

NYC Child Support Program  
**Employer Conference**

December 8, 2021



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Michael J. Pocchia  
Executive Director  
Enforcement Operations, HRA/OCSS

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Human Resources  
Administration  
Department of  
Social Services

Office of Child  
Support Services

*Child Support Makes a Difference*



Office of Temporary  
and Disability Assistance

# New and Ongoing Challenges with Child Support Income Withholding Orders



**Michael J. Pocchia**

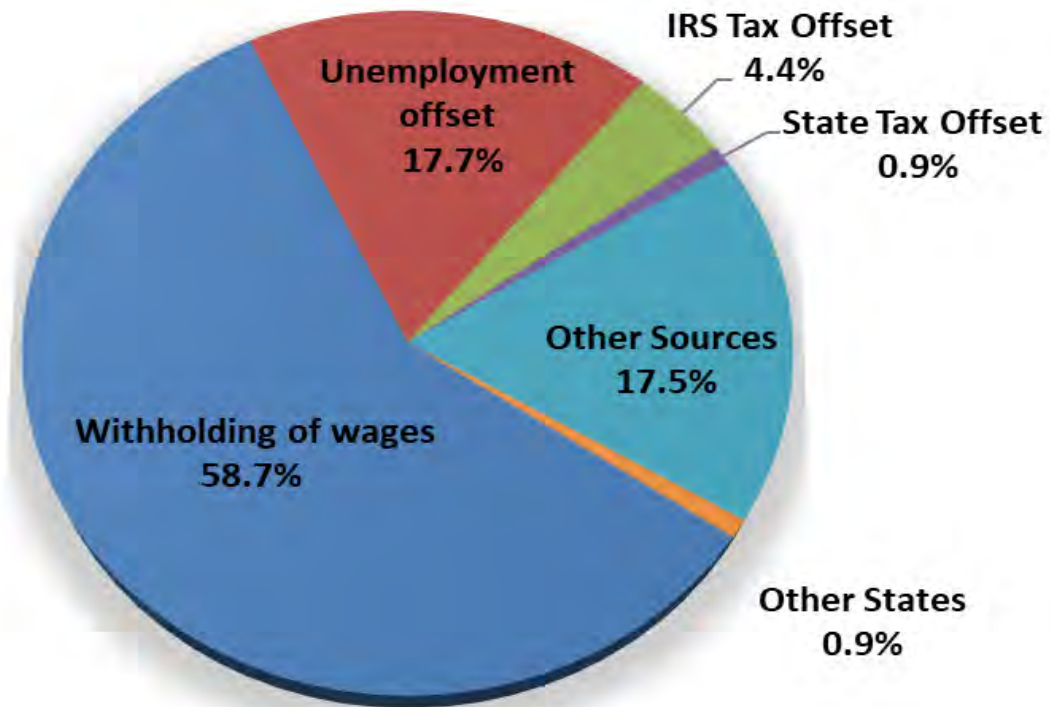
Executive Director, Enforcement Operations, HRA/OCSS

December 7, 2022



# Where Child Support Collections Come from in NYC

## Sources of Child Support Collections in NYC, 2021



\*Pre-Pandemic IWO was at 75%

# What We'll Be Talking about Today

**The importance of  
income  
withholding  
orders (IWOs)**

**How to report  
new hires and  
what you need to  
report**

**Understanding the  
Wage and Health  
Benefits Report  
(WHBR)**

**Employers'  
responsibilities for  
IWOs**

**Recent changes to  
the IWO**

**How to deal with  
lump sum  
payments**

**Independent  
contractors**

# Third-party Agents: A General Proviso

**Third-party agents handling any of the duties we describe here have the same responsibilities as the employers themselves**

**Employers are responsible for ensuring that their agents meet these reporting responsibilities**

# New Hire Reporting: Employer Responsibilities

Employers must report all newly hired or rehired employees within 20 calendar days from the hire date.

