

**INCOME WITHHOLDING FOR SUPPORT:  
GENERAL INFORMATION AND INSTRUCTIONS**

**When is income withholding required?**

When the Court issues an order of support, the Court *must in every case order immediate income withholding* unless:

- a. it is a “**IV-D case**” where child support services (including income withholding) are being applied for, or provided through, the child support program (commonly referred to as the “IV-D” program since it is authorized by Title IV-D of the federal Social Security Act) by a local district Support Collection Unit;

**OR**

- b. the Court finds and sets forth in writing: (1) the reasons why there is good cause not to require immediate income withholding; or (2) an agreement providing for an alternative arrangement has been reached between the parties. See Domestic Relations Law § 240(2)(b)(2), Family Court Act § 440(1)(b)(2), and Civil Practice Law and Rules § 5242(c).

Where income withholding is required, the Court shall direct that the support be paid by automatically deducting moneys from the obligor’s income through the use of an Income Withholding Order (hereinafter “IWO”).

**What is a “Non-IV-D Services” case?**

A **Non-IV-D Services** case is a case for which a court has determined that income withholding for support is required by law or otherwise appropriate and neither the employee/obligor nor the custodial party/obligee has applied for, or is receiving, child support services through their local Support Collection Unit. A Non-IV-D case can include an order covering child support alone or it may include an order of support for both a child and the custodial parent. Income withholding for a Non-IV-D Services case **must** go through the NYS Child Support Processing Center (SDU).

**When will I receive the *New York Case Identifier* for my Non-IV-D Services case?**

A ***New York Case Identifier*** will be assigned by the NYS Child Support Processing Center (SDU) to a Non-IV-D Services case upon receipt of **both Part A and Part B** of the **LDSS-5037** (Non-IV-D IWO). It is the responsibility of the issuer of the IWO to serve the NYS Child Support Processing Center (SDU) with **both Part A and Part B** of the **LDSS-5037**. Upon receipt of **both Part A and Part B** of the **LDSS-5037**, the employer/income withholder, custodial party/obligee, and the employee/obligor will receive notice of the ***New York Case Identifier*** assigned to the Non-IV-D Services case.

## **What is a “Spousal Support Only” case?**

A Spousal Support Only case is a case that has no child support ordered.

## **How do I complete the IWO?**

Follow the field-by-field instructions below to properly complete the **LDSS-5037** (Non-IV-D IWO) and the **LDSS-5038** (Spousal Support Only IWO). Use the instructions with the Numbered Reference Tools found on Pages 8 - 19. The person making the payment is the employee/obligor (or debtor). The person receiving the payment is the custodial party/obligee (or creditor).

**Note:** **DO NOT** fill out this IWO if a party is already receiving child support services or wishes to apply at this time; an IWO will be prepared and sent by the Support Collection Unit.

### **Part A:**

**Field 1:** Check the appropriate box to indicate the court that issued the underlying support order to which this IWO relates. Provide the name of the county in which that court is located.

**Field 2:** Provide the Index number of your Supreme Court divorce action or the Docket number of your Family Court case.

**Field 3:** Provide the employee’s/obligor’s name (last, first, middle).

**Field 4:** Provide the mailing address of the employee/obligor including the street, PO Box, city, state, and zip code.

**Note:** This field is not applicable to Spousal Support Only IWOs and has been omitted from Part A of the LDSS-5038.

**Field 5:** Provide the Social Security number or other taxpayer identification number of the employee/obligor.

**Field 6:** Provide the birth date for the employee/obligor.

**Field 7:** Provide the custodial party/obligee’s name (last, first, middle).

**Field 8:** Provide the mailing address of the custodial party/obligee including the street, PO Box, city, state, and zip code.

**Field 9:** Provide the Social Security number or other taxpayer identification number of the custodial party/obligee.

**Note:** This field is not applicable to Spousal Support Only IWOs and has been omitted from Part A of the LDSS-5038.

**Field 10:** Provide the birth date for the custodial party/obligee.

**Note:** This field is not applicable to Spousal Support Only IWOs and has been omitted from Part A of the LDSS-5038.

**Part B:**

**Fields 1a-1d:** Check the applicable box, depending on your situation.

**Note:** If you check box 1d “Termination of IWO” enter \$0 in field 12a “Total Amount to Withhold.”

**Field 1e:** Leave this field blank. The Court will fill in the date when the IWO is signed.

**Field 1f:** Check the appropriate box to indicate who is issuing the IWO. If you are giving this form to a court or clerk of the court for signature, select “Court.” If the IWO will be issued by a private attorney select “Attorney.” If the IWO will be issued by a sheriff, select “Private Individual/Entity.”

