

Simplified Income Withholding Order Instructions

See last three pages of this document for *SAMPLE of Income Withholding For Support (IWO)*

1. Income Withholding Order Identifying Information

1a. Original Income Withholding Order/Notice for Support (IWO)

-Check this box if this is the first time *this* employer will receive an IWO for *this* employee.

1b. Amended IWO

-Check this box if the employer already has an IWO for this employee, but something about the order has changed. For example, the employee currently has an IWO on file with the employer and there has been a change to the amount of support owed, so the employer needs a revised IWO to withhold the new amount each week.

1c. One-Time Order/Notice for Lump Sum Payment

-Check this box if the IWO is being sent for a one-time, lump sum payment, such as payment from a holiday bonus.

1d. Termination of IWO

-Check this box if the IWO is being sent to the employer to stop the withholding from the employee's check.

1e. Date

-Fill in the date that you fill out the form.

1f. Child Support Enforcement (IV-D) Agency/Court/Attorney/Private Individual-Entity

This box shows who is sending the IWO.

-Check the box by the appropriate title of the person sending this form. Only the "Court" box should be checked in this section since the order will be issued by the court after the Judge signs it. Do not check "Child Support Enforcement (IV-D) Agency".

1g. State/Tribe/Territory

-This is already filled in to show that the order is being sent from Indiana. If you are not sending the order from Indiana, you will need to contact the court or IV-D agency in your state to obtain an IWO from them.

1h. City/County/Dist./Tribe

-Write the name of the county in which the court order was issued.

1i. Private Individual/Entity

-Name of the person filling out the form.

1j. Remittance Identifier/Case Number

-This is the ISETS case number. Parents can obtain their ISETS case number by calling the KIDSline at (800) 840-8757. Attorneys can obtain the case number by asking the county clerk.

1k. Cause Number

-Write the county cause number here. This is a unique number that is assigned by the county court for each case. It should look similar to this: 93C01-0000-XY-0000.

1l. Employer/Income Withholder's Name

-Name of the company that the employee works for. Use the name of the company, not the name of the owner or boss.

1m. Employer/Income Withholder's Address

-The employer's entire address will be placed on these three lines. Include the street/PO box, city, state, and zip code. This address might not be the same as the location where the employee reports to work. Ask the employee, or call the employer, to find out where the IWO should be sent.

1n. Employer/Income Withholder's FEIN

-The employer's Federal Employer Identification Number (FEIN) is written here. If you do not know the employer's FEIN, call the employer and ask for the FEIN.

1o. Employee/Obligor's Name (Last, First, Middle)

-Write the employee's last name, then the employee's first name, and then the employee's middle name. This must be the employee's legal name. Example: If a person's full legal name is Joseph Luke Smith, then the name should be written Smith, Joseph Luke. Writing the name as Joe Smith would be incorrect.

1p. Employee/Obligor's Social Security Number

-The employee's Social Security Number needs to go here so that the employer can correctly identify the employee whose wages are to be withheld.

1q. Custodial Party/Obligee's Name (Last, First, Middle)

-Write the name of the person who is to receive the child support. Write the person's last name, then the first name, and then the middle name.

1r. Child(ren)'s Name(s) (Last, First, Middle)

-Write the names of each of the children listed in the court order. Write the child's last name, then the child's first name followed by the middle name. Note: The employee may have other children, but only the children listed in the court order should be entered here.

1s. Child(ren)'s Birth Date(s)

-Place the birth dates of the children listed in 1r on these lines.

1t. Blank Box

-DO NOT WRITE ANYTHING HERE. This box is reserved for court stamps and labels.

2. Order Information

2a. \$ (Current Child Support)

-Write the amount of support that is to be withheld from the employee's earnings according to the court order.

2b. Per

-Write how often the amount of support should be withheld from the employee's earnings. Example: weekly, monthly, biweekly, or semimonthly.

2c. \$ (Past-due Child Support)

-Write the amount of past-due child support (also called arrearages) that is to be withheld from the employee's earnings.

2d. Per

- Write how often the amount of past-due support should be withheld from the employee's earnings. Example: weekly, monthly, biweekly, or semimonthly.

2e. Arrears greater than 12 weeks?

-Check either "yes" or "no" box to answer the question. If the arrears amount in 2c is greater than the equivalent of 12 weeks of support, check "yes." If the arrears are less than the equivalent of 12 weeks of support, check "no." If you are unsure, call the KIDSline at (800) 840-8757.

2f. \$ (Current Cash Medical Support)

- Write the amount of current cash medical support that is to be withheld from the employee's earnings according to the court order.

2g. Per

-Write how often the amount of current cash medical support should be withheld from the employee's earnings. Example: weekly, monthly, biweekly, or semimonthly.

2h. \$ (Past-due Cash Medical Support)

- Write the amount of past due cash medical support that is to be withheld from the employee's earnings according to the court order.