- Reporting is important to your employees and their families
  - Speeds the process of collecting and distributing child support payments
  - Can help to fight fraud (including unemployment insurance and workers' compensation fraud) and improper payments
  - Can help families in other states
- Newly hired = never worked for you before
- Rehired = previously employed but separated for 60 or more consecutive days
- Employers with employees in more than one state can choose one state to report all new hires

Penalties for failing to report on time and with full, accurate information

- \$20 penalty for each employee not reported in a timely manner, **and**
- \$20 penalty for each employee for whom the employer does not provide the required information

# New Hire Reporting: What You Need to Report

## About the employee

- Name
- Address
- Social Security number (SSN)
- Hire date
  - Hire date = first day the employee performs any services for which they will be paid (or are eligible to be paid) wages, tips, commissions or any other type of compensation

## About the employer

- Name
- Address
  - This address will be used to send child support notices, so the accuracy of it is very important
- Federal Employer Identification Number (FEIN)

## About health insurance benefits

- Whether dependent health insurance benefits are available to this employee
- The date on which the employee qualifies for this benefit

# New Hire Reporting: How to Report

## Online

- [www.nynewhire.com](http://www.nynewhire.com)

## Electronic

- For current specifications, call the New York New Hire Employer Outreach Department at (518) 320-1079

## Fax

- (518) 320-1080

## Mail

- New York State Department of Taxation and Finance  
New Hire Notification  
PO Box 15119  
Albany, NY 12212-5119

## Contact

- Email [childsupport.fc-ny@xerox.com](mailto:childsupport.fc-ny@xerox.com)
- Call the Withholding Tax Information Center at (518) 485-6654



# Wage and Health Benefits Report (WHBR)

NYS Child Support Processing Center  
PO Box 15368  
Albany NY 12212-5368

Mail completed form to the address above  
Or fax return to: (518) 320-1081

----- (name of employer/benefit administrator)  
----- (c/o line)  
----- (street address)  
----- (city) -- (state) ----- (zip code)

Dear Employer/Benefit Administrator:  
Please review your records and provide the information requested in this report for the above named individual. This employee/beneficiary is, or may be, legally responsible for a person receiving child support services or public assistance and care. Sections 111-h (9), 111-r and 143 of the New York State Social Services Law (SSL) require that employers furnish the information requested to the Support Collection Unit (SCU). SSL § 111-s authorizes the SCU access to information contained in government and private records, such as benefits information. You must complete and return this report no later than 10 business days from the above date. **If the employee/beneficiary is no longer in your employ or under contract with you, or receiving benefits from you, all information must still be completed and submitted as indicated.** No substitute for this report is acceptable.

Failure to comply may result in a \$500 penalty for initial non-compliance and a \$700 penalty for later non-compliance (SSL § 111-r).

|                                   |   |                             |  |  |
|-----------------------------------|---|-----------------------------|--|--|
| Is individual<br>employed by you? | <input type="checkbox"/> YES, go to Section 1 | <input type="checkbox"/> NO | <input type="checkbox"/> Independent contractor  | <input type="checkbox"/> Seasonal worker expected return date: _____ |
|                                   |   |                             | Date of separation: ____/____/____   | Reason for separation: _____   |
|                                   |   |                             | Separation: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary            |  |
|                                   |   |                             | Is employee still receiving benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|                                   |   |                             | New employer name/address if known: _____  |  |

Section 1 – Employer

## Wage and Health Benefits Report

New York Case Identifier:  
JCA Worker Code:  
Employer/Benefit Administrator Number:  
Source Code:  
Employer FEIN:

Date: \_\_\_\_\_ County name: \_\_\_\_\_

Regarding: \_\_\_\_\_ (name of employee)  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

For additional information on the form and process  
visit our website at  
[childsupport.ny.gov](http://childsupport.ny.gov)

**Provides information about an employee or contractor's earnings and health insurance benefits**

- Equivalent to other states' Verification of Employment (VOE) forms
- No longer generated for all cases
- Has been shortened to two pages

## To complete the form

- Provide wage and health insurance benefit information
- Complete entirely, without blank sections
- Provide it even if the person listed is no longer working for your (or under contract with you)
- Return within 10 business days of the date on the form



