# How to Complete an Income Withholding for Support Order (IWO)

A Guide to the IWO and Instructions

November 2017

**ACF** OFFICE OF CHILD SUPPORT ENFORCEMENT

# Revised IWO Form and Instructions

- Current version expires on 8/31/2020.

- Child support agencies must update their systems and issue the current version by 8/31/2018.

- IWO form – sender must complete all fields unless indicated as optional.

- IWO instructions – section headers are directed to person completing the section:

  – **Completed by Sender**

  – **Note to Employer/Income Withholder**

  – **Completed by Sender If Required by State or Tribal Law**

# Instructions & Notes

# Original Notice and Amended Notice

- 1a. Sender checks Income Withholding Order/Notice for Support (IWO) if this is the first IWO issued to the employer for the noncustodial parent.

- 1b. Sender checks Amended IWO to replace a previously issued IWO.

**NOTE**

- Sender may check only one block (1a, 1b, 1c, or 1d) on a form.

# Lump Sum Payment Notice

- 1c. Sender checks One-Time Order/Notice for Lump Sum Payment to collect a single lump sum payment after receiving notification of an upcoming lump sum payment by an employer or other source.

**NOTE**

- Sender may check only one block (1a, 1b, 1c, or 1d) on a form.

# Lump Sum Payment Notice (continued)

- If sender checks 1c, then enter the amount in the Amounts to Withhold section, Lump Sum Payment, field 14.

- Additional IWOs must be issued to collect recurring or subsequent lump sum payments.

**NOTE**

- Sender may check only one block (1a, 1b, 1c, or 1d) on a form.

# Termination of IWO

- 1d. Sender checks Termination of IWO to stop income withholding on a child support order.

**NOTE**

- Sender may check only one block (1a, 1b, 1c, or 1d) on a form.

# Who is sending the IWO?

- 1f. Sender checks box to identify entity issuing the order/notice.

**NOTE**

- Senders that are private parties or attorneys should contact the state child support agency to determine whether to send a copy of this form so the agency can process the payment.



INCOME WITHHOLDING FOR SUPPORT

1a ☐ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
1b ☐ AMENDED IWO
1c ☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
1d ☐ TERMINATION OF IWO                                    Date: _____ 1e _____

1f ☐ Child Support Enforcement (CSE) Agency ☐ 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). 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 _____ 1g _____   Remittance ID (include w/payment) _____ 1h _____
City/County/Dist./Tribe _____ 1i _____   Order ID _____ 1j _____
Private Individual/Entity _____ 1k _____   Case ID _____ 1l _____

_____ 2a _____                          RE: _____ 3a _____
Employer/Income Withholder's Name              Employee/Obligor's Name (Last, First, Middle)
_____ 2b _____                                  3b
Employer/Income Withholder's Address           Employee/Obligor's Social Security Number
_____                                              3c
_____                                        Employee/Obligor's Date of Birth
_____                                              3d
                                               Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN _____ 2c _____

Child(ren)'s Name(s) (Last, First, Middle)   Child(ren)'s Birth Date(s)
          3e                                        3f
_____                                _____
_____                                _____              3g
_____                                _____
_____                                _____
_____                                _____

# Regular On Its Face/Note

- The IWO must be rejected and returned to sender if it instructs the employer/ income withholder to send a payment to any person or place other than a state disbursement unit (SDU). For example, it cannot be payable to the custodial party, court, or attorney.

# Regular On Its Face/Note (continued)

**Exceptions to Sending Payments to the SDU**

If the underlying support order meets any of the following criteria, then there is no requirement for states to process child support payments through the SDU.

| If, | Then pay |
|---|---|
| The initial child support order was entered before 1/1/1994, and<br>- Has never been modified<br>- Has no arrearages<br>- Is not a case enforced by the IV-D agency | The payee on the order |
| The order was issued by a tribal child support agency | The tribal child support agency |

# Regular On Its Face/Note (continued)

- The IWO must be rejected and returned to sender if:

  - Form does not contain all information necessary for the employer to comply with the withholding

  - Form is altered or contains invalid information

  - Amount to withhold is not a dollar amount

  - Sender has not used the OMB-approved form for the IWO (employers and income withholders must honor the 2014 version of the form until 8/31/2018)

  - A copy of the underlying order is required and not included

# Sender Information

- 1g.  Sender that is a state or tribal child support agency enters the state or tribe name.

- 1i.  Sender enters name of city, county, or district; tribe enters only if submitting for another tribe.

# Private Individual or Entity

- 1k. Sender that is not a state or tribal child support agency enters the name of the private individual/entity.

# Remittance ID and Order ID

- 1h.  Remittance ID is the unique identifier that employers must use when sending payment for this IWO.

- 1j.  Order ID is the unique identifier for a child support obligation.  Not all obligations have an order identifier so this field may be blank.