2i. Per

-Write how often the amount of past due cash medical support should be withheld from the employee's earnings. Example: weekly, monthly, biweekly, or semimonthly.

2j. \$ (Current Spousal Support)

- Write the amount of current spousal support that is to be withheld from the employee's earnings according to the court order.

2k. Per

-Write how often the amount of current spousal support should be withheld from the employee's earnings. Example: weekly, monthly, biweekly, or semimonthly.

2l. \$ (Past-due Spousal Support)

- Write the amount of past-due spousal support that is to be withheld from the employee's earnings according to the court order.

2m. Per

-Write how often the amount of past-due spousal support should be withheld from the employee's earnings. Example: weekly, monthly, biweekly, or semimonthly.

2n. \$ (Other)

- Write the amount of other support that is to be withheld from the employee's earnings according to the court order.

2o. Per

- Write how often that the amount of other support should be withheld from the employee's earnings according to the order. Example: weekly, monthly, biweekly, or semimonthly.

2p. (Specify)

-Write the reason the "other" support is needed according to the order. This amount MUST be stated in the order.

2q. For a Total Amount to Withhold of \$

-Add up the amounts from 2a, 2c, 2f, 2h, 2j, 2l, and 2n and place the total amount here.

2r. Per

- Write how often the amount listed in 2q should be withheld from the employee's earnings according to the court order. Example: weekly, monthly, biweekly, or semimonthly.

3. Amounts to Withhold

In this section the amount and how often to withhold it is converted to the employer's pay cycle.

3a. Per Weekly Pay Period

-Figure the total amount from 2q that should be withheld if the employer pays every week. Child support orders are usually stated in a weekly payment amount so the stated amount in the order should already be a per week amount.

3b. Per Semimonthly Pay Period (Twice a Month)

-Figure the total amount from 2q that should be withheld if the employer pays semimonthly (twice each month). To figure this amount, multiply the weekly pay period amount by 52, and then divide that number by 24. Example: \$100 per week x52=\$5200, then \$5200÷24=\$216.67 to be withheld from the pay if paid semimonthly.

3c. Per Biweekly Pay Period (Every Two Weeks)

-Figure the total amount from 2q that should be withheld if the employer pays biweekly (every 2 weeks). To figure this amount, multiply the weekly pay period amount by 2. Example: \$100 per week x2=\$200.00 to be withheld from the pay if paid biweekly.

3d. Per Monthly Pay Period

-Figure the total amount from 2q that should be withheld if the employer pays monthly (only once per calendar month). To figure this amount, multiply the weekly pay period amount by 52, and then divide that number by 12. Example: \$100 per week x52=\$5200, then $\$5200 \div 12 = \433.33 to be withheld from the pay if paid monthly.

3e. Lump Sum Payment

-If you checked the "One-Time Order/Notice for Lump Sum Payment" box in 1c, then fill in the amount that needs to be withheld here.

4. Remittance Information

4a. % of Disposable Income

-Read the withholding limits paragraph in section 6, on page 3, to figure the percent of income that can be withheld from the employee. The percent will either be 50%, 55%, 60%, or 65%.

4b. Document Tracking Identifier

-Optional space for the sender of this form to write a unique identifier for this form.

4c. FIPS Code

-The Federal Information Processing Standards (FIPS) code can be placed here.

5. Signature Information

5a. Signature of Judge/Issuing Official

-This form will need to be signed by the judge, magistrate, or commissioner who ordered the income to be withheld.

5b. Print Name of Judge/Issuing Official

-The name of the person who signed 5a will need to be printed here.

5c. Title of Judge/Issuing Official

-The title of the person who signed 5a will need to be printed here.

5d. Date of Signature

-The date 5a was signed will need to be printed here.

5e. Provide a Copy of the Form

-If this box is checked, the employer will need to provide a copy of this IWO to the employee. Check this box if this is a first-time IWO, or if the employee works in a state other than Indiana.

6. Additional Information for Employers/Income Withholders

Please read this section carefully.

6a. Employer's Name

-Write the name listed in 1l here.

6b. Employer FEIN

-Write the FEIN listed in 1n here.

6c. Employee/Obligor's Name

-Write the name listed in 1o here.

6d. Remittance Identifier/Case Number

-Write the number listed in 1j here.

6e. Cause Number

-Write the cause number listed in 1k here.

7. Notification of Employment Termination or Income Status

-This section is only for employers to complete.

8. Contact Information

8a through 8e

This section provides the issuer's name, phone number, fax number and e-mail or website address so that the employer may contact the issuer with any questions or provide a termination notice.

8f through 8i

This section provides the employee with the issuer's name, phone number, fax number and e-mail or website address so that the employee may contact the issuer with any questions about the IWO.