# The IWO: Critical Points to Remember

**In NYS, employers cannot charge a fee for income withholding**

**Employers are required to comply with an income execution order and may not discriminate against employees in any way because of child support deductions.**

- This means employers may not discharge, lay off, discipline, or refuse to hire or promote someone because of the existence of an IWO
- Remember that income execution is the default method for collecting child support and in no way suggests the employee is or was unwilling to support his or her children

**Having an order that is paid by income execution can protect NCPs from certain child support administrative enforcement actions**

- The timely, accurate withholding and remitting of support can help employees and their families in many different ways

# Determining What Income Should Be Withheld

## What counts as income for an IWO?

- According to New York State Civil Practice Law and Rules (CPLR) [§5241](#) (a)(6):
  - Income includes:
    - Earned, unearned, taxable or non-taxable income, benefits, or periodic or lump sum payment due to an individual, regardless of source
    - Wages, salaries, commissions, bonuses, workers' compensation, disability benefits, unemployment insurance benefits, payments from a public or private pension or retirement program, federal Social Security benefits, and interest
  - Income excludes:
    - Cash assistance
    - Supplemental Security Income (SSI)

# IWOs: The Employer's Responsibilities

- What** 1. Check the type and source of the IWO
- Who** 2. Confirm the identifying information for both the employer and the employee
- What Happens If...** 3. Notify us if the employee or contractor named on the IWO has never worked for you or is terminated
- When** 4. Check the date of the IWO at the top of the page to determine when you begin withholding
- How Much and How Often** 5. Review the Order Information and Amounts to Withhold sections to determine how much to withhold based on your existing pay cycle for that employee or contractor
- 6. Confirm that the amount to be withheld from the employee's disposable income will not exceed what the Consumer Credit Protection Act (CCPA) allows
- How to Pay** 7. Remit payments—there are multiple ways to do it



# Check the Type and Source of IWO

## 1. Check the type and source of the IWO

### A. Type of IWO

- Notice for Support
- Amended
- One-time
- Terminated

A

### B. Source of IWO in General

- Child support
- Court
- Attorney
- Private party

B

### C. Source of IWO Specifically

- Local child support district for the case

C

| INCOME WITHHOLDING FOR SUPPORT   |   |
|--|---|
| <b>I. Sender Information: (Completed by the Sender)</b> <span style="float: right;">Date: _____</span>   |   |
| <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)   | <input type="checkbox"/> AMENDED IWO        |
| <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT  | <input type="checkbox"/> TERMINATION OF IWO |
| <input checked="" type="checkbox"/> Child Support Enforcement (CSE) Agency <input type="checkbox"/> Court <input type="checkbox"/> Attorney <input type="checkbox"/> Private Individual/Entity (Check One)   |   |
| <b>NOTE:</b> 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 <a href="http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions">www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions</a> ). 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 _____  | Remittance ID (include w/payment) _____     |
| City/County/Dist./Tribe _____  | Order ID _____                              |
| Private Individual/Entity _____  | Case ID _____                               |

Remember: the amount you are supposed to withhold can only be changed or discontinued by an Amended IWO or a Termination of IWO

# Confirm the Key Details of the IWO

## 2. Confirm the identifying information for both the employer and the employee

### A. Employer's information

- Name
- Address
- FEIN



|   |  |   |
|---|--|---|
| <b>Employer/Income Withholder's Name</b>          |  | <b>RE:</b>  |
| <b>Employer/Income Withholder's Address</b>       |  |   |
| <b>Employer/Income Withholder's FEIN</b>          |  |   |
| <b>Child(ren)'s Name(s) (Last, First, Middle)</b> |  |   |
| <b>Child(ren)'s Birth Date(s)</b>                 |  | <b>Employee/Obligor's Name (Last, First, Middle)</b>        |
|   |  | <b>Employee/Obligor's Social Security Number</b>            |
|   |  | <b>Employee/Obligor's Date of Birth</b>                     |
|   |  | <b>Custodial Party/Obligee's Name (Last, First, Middle)</b> |
|   |  |   |