# Case ID

- 1l.  Case ID is the unique identifier for a state or tribal child support agency case.



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1d ☐ TERMINATION OF IWO                                    Date: _____ 1e _____

1f ☐ Child Support Enforcement (CSE) Agency ☐ 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). 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 _____ 1g _____   Remittance ID (include w/payment) _____ 1h _____
City/County/Dist./Tribe _____ 1i _____   Order ID _____ 1j _____
Private Individual/Entity _____ 1k _____   Case ID _____ 1l _____

2a
Employer/Income Withholder's Name
2b
Employer/Income Withholder's Address

RE: _____ 3a _____
Employee/Obligor's Name (Last, First, Middle)
3b
Employee/Obligor's Social Security Number
3c
Employee/Obligor's Date of Birth
3d
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____ 2c _____

Child(ren)'s Name(s) (Last, First, Middle)   Child(ren)'s Birth Date(s)
3e                                            3f

3g

# Employer Information

- 2a, b, c. Sender inserts employer/income withholder's name, address, and FEIN.

# Obligor Identifying Information

- 3a.  Sender enters employee/obligor's name. A middle name is **optional**.

- 3b.  Sender must enter the full Social Security number.

# Obligor Identifying Information (continued)

- 3c.  **Optional** – Sender enters employee/obligor's date of birth.

- 3d, e, f.  Sender enters the custodial party/obligee's name, children's names, and children's dates of birth.  The middle names are **optional**.

- If a noncustodial parent has orders associated with more than one custodial party and children, issue one IWO for each unique state or tribal IV-D case or order.

# Blank Box

- 3g.  Box/Block is for court use.



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**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). 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 _____ 1g _____    Remittance ID (include w/payment) _____ 1h _____
City/County/Dist./Tribe _____ 1i _____    Order ID _____ 1j _____
Private Individual/Entity _____ 1k _____    Case ID _____ 1l _____

2a
Employer/Income Withholder's Name
2b
Employer/Income Withholder's Address

RE: _____ 3a _____
Employee/Obligor's Name (Last, First, Middle)
3b
Employee/Obligor's Social Security Number
3c
Employee/Obligor's Date of Birth
3d
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____ 2c _____

Child(ren)'s Name(s) (Last, First, Middle)    Child(ren)'s Birth Date(s)
3e                                              3f

3g

# ORDER INFORMATION

- 4.  Sender inserts the name of the state or tribe issuing the underlying support order.

- 5a, b, & 6a, b.  Sender inserts the dollar amount to be withheld per the time period specified in the underlying child support order.

# ORDER INFORMATION (continued)

- 6c. Sender must check the Yes/No box indicating whether arrears are greater than 12 weeks.

# ORDER INFORMATION (continued)

- 7a - 10b. Sender enters the dollar amounts to be withheld per week, month, and other time period, as specified in the underlying order.

- 11a, 11b, 11c. Sender must describe the type of obligation and enter the dollar amount to be withheld per week, month, and other time period, as specified in the underlying order.

# ORDER INFORMATION (continued)

- 12a.  Sender enters the total of fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a.

- 12b.  Sender enters frequency of withholding.

**NOTE**

- Check the total to make sure that it correctly sums the fields.

# AMOUNTS TO WITHHOLD

- 13a, b, c, d.  Sender enters the dollar amount to be withheld per weekly, biweekly, semimonthly, and monthly pay periods.

**NOTE**

- There must be specific dollar amounts in fields 13a through 13d.  The IWO instructions clarify that employers may annualize payments.

# AMOUNTS TO WITHHOLD (continued)

- 14. Sender enters the dollar amount to be withheld when the IWO is used to attach a lump sum payment.

- Sender enters an amount in field 14 **when field 1c is checked**.

**NOTE**

- Additional IWOs must be issued to collect recurring or subsequent lump sum payments.

# Document Tracking ID

- 15. Document Tracking ID is a number assigned by the entity sending the document that uniquely identifies the document.

- Completing the field is optional. However, the text "Document Tracking ID _____" must appear on the IWO form.

# Footers on IWO Pages

- The footer at the bottom of the page must contain the title of the form, and the OMB form number, expiration date, and page number, as shown.

- Footers on subsequent pages contain only the form title and page number.

# Headers on Pages 2 - 4

- Sender enters standard headers on pages 2 - 4 to identify and link pages if separated.

**NOTE**

- This information must appear on all pages after page 1. The header is useful if an employer uses the form to report terminations.

# REMITTANCE INFORMATION

- 20. Sender enters the maximum percentage of disposable income that an employer/income withholder may withhold from the employee/obligor's pay.

**NOTE**

- The sender must specify a single percentage, not a range of percentages.

# REMITTANCE INFORMATION (continued)

- If the obligor is a non-employee, for example, an independent contractor, the state or tribal child support agency should provide withholding limits in Supplemental Information.