**Field 1g:** Write in “New York.”

**Field 1h:** Provide the Index number of the Supreme Court divorce action or the Docket number of the Family Court case in which the court issued the support order to which this IWO relates.

**Field 1i:** Provide the name of the county where the divorce action or Family Court support case referenced in Field 1h was filed.

**Field 1j:** Provide the Index number of your Supreme Court divorce action or the Docket Number of the Family Court case in which the court issued the support order to which this IWO relates.

**Field 1k:** If “Private Individual/Entity” was selected for Field 1f (above), provide the name of the sheriff issuing the IWO.

**Field 1l:** If this is the initial IWO or one-time (lump sum) IWO establishing the income withholding for support, leave this field blank. Once a copy of the completed IWO is received by the NYS Child Support Processing Center (SDU), a New York Case Identifier will be assigned for proper identification of remittances. For all other actions regarding the IWO (i.e. amending or terminating) provide the New York Case Identifier previously assigned.

**Note:** This field is not applicable to a Spousal Support Only IWO.

**Field 2a:** Provide the name of the employer/income withholder to whom the IWO will be sent and who will be directed to withhold income.

**Field 2b:** Provide the mailing address of the employer/income withholder including the street, PO Box, city, state, and zip code. (This may differ from the employee/obligor’s worksite.) If the employer/income withholder is a federal government agency, provide the address listed under Federal Agency Income Withholding Contacts - Addresses for Income Withholding at [www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information](http://www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information).

**Field 2c:** Provide the employer/income withholder’s nine (9) digit Federal Employer Identification Number (FEIN) if available.

**Field 3a:** Provide the employee’s/obligor’s last name and first name. A middle name is *optional*.

**Field 3b:** Provide the Social Security number or other taxpayer identification number of the employee/obligor.

**Field 3c:** Provide the employee/obligor’s date of birth. *This is optional*.

- Field 3d:** Provide the last name and first name of the custodial party/obligee. A middle name is *optional*.
- Field 3e:** Provide the child(ren)'s last name(s) and first name(s). A middle name is *optional*. Note if there are more than six children, you may attach an additional page. (Or you may utilize the blank space above the lines provided for the first 6 children.)  
**Note:** This field is not applicable to a Spousal Support Only IWO.
- Field 3f:** Provide the birth date for each child named.  
**Note:** This field is not applicable to a Spousal Support Only IWO.
- Field 3g:** If the underlying support obligation to which this IWO relates was determined in a divorce action in Supreme Court, write in the box: "Supreme Court of \_\_\_\_\_ County." Then fill in the county where the divorce action was filed. If the underlying support obligation to which this IWO relates is a Family Court order of support, write in the box: "Family Court of \_\_\_\_\_ County." Then fill in the county where the petition was filed.
- Field 4:** This field has been pre-filled to make completion of the IWO easier for you.  
**Go to Field 5a.**
- Fields 5a-11c:** Fill in the dollar amounts to be withheld for the specific time period as specified in the applicable order of support. Copy this information from the applicable order of support. For Field 6c, check the appropriate box to indicate whether arrears have accrued for more than 12 weeks.  
**Note:** Fields 5a, 5b, 6a, 6b, 7a, 7b, 8a and 8b are not applicable for Spousal Support Only orders.
- Field 12a:** Enter the total of the amounts in Fields 5a-11a on Line 12a. This is the total amount to withhold for the corresponding time period.  
**Note:** For termination of an IWO, enter \$0 in this field.
- Field 12b:** Enter the time period (e.g. week, month) specified in the underlying order for the obligations contained in fields 5a - 11a.
- Fields 13a-13d:** If you are certain of the employer's/income withholder's pay cycle, enter the value of the obligation in the appropriate field. **Only one field need be filled in.**  
If you are not certain of the employer's/income withholder's pay cycle, you must enter a value in **each of these fields**. To do this, follow these instructions:
- First calculate the amount of the obligation on a yearly basis (i.e., if the amount of the obligation is weekly, multiply it by 52; if biweekly, multiply it by 26; if semimonthly multiply it by 24; or if monthly, multiply it by 12); then take the yearly amount and divide it by the appropriate pay cycle (i.e., if weekly, by 52; if biweekly, by 26; if semimonthly, by 24; and if monthly, by 12). Then enter the recalculated amount in the proper field.
    - **Example 1:** Assume the support obligation is \$100.00 biweekly. You know that the employer's/income withholder's pay cycle is monthly. Then you should multiply \$100.00 by 26 to get the yearly obligation (\$2,600.00). Then divide that by 12 to get the monthly obligation (\$216.67). You would then enter that value in field 13d.
    - **Example 2:** Maybe you're not sure of the employer's/income withholder's pay cycle. Then you should again multiply \$100.00 by 26 to get the yearly obligation (\$2,600.00). Then divide \$2,600.00 by 52 to get the value for the weekly value

(\$50.00); divide \$ 2,600.00 by 26 to get the biweekly value (\$100.00.); divide \$2,600.00 by 24 to get the semimonthly value (\$108.33); and divide \$2,600.00 by 12 to get the monthly value (\$216.67). You should enter these values in fields 13a - 13d.

**Field 13a:** If the employer's/income withholder's pay cycle does not correspond with Field 12b, enter the total amount the employer/income withholder should withhold if the employee/obligor is paid weekly.

**Field 13b:** If the employer's/income withholder's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid twice a month.

**Field 13c:** If the employer's/income withholder's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid every two weeks.

**Field 13d:** If the employer's/income withholder's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid once a month.

**Field 14:** Complete if 1c (above) has been selected.

**Field 15:** If you are submitting the IWO to a Court or Clerk of Court for issuance, leave this field blank. If the IWO is issued by a private attorney or sheriff, the issuer may use this space to note its own tracking identifier. *This is optional.*

**Fields 16-19:** These fields have been pre-filled to make completion of the IWO easier for you.

**Field 20:** The issuer must determine the percentage of disposable income that may be withheld from the employee/obligor's paycheck. See the *Withholding Limitations* information on page 3 of Part B.

**Fields 21-24:** These fields have been pre-filled to make completion of the IWO easier for you. **Note:** On the LDSS-5037 (Non-IV-D IWO), Field 22 is purposely blank. **Go to Field 25.**

**Field 25:** Do not check this box. It is for employer/income withholder use only, if applicable.

**Fields 26-29:** If you are giving the IWO to a Court or Clerk of Court for issuance, leave these spaces blank. The Court will fill in this information when the IWO is signed by the Judge or Clerk of Court. If the IWO is issued by a private attorney or sheriff, these fields should be completed by the issuer.

**Field 30:** If the employee works in a state different from New York, check this box.

**Fields 31-33:** These fields have been pre-filled to make completion of the IWO easier for you. **Note:** The information included in Field 33 for service of Part A and Part B of the IWO will vary depending upon the type of IWO served, i.e. whether it is a Non-IV-D IWO processed through the NYS Child Support Processing Center (SDU) or whether it is a Spousal Support Only IWO which is remitted/payable to the obligee. **Go to Field 34a.**

**Fields 34a-41:** Leave this section blank. It is for the employer/income withholder's use only if applicable.

**Fields 42-50:** If you are submitting the IWO to a Court or Clerk of Court for issuance, leave this field blank; it will be filled in by the Court. If the IWO is issued by a private attorney or sheriff, the issuer must fill in these blanks.

**Top of 2<sup>nd</sup> – 4<sup>th</sup> Pages, Part B:** Copy the information from Fields 2a, 2c, 3a, 3b, and 1j into the corresponding fields at the top of the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> pages of Part B (pages 11-13 and 17-19). Leave the New York Case Identifier field blank as instructed for Field 11.

### **Where do I serve the IWO?**

*For a Non-IV-D Services case, serve the completed LDSS-5037 as follows:*

- **Part A:** serve **only** upon the NYS Child Support Processing Center (SDU), PO Box 15363, Albany, NY 12212-5363.
- **Part B:** serve upon **all** of the following:
  1. employer/income withholder;
  2. employee/obligor;
  3. custodial party/obligee; and
  4. NYS Child Support Processing Center (SDU)  
PO Box 15363, Albany, NY 12212-5363.

*For a Spousal Support Only case, serve the completed LDSS-5038 as follows:*

- **Part A:** serve **only** upon the employer/income withholder.
- **Part B:** serve upon **all** of the following:
  1. employer/income withholder;
  2. employee/obligor; and
  3. obligee.

### **What method of service do I use to send the IWO?**

You may use regular mail but it is suggested that you file an Affidavit of Service of the IWO with the Clerk of the Court.

### **Do I need to send a copy of the underlying order of support with the IWO?**

The Federal Office of Child Support Enforcement states that if the IWO is issued by a Court, a copy of the underlying support order need **not** be attached to the IWO even in instances where the IWO is served by a litigant or his/her representative acting on the Court's instructions. See Field 1(f), Fields 26-29, and Fields 42-50 on the IWO for information about the Issuer.

If you have continuing questions about this instruction, you may contact the **Child Support Helpline**

toll free at **888-208-4485** (TTY: **866-875-9975**), Monday through Friday from 8:00 AM to 7:00 PM. (For **Video Relay Service** visit [www.fcc.gov/encyclopedia/trs-providers](http://www.fcc.gov/encyclopedia/trs-providers)).

### **How do I remit (send) payments for a Non-IV-D Services case?**

- You **must** include the Remittance ID (once assigned, the *New York Case Identifier* will replace this) with the payment.
- Make the payment payable to the **NYS Child Support Processing Center (SDU)**
- Mail the payment to:  
**NYS Child Support Processing Center (SDU)**  
**PO Box 15363**  
**Albany NY 12212-5363.**

### **How do I remit (send) payments for a Spousal Support Only case?**

- You must follow the instructions contained in the IWO. If the **LDSS-5038** was used by the issuer, you must include the following information with the payment:
  - Remittance ID;
  - Pay date; and
  - Employee/Obligor’s name.
- Make the payment payable to the **Obligee**.
- Mail the payment to the **Obligee** at the address provided on Part A of the **LDSS-5038**.

### **How do I terminate an IWO?**

When terminating an IWO, basic information must be provided to enable proper identification by the employer/income payor of the subject IWO. At a minimum, the following information must be provided on Part B of the IWO to terminate a previously issued initial, amended, or one-time (lump sum) IWO:

- Field 1d – IWO Category (check the box marked “Termination of IWO”)
- Field 1e – Date
- Field 1f – Issuer Category
- Field 1h – Remittance ID
- Field 1i – New York Case Identifier (applicable to a Non-IV-D Case only)
- Field 2a – Employer/Income Withholder’s Name
- Field 2b – Employer/Income Withholder’s Address
- Field 3a – Employee/Obligor’s Name
- Field 3b – Employee/Obligor’s Social Security Number
- Field 3d – Custodial Party/Obligee’s Name
- Field 12a – Total Amount to Withhold (enter \$0.00)
- Fields 26-29 – Judge/Issuing Official Identification box
- Fields 42-45 – Issuer Contact Information

**Part A of the LDSS-5037 or LDSS-5038 need not be completed when terminating an IWO.** Note that a Termination of IWO must be served upon the employer/income withholder, employee/obligor, custodial party/obligee, and for a Non-IV-D Services case, also mailed to the NYS Child Support Processing Center (SDU).

**NUMBERED REFERENCE TOOL**

Part  
A

**Important Notice**

If you are issuing a Non-IV-D Income Withholding Order for child support or combined child and spousal support, you must serve the completed **LDSS-5037** as follows:

- **Part A:** serve **only** upon the NYS Child Support Processing Center (SDU), PO Box 15363, Albany, NY 12212-5363.
- **Part B:** serve upon **all** of the following:
  1. employer/income withholder;
  2. employee/obligor;
  3. custodial party/obligee; and
  4. NYS Child Support Processing Center (SDU)  
PO Box 15363, Albany, NY 12212-5363.

**Note: DO NOT fill out this IWO if a party is already receiving child support services or wishes to apply at this time.**

**Court Information**

<input type="checkbox"/> Family Court: <span style="margin-left: 20px;">1</span> _____ County	Order ID (Index/Docket Number) <span style="float: right;">2</span>
<input type="checkbox"/> Supreme Court: _____ County	

**Employee/Obligor Information**

<b>3</b> Name (Last, First, Middle)	
<b>4</b> Mailing Address	
<b>5</b> Social Security Number      -      -	<b>6</b> Date of Birth (MM/DD/YYYY)      /      /

**Custodial Party/Obligee Information**

<b>7</b> Name (Last, First, Middle)	
<b>8</b> Mailing Address	
<b>9</b> Social Security Number      -      -	<b>10</b> Date of Birth (MM/DD/YYYY)      /      /



Page intentionally left blank.