**B**

### B. Employee or contractor's identifying information

- Name
- SSN
- DOB

# Terminations and Past Employees

## 3. Notify us if the employee or contractor named on the IWO has never worked for you or is terminated

To notify us, complete page 4 of the IWO and return it to the NYS Child Support Processing Center

### 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** below or using OCSE's Child Support Portal ([oscp.acf.hhs.gov/csp/](https://oscp.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: \_\_\_\_\_  
\_\_\_\_\_

# When to Start Withholding and Remitting

## 4. Check the date of the IWO at the top of the page to determine when you begin withholding

| INCOME WITHHOLDING FOR SUPPORT   |   |
|--|---|
| I. Sender Information: (Completed by the Sender)                           |   |
| Date: _____  |   |
| <input type="checkbox"/> INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) | <input type="checkbox"/> AMENDED IWO        |
| <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT        | <input type="checkbox"/> TERMINATION OF IWO |

Date of the IWO

- Withhold no later than the first pay period that occurs 14 days after the date of service of the IWO
- Remit payment to the NYS Child Support Processing Center within 7 working days of the pay date
- Not withholding or remitting payments may result in the withholder having to pay the total amount that should have been withheld in addition to potential interest, attorney's fees, and civil penalties

# When to Start Withholding: An Example

## INCOME WITHHOLDING FOR SUPPORT

- ☐ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- ☐ AMENDED IWO
- ☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- ☐ TERMINATION OF IWO

Date: October 31, 2018

If you can't  
make this  
date...

Date of IWO

Date by  
which  
withholding  
must begin  
(14 days  
after date of  
IWO)

| NOVEMBER 2018 |     |     |     |     |      |     |
|---------------|-----|-----|-----|-----|------|-----|
| Sun           | Mon | Tue | Wed | Thu | Fri  | Sat |
|               |     |     | X   | 1   | 2 X  | 3   |
| 4             | 5   | 6   | 7   | 8   | 9    | 10  |
| 11            | 12  | 13  | X   | 14  | 15 X | 16  |
| 17            | 18  | 19  | 20  | 21  | 22   | 23  |
| 24            | 25  | 26  | 27  | 28  | 29   | 30  |

The first pay date in your  
pay cycle after the IWO

The next pay date in your  
pay cycle after the IWO

You must  
make this  
date



# Determining the Amount and Frequency

## 5. Review the Order Information and Amounts to Withhold sections to determine how much to withhold based on your existing pay cycle for that employee or contractor

### A. The elements of this child support order, including

- Child support
- Medical support
- Spousal support

### B. Total withholding

### C. The total withholding adjusted to suit different pay cycles

- Weekly
- Biweekly
- Semimonthly
- Monthly

A

B

C

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

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

|           |               |  |
|-----------|---------------|--|
| \$ 150.00 | Per bi-weekly | current child support  |
| \$ 75.00  | Per bi-weekly | past-due child support - Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| \$        | Per           | current cash medical support   |
| \$        | Per           | past-due cash medical support  |
| \$ 40.00  | Per bi-weekly | current spousal support  |
| \$        | Per           | past-due spousal support   |
| \$ 15.00  | Per monthly   | other (payments to a third or fourth party)  |

for a Total Amount to Withhold of \$ 271.92 per bi-weekly.

#### 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:

|  |   |           |  |
|--|---|-----------|--|
| \$ 134.38  | per weekly pay period                     | \$ 291.15 | per semimonthly pay period (twice a month) |
| \$ 271.92  | per biweekly pay period (every two weeks) | \$ 582.29 | per monthly pay period                     |
| Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order. |   |           |  |

# The Add Amount

## This part of the IWO is also called the Add Amount

- Added to the IWO when more than 12 weeks' worth of child support is past-due
- Normally calculated as 50% of the obligation amount
- When only paying off debt, the add amount is 150% of the most recent current support amount

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

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

|   |               |  |
|---|---------------|--|
| \$ 150.00   | Per bi-weekly | current child support  |
| \$ 75.00  | Per bi-weekly | past-due child support - Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| \$  | Per           | current cash medical support   |
| \$  | Per           | past-due cash medical support  |
| \$ 40.00  | Per bi-weekly | current spousal support  |
| \$  | Per           | past-due spousal support   |
| \$ 15.00  | Per monthly   | other (payments to a third or fourth party)  |
| for a Total Amount to Withhold of \$ 271.92 per bi-weekly |               |  |