**NOTE**

- State-specific limits for non-employees are on the State Income Withholding matrix on the OCSE website.

# REMITTANCE INFORMATION (continued)

- 21. Sender enters the name of the state or tribe sending the order.

- There is a link to tribal contacts.

**NOTE**

- Jurisdiction of the employee/obligor's principal place of employment determines withholding limits, time requirements, and employer fees.

# REMITTANCE INFORMATION (continued)

- 22.  Sender enters the standard Locator code for a state, county, or city.  These were formerly known as FIPS codes.

# REMITTANCE INFORMATION (continued)

- 23, 24.  Sender enters the name of the SDU or tribal payee and address to which payments must be sent.

# Return to Sender Check Box

- 25. Employer/income withholder should check the box and return to the sender if the IWO is not payable to an SDU or tribal payee or is not "regular on its face."

# Signature

- 26 - 29.  **Optional** – Sender enters **if required by state or tribal law**.

# Copy to Obligor

- 30. Sender checks the box that requires the employer/income withholder to provide a copy of the IWO form to the employee/obligor.

- Sender checks the box for all intergovernmental IWOs.

# ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

- There is a link to the Child Support Portal.

# ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS (cont.)

- 31, 32. Sender may enter state-specific liability and anti-discrimination information, if needed.

- 33. Supplemental information such as additional children's names and dates of births, non-employee withholding limits, and other state-specific information may be added.

**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.

**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.
_____ 31 _____

**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.
_____ 32 _____

**Withholding Limits:** 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. Disposable income is the net income after 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, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears Greater Than 12 Weeks?** 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.

**Supplemental Information:**
_____ 33 _____

# NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

- 34a, 34b.  Employer/income withholder checks a box and returns the form to the sender if the employee/obligor in field 3a is not or has never been employed by the company and does not receive periodic income.

**NOTE**

- Employers can find information about reporting terminations on the [OCSE website](#)

# NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS (cont.)

- 35 - 39.  If the sender is a child support agency, employers must notify the agency when an employee/obligor ends employment.

- 40, 41.  Employer/income withholder should enter new employer's name and address if known.

**NOTE**



NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: 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 below:

34a ☐ This person has never worked for this employer nor received periodic income.

34b ☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: ___35___   Last known telephone number: ___36___

Last known address: ___37___

Final payment date to SDU/Tribal Payee: ___38___   Final payment amount: ___39___

New employer's name: ___40___

New employer's address: ___41___

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact ___42___ (issuer name)

by telephone: ___43___, by fax: ___44___, by email or website: ___45___.

Send termination/income status notice and other correspondence to: ___46___ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact ___47___ (issuer name)

by telephone: ___48___, by fax: ___49___, by email or website: ___50___.

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

- Income withholders may voluntarily notify the sender when a payee is no longer receiving payments for services or benefits.

# CONTACT INFORMATION

- 42 - 50.  Sender provides contact information that the employer/income withholder and employee/obligor can use if they have questions about the IWO.

- 44, 45, 49, 50.  **Optional** – fax numbers and email addresses

# Encryption Requirements

- Encryption requirements for the IWO form.

# IWO Instructions - Dos and Don'ts

- The link is to a resource on the OCSE website that provides helpful tips about using the IWO form.

**INCOME WITHHOLDING FOR SUPPORT - Instructions**

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in:
- tribal, intrastate, and interstate cases enforced under Title IV-D of the Social Security Act
- all child support orders initially issued in the state on or after January 1, 1994, and
- all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur.

This form is the standard format prescribed by the Secretary in accordance with section 466(b)(6)(a)(ii) of the Social Security Act. Except as noted, the following information is required and must be included.

Please note:
- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Dos and don'ts on using this form are found at www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

**COMPLETED BY SENDER:**

1a. **Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial IWO.

1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.

1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment after receiving notification from an employer/income withholder or other source. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.

1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.

1e. **Date.** Date this form is completed and/or signed.

# Resources

- **IWO form and instructions** https://www.acf.hhs.gov/css/resource/income-withholding-for-support-form

- **AT-17-09** - revised form and instructions https://www.acf.hhs.gov/css/resource/2017-revisions-to-the-iwo-form-and-instructions

- **AT-11-05** - instructions for employers about the requirements for use of the IWO form and sending payments to the SDU https://www.acf.hhs.gov/css/resource/revised-income-withholding-for-support-iwo-form

# Resources (continued)

- **IWO/SDU bench card for the judiciary** https://www.acf.hhs.gov/css/resource/income-withholding-for-support-and-the-state-disbursement-unit

- **Income withholding and SDU/EFT matrices** https://www.acf.hhs.gov/css/employers/state-contacts-requirements

- **Consumer Credit Protection Act (CCPA) information** https://webapps.dol.gov/elaws/elg/garnish.htm

# Questions

- If you have questions, please email the Employer Services team at [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov)