

# How to Complete an Income Withholding for Support Order

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A Guide to the Income Withholding for  
Support Order and Instructions

January 19, 2021



**OFFICE OF CHILD SUPPORT ENFORCEMENT**

2020 REVISIONS:  
INCOME WITHHOLDING FOR SUPPORT  
ORDER FORM AND INSTRUCTIONS

# Income Withholding for Support Order Form and Instructions

- Use an Income Withholding for Support Order (IWO) to initiate, amend, or terminate withholding orders, and instruct income payors to withhold from lump sum payments.
- Current version expires on 9/30/2023.
- Child support agencies must update their systems and issue the current version by 9/30/2021.
- Sender must complete all fields on the IWO form unless indicated as optional.
- 2020 revisions include
  - Adds section header titles and numbers to IWO form and instructions
  - Describes who is responsible for completing the section and highlights important notes to the employer or income withholder
    - **Completed by Sender**
    - **Note to Employer/Income Withholder**
    - **Completed by Employer/Income Withholder**

# IWO FORM

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# Original Notice and Amended Notice

INCOME WITHHOLDING FOR SUPPORT		OMB 0970-0154 Expiration Date: 09/30/2023
I. Sender Information: (Completed by the Sender)		Date: _____ 1e _____
1a <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)	1b <input type="checkbox"/> AMENDED IWO	
1c <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT	1d <input type="checkbox"/> TERMINATION OF IWO	

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

INCOME WITHHOLDING FOR SUPPORT		OMB 0970-0154 Expiration Date: 09/30/2023
I. Sender Information: (Completed by the Sender)		Date: _____ 1e _____
1a <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)	1b <input type="checkbox"/> AMENDED IWO	
1c <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT	1d <input type="checkbox"/> TERMINATION OF IWO	

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)

INCOME WITHHOLDING FOR SUPPORT		OMB 0970-0154 Expiration Date: 09/30/2023
I. Sender Information: (Completed by the Sender)		Date: _____ 1e _____
1a <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)	1b <input type="checkbox"/> AMENDED IWO	
1c <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT	1d <input type="checkbox"/> TERMINATION OF IWO	

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

INCOME WITHHOLDING FOR SUPPORT		OMB 0970-0154 Expiration Date: 09/30/2023
I. Sender Information: (Completed by the Sender)		Date: _____ 1e _____
1a <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)	1b <input type="checkbox"/> AMENDED IWO	
1c <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT	1d <input type="checkbox"/> 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.



# IWO Sender

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](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 CSE agency or a court, a copy of the underlying support order must be attached.

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

## NOTE

Private parties or attorneys who send IWOs should contact the state child support agency to determine whether they need a copy of this form to process the payment.

# Regular On Its Face/Note

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](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 CSE agency or a court, a copy of the underlying support order must be attached.

Employers and income withholders must reject the IWO if it directs them to send a payment to any person or place other than a state disbursement unit (SDU) or tribal payee. For example, it cannot be payable to the custodial party, court, or attorney.

## NOTE

See slide 11 for more information on “regular on its face.”

## 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 Office of Management and Budget approved form for the IWO (employers and income withholders must honor the 2017 version of the form until 9/30/2021)
- A copy of the underlying order is required and not included

# 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 <ul style="list-style-type: none"><li>- Has never been modified</li><li>- Has no arrearages</li><li>- Is not a case enforced by the IV-D agency</li></ul>	The payee on the order
The order was issued by a tribal child support agency	The tribal child support agency or payee

# Sender Information

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

1g. Sender (if a child support agency) enters the state or tribal child support agency name issuing the IWO.

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

# Private Individual or Entity

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

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

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

1h. Sender enters the Remittance ID, the unique identifier that employers must use when sending payment for this IWO.

1j. Sender enters the Order ID, if applicable. Not all obligations have an order identifier so this field may be blank.

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

# Employer Information

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

2a Employer/Income Withholder's Name		RE: 3a Employee/Obligor's Name (Last, First, Middle)
2b Employer/Income Withholder's Address		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) 3e	Child(ren)'s Birth Date(s) 3f	3g

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



# Obligor Identifying Information

II. Employer and Case Information: (Completed by the Sender)		
2a Employer/Income Withholder's Name	RE: 3a Employee/Obligor's Name (Last, First, Middle)	
2b Employer/Income Withholder's Address	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) 3e	Child(ren)'s Birth Date(s) 3f	3g

3a. Sender enters employee/obligor's name.

A middle name is **optional**.

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

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

# Obligee and Children Identifying Information

II. Employer and Case Information: (Completed by the Sender)		
2a Employer/Income Withholder's Name	RE: 3a Employee/Obligor's Name (Last, First, Middle)	
2b Employer/Income Withholder's Address	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) 3e	Child(ren)'s Birth Date(s) 3f	3g

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**.

## NOTE

If a noncustodial parent has orders associated with more than one custodial party and children, sender issues one IWO per state IV-D case as defined at 45 CFR 305.1.