## What You Can Say to an Employee or Contractor Who Feels the Add Amount Is Unmanageable

- Noncustodial parents should not have an add amount when:
  - Their income already falls below the New York State self-support reserve (\$18,347 for 2022), or
  - Their income falls below the self-support reserve because of the add amount
- If this is true of a noncustodial parent who works for your organization, you can suggest that they seek an Add Amount Review (also called a Hardship Review)
  - They can do that by
    - E-mailing OCSS at [dcse.cseweb@dfa.state.ny.us](mailto:dcse.cseweb@dfa.state.ny.us) (include name, child support case #, description of issue, phone number)
    - Visiting the OCSS Customer Service Walk-in Center at 151 West Broadway in Manhattan
    - Mailing a request to OCSS, PO Box 830, Canal Street Station, New York, NY 10013

# Checking CCPA Limitations

## 6. Confirm that the amount to be withheld from the employee's disposable income will not exceed what the Consumer Credit Protection Act (CCPA) allows

- For CCPA purposes, disposable income is the amount left after deductions for federal, state, and local taxes, as well as Social Security and Medicare
- CCPA limitations do apply to compensation for personal services, such as
  - Salaries or hourly pay
  - Commissions
  - Back pay
  - Severance pay
  - Lump sum payments
- CCPA limitations do not apply if the employee is not being compensated for personal services, such as
  - Dividends
  - Interest payments
  - Benefits

# New CCPA Limitations for Child Support in NYS

## Effective August 2018, Changes at the Federal Level Have Led to Changes for States

- For NYS IWOs dated August 29, 2018, or later, the question is whether the noncustodial parent has qualifying arrears
- For NYS IWOs dated before August 29, 2018, you need to know about qualifying arrears **and** whether the employee or contractor supports another child besides those listed on the IWO
- This is how New York State is handling the change. Other states are taking other approaches

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

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

|   |                      |   |  |
|---|----------------------|---|--|
| \$ <u>150.00</u>  | Per <u>bi-weekly</u> | current child support                       | <div>Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| \$ <u>75.00</u>   | Per <u>bi-weekly</u> | past-due child support                      |  |
| \$ _____  | Per _____            | current cash medical support                |  |
| \$ _____  | Per _____            | past-due cash medical support               |  |
| \$ <u>40.00</u>   | Per <u>bi-weekly</u> | current spousal support                     |  |
| \$ _____  | Per _____            | past-due spousal support                    |  |
| \$ <u>15.00</u>   | Per <u>monthly</u>   | other (payments to a third or fourth party) |  |
| for a Total Amount to Withhold of \$ <u>271.92</u> per <u>bi-weekly</u> |                      |   |  |



**This is now the most important part of the IWO to check when looking at CCPA limitations for child support**

# Making a Smooth Transition to the New IWO

**The old CCPA limitations still apply to IWOs dated before August 29, 2018**

**If an employee has two cases (and thus two IWOs), the most recent IWO governs both**

- For example:
  - An employee has an IWO dated September 2018 and one dated May 2018
  - You should follow the CCPA limitations of the one dated September 2018



# From Four Levels of CCPA Limitations to Two

## CCPA Guidelines for Older IWOs

For NYS income-withholding orders dated before August 29, 2018

| Maximum Percentage of Disposable Income That Can Be Taken . . . | . . . When the Employee Meets These Criteria   |
|---|--|
| 50%   | <ul style="list-style-type: none"> <li>Supports a second family</li> <li>No arrears or less than 12 weeks in arrears</li> </ul>      |
| 55%   | <ul style="list-style-type: none"> <li>Supports a second family</li> <li>More than 12 weeks in arrears</li> </ul>                    |
| 60%   | <ul style="list-style-type: none"> <li>Supports only a single family</li> <li>No arrears or less than 12 weeks in arrears</li> </ul> |
| 65%   | <ul style="list-style-type: none"> <li>Supports only a single family</li> <li>More than 12 weeks in arrears</li> </ul>               |

