OMB 0970-0154 Expiration Date: 09/30/2023 JUD10

**OMB 0970-0154**

**Expiration Date: 09/30/2023**

**INCOME WITHHOLDING FOR SUPPORT**

1. **Sender Information: (Completed by the Sender) Date:** {{date1}}

{%if iwo == ‘on’%}☒{%else%}☐{%endif%} **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** {%if amendiwo == ‘on’%}☒{%else%}☐{%endif%} **AMENDED IWO**

{%if lump == ‘on’%}☒{%else%}☐{%endif%} **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** {%if termiwo == ‘on’%}☒{%else%}☐{%endif%} **TERMINATION OF IWO**

{%if cse == ‘on’%}☒{%else%}☐{%endif%}Child Support Enforcement (CSE) Agency {%if court == ‘on’%}☒{%else%}☐{%endif%}Court {%if attorney == ‘on’%}☒{%else%}☐{%endif%}Attorney {%if private == ‘on’%}☒{%else%}☐{%endif%}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 instruction www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). 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 {{statetribeterritory}} Remittance ID (include w/payment) {{remittanceid}}

City/County/Dist./Tribe {{citycountydisttribe}} Order ID {{orderid}}

Private Individual Entity {{privateindividualentity}} Case ID {{caseid}}

1. **Employer and Case Information: (Completed by the Sender)**

{{employername}} RE: {{employeename}}

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

{{employeraddress1}} {{employeessn}}

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

{{employeraddress2}} {{employeedob}}

Employee/Obligor’s Date of Birth

{{employeraddress3}} {{obligeename}}

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

Employer/Income Withholder’s FEIN {{fein}}

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

{{child1}} {{child1dob}}

{{child2}} {{child2dob}}

{{child3}} {{child3dob}}

{{child4}} {{child4dob}}

{{child5}} {{child5dob}}

{{child6}} {{child6dob}}

1. **Order Information: (Completed by the Sender)**

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

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

${{dollar1}} Per {{per1}} current child support

${{dollar2}} Per {{per2}} past-due child support - Arrears greater than 12 weeks? {%if yes12 == ‘on’%}☒{%else%}☐{%endif%} Yes {%if no12 == ‘on’%}☒{%else%}☐{%endif%} No

${{dollar3}} Per {{per3}} current cash medical support

${{dollar4}} Per {{per4}} past-due cash medical support

${{dollar5}} Per {{per5}} current spousal support

${{dollar6}} Per {{per6}} past-due spousal support

${{dollar7}} Per {{per7}} other (must specify) {{other}}

For a **Total Amount to Withhold of $** {{totalwithhold}} per {{per8}}

1. **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:

$ {{perweek}} per weekly pay period $ {{persemimonth}} per semimonthly pay period (twice a month)

$ {{pertwoweeks}} per biweekly pay period (every two weeks) $ {{permonth}} per monthly pay period

$ {{lumpsum}} **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).

Income Withholding for Support (IWO) Document Tracking ID {{documented}} Page 1 of 4

Employer/Income Withholder’s Name: {{employername2}} Employer/Income Withholder’s FEIN: {{fein2}}

Employee/Obligor’s Name: {{employeename2}} SSN: {{employeessn2}}

Case ID: {{caseid2}} Order ID: {{orderid2}}

1. **Remittance Information: (Completed by the Sender except for the “Return to Sender” check box.)**

If the employee/obligors principal place of employment is {{principal}} (State/Tribe), you must begin withholding no

later than the first pay period that occurs {{days1}} days after the date of {{daysof}} of the order/notice. Send payment

within {{days2}} 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 {{withholdpercent}} % of disposable income for all orders. If the employee/obligor’s principal place of

employment is not {{statetribeterritory2}} (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. 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 or

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 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 the IWO. This

information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-

requirements.

**Remit payment to** {{remitto}} (SDU/Tribal Order Payee)

at {{remitaddress}} (SDU/Trial Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribe order payee {{remitid}}

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.

JJJJ

**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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income Withholding for Support (IWO) Page 2 of 4

Employer/Income Withholder’s Name: {{employername3}}Employer/Income Withholder’s FEIN: {{fein3}}

Employee/Obligor’s Name: {{employeename3}} SSN: {{employeessn3}}

Case ID: {{caseid3}} Order ID: {{orderid3}}

1. **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 ta levy is in effect, please notify the sender.

**Payments:** You must send child support payments payable by income withholding to the appropriate State Disbursement

Unit or to a tribal CSE agency 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 Enforcement (OCSE) Child Support Portal.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to

this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are

required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE’s Child Support

Portal (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 federal OCSE 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. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{{liability}}

**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.

{{antidiscrimination}}

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

{{supplemental}}

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income Withholding for Support (IWO) Page 3 of 4

Employer/Income Withholder’s Name: {{employername4}}Employer/Income Withholder’s FEIN: {{fein4}}

Employee/Obligor’s Name: {{employeename4}}SSN: {{employeessn4}}

Case ID: {{caseid4}} Order ID: {{orderid4}}

1. **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/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**To employer/income withholder:** If you have questions, contact {{sender}} (sender name) by

telephone: {{sendertel}} , by fax: {{senderfax}} , by email or website: {{senderwebsite}}.

Send termination/income status notice and other correspondence to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{{noticeto}}

**To employee/obligor:** If the employee/obligor has questions, contact {{sender2}} (sender name)

by telephone: {{sender2tel}} , by fax: {{senderfax2}} , by email or website: {{senderwebsite2}}.

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 Enforcement.

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).

{{data\_string}}

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income Withholding for Support (IWO) Page 4 of 4