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

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

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

2. Enter the county where your *Order for Support* was granted.

3. Enter your full name.

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

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

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender) Date: _____

a ☐ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

b ☐ AMENDED IWO OR ENFORCEMENT IWO

c ☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

d ☐ TERMINATION OF IWO

e ☐ 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: Illinois
City/County/Dist./Tribe: 2
Private Individual Entity: 3
Remittance ID (include w/payment): 4
Order ID: 5
Case ID: 6

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

7
Employer/Income Withholder's Name

8
Employer/Income Withholder's Address

RE: 9
Employee/Obligor's Name (Last, First, Middle)

10
Employee/Obligor's Social Security Number

11
Employee/Obligor's Date of Birth

12
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN: 13

Child(ren)'s Name(s) (Last, First, Middle): 14

Child(ren)'s Birth Date(s)

5. Enter the case number for your *Order for Support* (the same case number you put in the Remittance ID).
6. If the state child support enforcement agency is involved, enter the number assigned to your case. It will begin with "IV".
7. Enter the name of the employer of the person paying support.

8. Call the employer's payroll or human resources department and ask for the address where they want you to send the *Notice of Income Withholding*. Enter the employer address here.
9. Enter the full name of the person paying support.
10. Enter the Social Security number of the person paying support.

11. Enter the date of birth of the person paying support.
12. Enter your name.
13. Enter the Employer's FEIN number if you have it or leave it blank.
14. Enter the full name and date of birth of each child who is receiving support.

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

15

III. Order Information: (Completed by the Sender)

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

$_____Per_____current child support
$_____Per_____past-due child support - Arrears greater than 12 weeks? ☐Yes ☐No
$_____Per_____current cash medical support
$_____Per_____past-due cash medical support
$_____Per_____current spousal support
$_____Per_____past-due spousal support

$_____Per_____other (must specify) _____
for a **Total Amount to Withhold** of **$**_____per_____.

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

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

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IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$_____per weekly pay period $ _____ per semimonthly pay period (twice a month)
$_____per biweekly pay period (every two weeks) $ _____ per monthly pay period

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$ _____ **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.

Document Tracking ID: _____

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

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

18

Employer/Income Withholder's Name:_____Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

Instructions for filling out Section V.

19. Remittance information for Illinois is already provided.

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

21. Do NOT check this box.

22. Do NOT enter information in this section.

23. Do NOT check this box.

19 **V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)**

If the employee/obligor's principal place of employment is Illinois (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of mailing of the order/notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 65 % of disposable income for all orders. If the employee/obligor's principal place of employment is not Illinois (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. 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/gam01.pdf. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-

20 **Remit payment to** _____ (SDU/Tribal Order Payee)
at _____ (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee _____ on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

21 ☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

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

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

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

Instructions for filling o

24. Do NOT complete any of these sections.

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

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Supplemental Information: _____

Instructions for filling out Section VII.

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

25 VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal (ocsp.acf.hhs.gov/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: _____

_____

Instructions for filling out Section VIII.

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

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

To Employer/Income Withholder: If you have questions, contact_____(sender name) by telephone:_____, by fax:_____, by email or website:_____.

Send termination/income status notice and other correspondence to: _____

_____ (sender address)

To Employee/Obligor: If the employee/obligor has questions, contact_____ (sender name) by telephone:_____, by fax:_____, by email or website:_____

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

Remittance ID Codes

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