# Blank Box

II. Employer and Case Information: (Completed by the Sender)		
<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">2a</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employer/Income Withholder's Name</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">2b</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employer/Income Withholder's Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	RE:	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">3a</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employee/Obligor's Name (Last, First, Middle)</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">3b</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employee/Obligor's Social Security Number</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">3c</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employee/Obligor's Date of Birth</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">3d</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Custodial Party/Obligee's Name (Last, First, Middle)</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employer/Income Withholder's FEIN</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">3e</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">2c</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Child(ren)'s Name(s) (Last, First, Middle)</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">3f</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%; text-align: center; line-height: 150px; font-size: 24px;">3g</div>

### 3g. Space for court stamps, bar codes, or other information

# Order Information

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

This document is based on the support order from \_\_\_\_\_ 4 \_\_\_\_\_ (State/Tribe).

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

\$ _____ 5a	Per	_____ 5b	current child support	
\$ _____ 6a	Per	_____ 6b	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No 6c
\$ _____ 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

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ 12a per \_\_\_\_\_ 12b \_\_\_\_\_.

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)

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

This document is based on the support order from \_\_\_\_\_ 4 \_\_\_\_\_ (State/Tribe).

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

\$ _____ 5a	Per	_____ 5b	current child support	
\$ _____ 6a	Per	_____ 6b	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No 6c
\$ _____ 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	

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ 12a per \_\_\_\_\_ 12b \_\_\_\_\_.

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

# Order Information (continued)

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

This document is based on the support order from \_\_\_\_\_ 4 \_\_\_\_\_ (State/Tribe).

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

\$ _____ 5a	Per	_____ 5b	current child support	
\$ _____ 6a	Per	_____ 6b	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No 6c
\$ _____ 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 _____

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ 12a per \_\_\_\_\_ 12b \_\_\_\_\_.

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

# Order Information (continued)

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

This document is based on the support order from \_\_\_\_\_ 4 \_\_\_\_\_ (State/Tribe).  
You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ 5a	Per	_____ 5b	current child support	
\$ _____ 6a	Per	_____ 6b	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No 6c
\$ _____ 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	

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ 12a per \_\_\_\_\_ 12b \_\_\_\_\_.

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

## 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:

\$ 13a per weekly pay period      \$ 13b per semimonthly pay period (twice a month)  
\$ 13c per biweekly pay period (every two weeks)      \$ 13d per monthly pay period  
\$ 14 **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

13a, b, c, d. Sender enters the dollar amount to be withheld per weekly, biweekly, semimonthly, or 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)

## 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:

\$ 13a per weekly pay period      \$ 13b per semimonthly pay period (twice a month)  
\$ 13c per biweekly pay period (every two weeks)      \$ 13d per monthly pay period  
\$ 14 **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

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

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 15

Page 1 of 4

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

Completing the field is optional, but the text and blank line must not be altered and must appear exactly as shown on the form.

# Footers on IWO Pages

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 15

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The footer at the bottom of the first page must contain the title of the form, Document Tracking ID text, and page number, as shown. A tracking ID is only entered if needed by the sender, but the line must appear on all IWO forms.

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

## Headers on Pages 2 - 4

Employer/Income Withholder's Name:	2a	Employer/Income Withholder's FEIN:	2c
Employee/Obligor's Name:	3a	SSN:	3b
Case ID:	1i	Order ID:	1j

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.

# Effective Date

## **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 \_\_\_\_\_ 16 \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs 17 days after the date of \_\_\_\_\_ 18 \_\_\_\_\_ of the order/notice. Send payment within 19 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 20 % of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ 21 \_\_\_\_\_ (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.

18. Sender enters one of these options

- Mailing
- Receipt
- Service

## **NOTE**

Senders no longer enter a calendar date. They must enter one of the three options above.

# Remittance Information

## **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 \_\_\_\_\_ 16 \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs 17 days after the date of \_\_\_\_\_ 18 \_\_\_\_\_ of the order/notice. Send payment within 19 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 20 % of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ 21 \_\_\_\_\_ (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.

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.

It is not the employer/income withholder's responsibility to determine the percentage.

## Remittance Information (continued)

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).

Remit payment to \_\_\_\_\_ 22 \_\_\_\_\_ (SDU/Tribal Order Payee)  
at \_\_\_\_\_ 23 \_\_\_\_\_ (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee \_\_\_\_\_ 24 \_\_\_\_\_ 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).

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

### NOTE

State-specific limits for non-employees are on the [State Income Withholding matrix](#) on the OCSE website.

# Remittance Information (continued)

## **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 \_\_\_\_\_ 16 \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ 17 \_\_\_\_\_ days after the date of \_\_\_\_\_ 18 \_\_\_\_\_ of the order/notice. Send payment within \_\_\_\_\_ 19 \_\_\_\_\_ 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 \_\_\_\_\_ 20 \_\_\_\_\_ % of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ 21 \_\_\_\_\_ (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).

21. Sender enters the name of the state or tribe sending the order. There is a link to tribal contacts in the paragraph below.

## **NOTE**

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



## Remittance Information (continued)

Remit payment to \_\_\_\_\_ 22 \_\_\_\_\_ (SDU/Tribal Order Payee)  
at \_\_\_\_\_ 23 \_\_\_\_\_ (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee \_\_\_\_\_ 24 \_\_\_\_\_ 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).

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

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

# Return to Sender Check Box

25 ☐ **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.

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.”

## NOTE

See slide 12 for reasons not to send payments to the SDU.

# Signature

<b>If Required by State or Tribal Law:</b>	
Signature of Judge/Issuing Official:_____	26
Print Name of Judge/Issuing Official:_____	27
Title of Judge/Issuing Official:_____	28
Date of Signature:_____	29

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

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

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

30. Sender checks the box requiring the employer/income withholder to provide a copy of the IWO form to the employee/obligor, if the form is sent to an employer in another state.

# Additional Information for Employers/Income Withholders

**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/](https://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.

Employers/income withholders may register to use the Child Support Portal to report upcoming lump sum payout information and employee terminations, and to give contacts, addresses, and other information about their organization.

# Additional Information for Employers/Income Withholders (continued)

**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

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

# Additional Information for Employers/Income Withholders (continued)

<b>Supplemental Information:</b> _____
_____
_____
_____
_____
_____
_____
_____

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

# Notification of Employment Termination or Income Status

## 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/csp/](https://ocsp.acf.hhs.gov/csp/)). Please report the new employer or income withholder, if known.

- 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.

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 how to report terminations on the [OCSE website](https://ocse.hhs.gov/).



# Notification of Employment Termination or Income Status (continued)

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 or income withholder's name: _____ 40	
New employer's or income withholder's address: _____ 41	

35 - 39. Employer/income withholders must enter the requested information in these fields.

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

## NOTE

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

# Contact Information

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

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ 42 \_\_\_\_\_ (sender name) by telephone: \_\_\_\_\_ 43 \_\_\_\_\_, by fax: \_\_\_\_\_ 44 \_\_\_\_\_, by email or website: \_\_\_\_\_ 45 \_\_\_\_\_.

Send termination/income status notice and other correspondence to: \_\_\_\_\_ 46 \_\_\_\_\_  
\_\_\_\_\_ (sender address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ 47 \_\_\_\_\_ (sender name) by telephone: \_\_\_\_\_ 48 \_\_\_\_\_, by fax: \_\_\_\_\_ 49 \_\_\_\_\_, by email or website: \_\_\_\_\_ 50 \_\_\_\_\_.

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. Fax numbers and email addresses are optional.

# Encryption Requirements

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

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ **42** (sender name) by telephone: \_\_\_\_\_ **43** , by fax: \_\_\_\_\_ **44** , by email or website: \_\_\_\_\_ **45** .

Send termination/income status notice and other correspondence to: \_\_\_\_\_ **46** \_\_\_\_\_ (sender address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ **47** (sender 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 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).

Encryption requirements for the IWO form.

# IWO INSTRUCTIONS

# IWO Instructions — Dos and Don'ts


## 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
- 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](http://www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts).
- 

This link on the OCSE website provides helpful tips about using the IWO form.

# Maximum Percentage for Withholding

## **V. Remittance Information: (Completed by the Sender except for the “Return to Sender” check box, field 25. Fields 26-29 are completed only if required by state or tribal law.)**

Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994, and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form in the Supplemental Information Section.

16. **State/Tribe.** Name of the state or tribe sending this document.

17. **Days.** Number of days after the effective date noted in field 18 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.

18. **Date.** Implementation date of this IWO, expressed as date of “service,” “receipt,” or “mailing.” Only one of the three choices is to be entered in the blank line.

19. **Business Days.** Number of business 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.

20. **Percentage of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold. Senders must enter a specific percentage and not a range of percentages.

20. Sender must enter a specific percentage and not a range of percentages.

# Instructions — Designating the Correct SDU

**NOTE TO SENDER:** The Sender must designate the correct SDU. In certain cases, the Sender may be required to designate an SDU (field 22), corresponding SDU Address (field 23), and if required Locator Code (field 24) that is different than the Sender's SDU (see OCSE's AT-17-07: Interstate Child Support Payment Processing, <https://www.acf.hhs.gov/css/resource/interstate-child-support-payment-processing>). The Remittance ID in field 1h must correspond with the SDU identified in field 22.

**NOTE** – Sender must enter correct SDU and Remittance ID for other states' cases when needed.

# Resources

- **IWO form and instructions**  
<https://www.acf.hhs.gov/css/form/income-withholding-support-iwo-form-instructions-sample>
- **AT-20-13** - revised form and instructions  
<https://www.acf.hhs.gov/css/policy-guidance/2020-revisions-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://acf.hhs.gov/archive/css/policy-guidance/revised-income-withholding-support-iwo-form>



## Resources (continued)

- **IWO/SDU bench card for the judiciary**  
<https://www.acf.hhs.gov/css/training-technical-assistance/income-withholding-support-and-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://www.dol.gov/agencies/whd/wage-garnishment>

# Questions

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