

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

Instructions for filling out page 1 of the *Income Withholding for Support* form.

1. Check the:
 - 1st box if this is the first *Income Withholding for Support* you are sending.
 - 2nd box if you have sent a *Income Withholding for Support* before, but you are sending a new one because the support payment amount has changed or a payment for past due support has been added. 3rd box if the support order is for a lump sum of money that is going to be paid in installments.
 - 4th box if withholding should end.
Enter the date.

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

3. Enter your full name.

4. Look at page 5 for a list of Remittance ID codes. Find the county where your *Order for Support* was entered and enter the code number for that county followed by the case number on your *Order for Support*.

5. Enter the case number from 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".

INCOME WITHHOLDING FOR SUPPORT

1 ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
 AMENDED IWO OR ENFORCEMENT IWO
 ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
 TERMINATION OF IWO Date: _____

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/programs/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 ILLINOIS Remittance ID (include w/payment) 4
 City/County/Dist./Tribe 2 Order ID 5
 Private Individual/Entity 3 CSE Agency Case ID 6

7 Employer/Income Withholder's Name RE: 9 Employee/Obligor's Name (Last, First, Middle)
8 Employer/Income Withholder's Address 10 Employee/Obligor's Social Security Number
11 Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN 12

Child(ren)'s Name(s) (Last, First, Middle) 13 Child(ren)'s Birth Date(s)

7. Enter the name of the employer of the person paying support.

9. Enter the full name 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.

10. Enter the Social Security number of the person paying support.

11. Enter your name.

12. Enter the employer FEIN number if you have it.

13. Enter the full name and date of birth of each child who is receiving support.

14. 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.

14 **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 _____

15. Transfer the Total Amount to Withhold from Box 14 and put it next to the pay cycle that matches how often the support is to be paid.

15 **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

Instructions for filling out page 2 and the top of page 3.

16. Enter the same information you entered on page 1.

16
 Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 - Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

17. Remittance Information Provided.

17

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/tribalmmap/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/garn01.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-requirements.

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

18

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-efit-contacts-and-program-requirements.

19. Do NOT check this box.

19

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.

20. Do NOT enter information in this section.

20

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: _____

21. Do NOT check this box.

21

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.

Instructions for filling out the rest of page 3 and the top of page 4.

22. Enter the same information you entered on page 1, including:
o employer's name and FEIN number if you have it;
o name and SSN of the person paying support;
o agency case number; AND
o order ID number.

22

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____ Employee/Obligor's Name: _____ SSN: _____ Case ID: _____ Order ID: _____

23. Do NOT complete this section.

23

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. _____

24 Supplemental Information:

Instructions for filling out the rest of pages 4-5.

25. Enter the same information you entered on page 1, including:
- employer's name and FEIN number if you have it;
- name and SSN of the person paying support;
- agency case number;
AND
-order ID number.

25

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

- Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

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

26

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: _____

27. 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.

27 CONTACT INFORMATION:

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

by phone: _____, by fax: _____, by e-mail or website: _____.

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

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

by phone: _____, by fax: _____, by e-mail or website: _____.

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	