INCOME WITHHOLDING FOR SUPPORT

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1a ORIGINAL 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 (IV-D) Agency 1f Court 1f Attorney 1f 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 <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm> -forms). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory INDIANA (1g)
 City/County/Dist./Tribe _____ 1h
 Private Individual/Entity _____ 1i

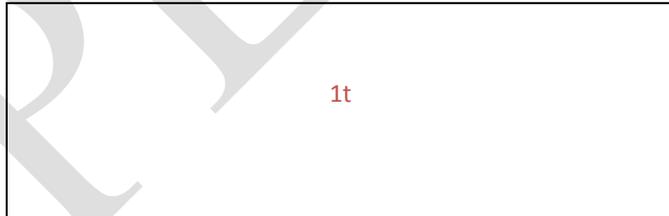
Remittance Identifier/
 Case Number: _____ 1j
 Cause Number: _____ 1k

_____ 1l
 Employer/Income Withholder's Name
 _____ 1m
 Employer/Income Withholder's Address
 _____ 1m
 _____ 1m

RE: _____ 1o
 Employee/Obligor's Name (Last, First, Middle)
 _____ 1p
 Employee/Obligor's Social Security Number
 _____ 1q
 Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____ 1n

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
_____ 1r	_____ 1s



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ORDER INFORMATION: This document is based on the support or withholding order from Indiana. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ 2a Per _____ 2b current child support
 \$ _____ 2c Per _____ 2d past-due child support - **Arrears greater than 12 wks?** Yes No 2e
 \$ _____ 2f Per _____ 2g current cash medical support
 \$ _____ 2h Per _____ 2i past-due cash medical support
 \$ _____ 2j Per _____ 2k current spousal support
 \$ _____ 2l Per _____ 2m past-due spousal support
 \$ _____ 2n Per _____ 2o other (specify) _____ 2p

For a **Total Amount to Withhold** of \$ _____ 2q per _____ 2r

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AMOUNTS TO WITHHOLD: 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:

\$ _____ 3a per weekly pay period. \$ _____ 3b per semimonthly pay period (twice a month).
 \$ _____ 3c per biweekly pay period (every two weeks) \$ _____ 3d per monthly pay period.
 \$ _____ 3e **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

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REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Indiana, you must begin withholding no later than the first pay period that occurs 14 days after the date this order is received. Send payment the same day as the pay date/date of withholding. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 4a % of disposable income for all orders. If the employee/obligor's principal place of employment is not Indiana, obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

For electronic payment and processing information log on to the Child Support Bureau Website at www.childsupport.in.gov, click on Payment Processing under Employer Services and follow the links, or call:(317) 232-0327 or (800) 292-0403.

IC 31-16-15-16 requires employers with more than 50 employees and more than one obligor/employee to process child support payments electronically.

Include the **Remittance Identifier with the payment**, and if necessary this FIPS code: _____4c_____.

Remit payment to "Indiana State Central Collection Unit" (INSCCU), at P.O. Box 6219, Indianapolis, IN 46206-6219.

If paying by check, include Remittance Identifier/Case Number, employee/obligor's Social Security Number, and Cause Number on the check.

The remittance form is available at www.childsupport.in.gov.

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance to 42 USC § 666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). 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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Signature of Judge/Issuing Official:	_____	5a
Print Name of Judge/Issuing Official:	_____	5b
Title of Judge/Issuing Official:	_____	5c
Date of Signature:	_____	5d

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.

5e If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

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State-specific contact and withholding information can be found on the Federal Employer Services website located at:

http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Indiana-specific information and FAQs can be found under the Employer Services section of the Child Support Bureau website at:

<http://www.in.gov/dcs/support.htm>.

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments to SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: 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. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

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 penalties set by State or Tribal law/procedure. In Indiana those penalties can be found in IC 31-16-15-23.

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 any employee/obligor because of this IWO. In Indiana those disciplinary actions can be found in IC 31-16-15-25.

Employer's Name: _____ 6a _____ Employer FEIN: _____ 6b _____
Employee/Obligor's Name: _____ 6c _____
Remittance Identifier/Case Number: _____ 6d _____ Cause Number: _____ 6e _____

Withholding limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deduction 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.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673(b)).

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

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information: You may retain a two dollar (\$2.00) fee from the income payee's income each time income withheld is forwarded according to Indiana law. The sum total of the amount to be withheld plus this fee shall not exceed the maximum amount permitted under the CCPA.

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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, an employer must promptly notify the CSE agency and/or sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

This section is for the employer to fill out only.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

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To Employer/Income Withholder: If you have any questions, contact _____ 8a _____ (Issuer name) by phone at _____ 8b _____, by fax at _____ 8c _____, by email or website at: _____ 8d _____.

Send termination/income status notice and other correspondence to: _____ 8e _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ 8f _____ (Issuer name) by phone at _____ 8g _____, by fax at _____ 8h _____, by email or website at: _____ 8i _____.

For any payment processing questions, please contact the Employer Maintenance Unit (EMU) at (317) 232-0327 or (800) 292-0403 or EMU@dcs.in.gov.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.