**NUMBERED REFERENCE TOOL**

**Part  
B**

**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](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 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 \_\_\_\_\_

<p>2a _____ Employer/Income Withholder's Name</p> <p>2b _____ Employer/Income Withholder's Address</p> <p>_____</p> <p>_____</p> <p>Employer/Income Withholder's FEIN _____ 2c _____</p> <p>Child(ren)'s Name(s) (Last, First, Middle) _____                  _____</p> <p>3e _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>RE: 3a _____ Employee/Obligor's Name (Last, First, Middle)</p> <p>3b _____ Employee/Obligor's Social Security Number</p> <p>3c _____ Employee/Obligor's Date of Birth</p> <p>3d _____ Custodial Party/Obligee's Name (Last, First, Middle)</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; margin-top: 20px;"> <p>3g</p> </div> <p>Child(ren)'s Birth Date(s) _____                  _____</p> <p>3f _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**ORDER INFORMATION:** This document is based on the support order from New York State. 4  
 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 – 6c **Arrears greater than 12 weeks?**  Yes  No  
 \$ \_\_\_\_\_ 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 \_\_\_\_\_.

**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:  
 \$ \_\_\_\_\_ 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.

Document Tracking ID \_\_\_\_\_ 15 \_\_\_\_\_

Employer's Name: \_\_\_\_\_ 2a \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ 2c \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ 3a \_\_\_\_\_ SSN: \_\_\_\_\_ 3b \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ 1l \_\_\_\_\_ Order Identifier: \_\_\_\_\_ 1j \_\_\_\_\_

17 **REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is New York State, you must begin 16  
18 withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment 18  
19 within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this  
20 employee/obligor, withhold \_\_\_\_\_% of disposable income for all orders. If the obligor is a non-employee, obtain withholding  
21 limits from Supplemental Information. If the employee/obligor's principal place of employment is not New York State, obtain 21  
withholding limitations, time requirements, 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  
[https://www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html).

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see [www.acf.hhs.gov/css/employers/employer-responsibilities/payments](http://www.acf.hhs.gov/css/employers/employer-responsibilities/payments).

Include the Remittance ID with the payment and if necessary this locator code: \_\_\_\_\_ 22 \_\_\_\_\_.

23 **Remit payment to: NYS Child Support Processing Center (SDU)** 24  
at PO Box 15363, Albany, NY 12212-5363

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 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.

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

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.

#### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

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

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal 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.

Employer's Name: \_\_\_\_\_ 2a \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ 2c \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ 3a \_\_\_\_\_ SSN: \_\_\_\_\_ 3b \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ 1l \_\_\_\_\_ Order Identifier: \_\_\_\_\_ 1j \_\_\_\_\_

**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.

**31 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, together with interest and reasonable attorney's fees. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. In New York State, pursuant to Civil Practice Law and Rules (CPLR) §5241 upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

**32 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. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination, including laying off or refusing to promote an employee/obligor. Such discrimination may also be punishable as a contempt of court by fine or imprisonment or both.

**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.

**33 Supplemental Information:** (1) **PART A** of this form contains sensitive information and must be served **only** upon the NYS Child Support Processing Center (SDU); **PART B**, which consists of 4 pages, must be served upon the SDU, employer/income withholder, employee/obligor, and custodial party/obligee. (2) Priority of withholding pursuant to CPLR §5241(h) is current support, followed by health insurance premiums, and then arrears payments. (3) If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted (see *Remittance Information*, above) and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total. (4) Where the income of the employee or non-employee is compensation that is not paid or payable to the obligor for personal services, there is no limit to the amount you must withhold. Otherwise the noted limit applies. (5) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

Employer's Name: \_\_\_\_\_ 2a \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ 2c \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ 3a \_\_\_\_\_ SSN: \_\_\_\_\_ 3b \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ 1l \_\_\_\_\_ Order Identifier: \_\_\_\_\_ 1j \_\_\_\_\_

**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 e-mail 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 e-mail 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).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

NUMBERED REFERENCE TOOL

**Important Notice**

If you are issuing a Spousal Support Only Income Withholding Order, you must serve the completed **LDSS-5038** as follows:

- **Part A:** serve **only** upon the employer/income withholder.
- **Part B:** serve upon **all** of the following:
  1. employer/income withholder;
  2. employee/obligor; and
  3. obligee.

