705100 - Fayette   | 1710300 - Lee        | 1715500 - Putnam      |
| 1700300 - Alexander  | 1705300 - Ford      | 1710500 - Livingston | 1715700 - Randolph    |
| 1700500 - Bond       | 1705500 - Franklin  | 1710700 - Logan      | 1715900 - Richland    |
| 1700700 - Boone      | 1705700 - Fulton    | 1710900 - McDonough  | 1716100 - Rock Island |
| 1700900 - Brown      | 1705900 - Gallatin  | 1711100 - McHenry    | 1716300 - St. Clair   |
| 1701100 - Bureau     | 1706100 - Greene    | 1711300 - McLean     | 1716500 - Saline      |
| 1701300 - Calhoun    | 1706300 - Grundy    | 1711500 - Macon      | 1716700 - Sangamon    |
| 1701500 - Carroll    | 1706500 - Hamilton  | 1711700 - Macoupin   | 1716900 - Schuyler    |
| 1701700 - Cass       | 1706700 - Hancock   | 1711900 - Madison    | 1717100 - Scott       |
| 1701900 - Champaign  | 1706900 - Hardin    | 1712100 - Marion     | 1717300 - Shelby      |
| 1702100 - Christian  | 1707100 - Henderson | 1712300 - Marshall   | 1717500 - Stark       |
| 1702300 - Clark      | 1707300 - Henry     | 1712500 - Mason      | 1717700 - Stephenson  |
| 1702500 - Clay       | 1707500 - Iroquois  | 1712700 - Massac     | 1717900 - Tazewell    |
| 1702700 - Clinton    | 1707700 - Jackson   | 1712900 - Menard     | 1718100 - Union       |
| 1702900 - Coles      | 1707900 - Jasper    | 1713100 - Mercer     | 1718300 - Vermilion   |
| 1703100 - Cook       | 1708100 - Jefferson | 1713300 - Monroe     | 1718500 - Wabash      |
| 1703300 - Crawford   | 1708300 - Jersey    | 1713500 - Montgomery | 1718700 - Warren      |
| 1703500 - Cumberland | 1708500 - JoDaviess | 1713700 - Morgan     | 1718900 - Washington  |
| 1703700 - DeKalb     | 1708700 - Johnson   | 1713900 - Moultrie   | 1719100 - Wayne       |
| 1703900 - DeWitt     | 1708900 - Kane      | 1714100 - Ogle       | 1719300 - White       |
| 1704100 - Douglas    | 1709100 - Kankakee  | 1714300 - Peoria     | 1719500 - Whiteside   |
| 1704300 - DuPage     | 1709300 - Kendall   | 1714500 - Perry      | 1719700 - Will        |
| 1704500 - Edgar      | 1709500 - Knox      | 1714700 - Piatt      | 1719900 - Williamson  |
| 1704700 - Edwards    | 1709700 - Lake      | 1714900 - Pike       | 1720100 - Winnebago   |
| 1704900 - Effingham  | 1709900 - LaSalle   | 1715100 - Pope       | 1720300 - Woodford    |
|                      | 1710100 - Lawrence  | 1715300 - Pulaski    |                       |

**INCOME WITHHOLDING FOR SUPPORT**

OMB 0970-0154  
Expiration Date: 08/31/2026

**I. Sender Information: (Completed by the Sender)**

Date:

**INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**

**AMENDED IWO**

**ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**

**TERMINATION OF IWO**

Child Support Agency (CSA)    Court    Attorney    Private Individual/Entity (Check One)

**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 [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). 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)

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)

Employer/Income Withholder's FEIN

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? | Yes | No |
| \$ | 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:

**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 (State/Tribe), you must begin withholding no 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 [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](http://www.bia.gov/tribalmap/DataDotGovSamples/tld_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 <https://www.dol.gov/agencies/whd/fact-sheets/30-cppa>. 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 [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

|   |  |
|---|--|
| <p><b>Remit payment to</b><br/>at</p> <p>Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee on the payment.</p> <p>To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at <a href="http://www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements">www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements</a>.</p> | <p>(SDU/Tribal Order Payee)<br/>(SDU/Tribal Payee Address)</p> |
|---|--|

**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.

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| <p><b>If Required by State or Tribal Law:</b><br/>Signature of Judge/Issuing Official:<br/>Print Name of Judge/Issuing Official:<br/>Title of Judge/Issuing Official:<br/>Date of Signature:</p> |
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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:

**VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)**

**Priority:** 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.

**Payments:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

**Lump Sum Payments:** You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://ocsp.acf.hhs.gov/csp/)) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

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**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 this IWO.

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**Supplemental Information:** \_\_\_\_\_

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Employer/Income Withholder's Name:

Employer/Income Withholder's FEIN:

Employee/Obligor's Name:

SSN:

Case ID:

Order ID:

**VII. Notification of Employment Termination or Income 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 **Contact Information** section below or by using the OCSS Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://ocsp.acf.hhs.gov/csp/)). 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 number:

Last known address:

Final payment date to SDU/Tribal Payee:

Final payment amount:

New employer's or income withholder's name:

New employer's or income withholder's address:

**VIII. Contact Information: (Completed by the Sender)**

**To Employer/Income Withholder:** 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 name)

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).