**Court Information**

<input type="checkbox"/> Family Court: <span style="margin-left: 100px;">1</span> _____ County	<span style="float: right;">2</span> Order ID (Index/Docket Number)
<input type="checkbox"/> Supreme Court: _____ County	

**Employee/Obligor Information**

<b>3</b> Name (Last, First, Middle)	
<b>5</b> Social Security Number      -      -	<b>6</b> Date of Birth (MM/DD/YYYY)      /      /

**Obligee Information**

<b>7</b> Name (Last, First, Middle)
<b>8</b> Mailing Address

Page intentionally left blank.

## NUMBERED REFERENCE TOOL

### INCOME WITHHOLDING FOR SUPPORT

Part  
B

- 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](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 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 \_\_\_\_\_

<p><b>2a</b> _____ Employer/Income Withholder's Name</p> <p><b>2b</b> _____ Employer/Income Withholder's Address</p> <p>_____</p> <p>_____</p> <p>Employer/Income Withholder's FEIN _____ <b>2c</b> _____</p>	<p>RE: <b>3a</b> _____ Employee/Obligor's Name (Last, First, Middle)</p> <p><b>3b</b> _____ Employee/Obligor's Social Security Number</p> <p><b>3c</b> _____ Employee/Obligor's Date of Birth</p> <p><b>3d</b> _____ Custodial Party/Obligee's Name (Last, First, Middle)</p>
<p>Child(ren)'s Name(s) (Last, First, Middle) _____ Child(ren)'s Birth Date(s) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>3e</b> _____ <b>3f</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 1.5em; margin: 0;"><b>3g</b></p> </div>

**ORDER INFORMATION:** This document is based on the support order from New York State. You are required by law **4** to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	5b _____	current child support
\$ _____	Per _____	6b _____	past-due child support - <b>6c Arrears greater than 12 weeks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	7b _____	current cash medical support
\$ _____	Per _____	8b _____	past-due cash medical support
\$ _____	Per _____	9b _____	current spousal support
\$ _____	Per _____	10b _____	past-due spousal support
\$ _____	Per _____	11b _____	other (must specify) _____ <b>11c</b> _____

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

**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:

\$ \_\_\_\_\_ **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.

Document Tracking ID \_\_\_\_\_ **15** \_\_\_\_\_



Employer's Name: \_\_\_\_\_ 2a \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ 2c \_\_\_\_\_  
 Employee/Obligor's Name: \_\_\_\_\_ 3a \_\_\_\_\_ SSN: \_\_\_\_\_ 3b \_\_\_\_\_  
 Case Identifier: \_\_\_\_\_ 1i \_\_\_\_\_ Order Identifier: \_\_\_\_\_ 1j \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this 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 \_\_\_\_% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, 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 [https://www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html).

Include the **Remittance ID**, **pay date** and **employee/obligor's name** on the payment. 22

- **Make payments payable in the name of the obligee identified on PART A.** 23
- **Remit payment to obligee's address identified on PART A.** 24

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with sections 466(b)(5) and (b)(6) of the Social Security Act 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.

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

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

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

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

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

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal 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.

Employer's Name: \_\_\_\_\_ 2a \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ 2c \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ 3a \_\_\_\_\_ SSN: \_\_\_\_\_ 3b \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ 1i \_\_\_\_\_ Order Identifier: \_\_\_\_\_ 1j \_\_\_\_\_

**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.

**31 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, together with interest and reasonable attorney's fees. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. In New York State, pursuant to Civil Practice Law and Rules (CPLR) §5241, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

**32 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. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination, including laying off or refusing to promote an employee/obligor. Such discrimination may also be punishable as a contempt of court by fine or imprisonment or both.

**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.

**33 Supplemental Information:** (1) **PART A** of this form contains sensitive information and must be served **only** upon the employer/income withholder for purposes of processing the income withholding; **PART B**, which consists of 4 pages, must be served upon the employer/income withholder, employee/obligor, and obligee. (2) Priority of withholding pursuant to CPLR §5241(h) is current support, followed by health insurance premiums, and then arrears payments. (3) If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted (see *Remittance Information*, above) and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total. (4) Where the income of the employee or non-employee is compensation that is not paid or payable to the obligor for personal services, there is no limit to the amount you must withhold. Otherwise the noted limit applies. (5) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

Employer's Name: \_\_\_\_\_ 2a \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ 2c \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ 3a \_\_\_\_\_ SSN: \_\_\_\_\_ 3b \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ 1i \_\_\_\_\_ Order Identifier: \_\_\_\_\_ 1j \_\_\_\_\_

**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 Obligee/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 e-mail 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 e-mail 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).

**The Paperwork Reduction Act of 1995**

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