## CCPA Guidelines for Recent IWOs

For NYS income-withholding orders dated August 29, 2018, or later

| Maximum Percentage of Disposable Income That Can Be Taken . . . | . . . When the NCP Meets These Criteria  |
|---|--|
| 50%   | <ul style="list-style-type: none"> <li>No qualifying arrears (equivalent to 12 or more weeks of their current child support)</li> </ul>  |
| 55%   | <ul style="list-style-type: none"> <li>Has qualifying arrears (equivalent to 12 or more weeks of their current child support)</li> </ul> |

# Priority of Withholding

**When the IWO amount exceeds the maximum withholding amount for that employee or contractor, employers must prioritize withholdings in the following order:**

1. Current support obligation
2. Court-ordered health insurance premiums
3. Past-due support

Remember: Under State law, withholding for support has priority over any other legal process against the same income. If a federal tax levy is in effect, notify the sender of the IWO

# Priority of Withholding for Multiple IWOs

**When an individual employee or contractor has multiple cases and thus multiple IWOs...**

Employers must withhold payments **on each order** for **current support** to the greatest extent possible on a prorated basis

# How to Remit Payments

## 7. Remit payments—there are multiple ways to do it

### 1. Electronic Funds Transfer (EFT)/Electronic Data Interchange (EDI)

- To arrange for the first EFT/EDI payment, call the Employer Helpline at (800)846-0773 or (888) 208-4485 (TTY: 1-866-875-9975)

### 2. ExpertPay.com

- Requires Federal Information Processing Standards (FIPS) code
- ExpertPay does not charge a transaction fee for NYS
- Call (800)846-0773 or (888) 208-4485 for registration information

**Note:** No matter how you pay, we always need to know:

- The date of withholding
- The NY Case Identifier
- The amount of payment for each account

You may also wish to include the employee or contractor's name and your company's name and Federal EIN

# How to Remit Payments

### 3. Check

- You can combine payments for multiple employees into one
  - You must still identify for each employee
    - The date of withholding
    - The NY Case Identifier
    - The amount of payment for each account
  - To make that easier, you can use:
    - Payment Listing Form or
    - Payment Coupon
- Mail payments to:  
NYS Child Support Processing Center  
PO Box 15363  
Albany, NY 12212-5363

[illegible]

|   |   |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
|---|---|--------------------------|--------------------------|--------------------------|------------------------------------|--|--------------|--|----------------------|---|--|--|------------------------------------|-----------------|--|---------------------------------|--|----------------------------|--|-----------------|--------------------------------|
| <h1>NY Payment Coupon</h1> <h2><a href="http://bit.ly/NYSpaycoupon">http://bit.ly/NYSpaycoupon</a></h2>   |   |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <p>Please use a separate coupon for each pay date for which you receive support from a service provider and provide it to the provider. You will receive 1 form for each provider's wages.</p> <p>Your employer's single check for all employees (employer or other wage checks) or any one coupon for each paymaster is included for each pay date.</p> <p>Please indicate the date/city the order amount will be paid on each coupon.</p> | <table><tr><td><b>Income Withholder</b></td><td><b>MAIL PAYMENTS TO:</b></td></tr><tr><td><b>Name and Address:</b></td><td>NY CHILD SUPPORT PROCESSING CENTER</td></tr><tr><td></td><td>PO BOX 15363</td></tr><tr><td><b>Your Federal Employer ID Number (EIN)</b></td><td>ALBANY NY 12212-5363</td></tr><tr><td></td><td>Make your check or money order payable to:</td></tr><tr><td></td><td>NY CHILD SUPPORT PROCESSING CENTER</td></tr><tr><td><b>Obligor:</b></td><td></td></tr><tr><td><b>Obligor SSN: XXX-XX-XXXX</b></td><td></td></tr><tr><td><b>NY Case Identifier:</b></td><td></td></tr><tr><td><b>Obligee:</b></td><td><b>PLEASE DO NOT SEND CASH</b></td></tr></table> <p>Payments must be remitted within seven business days of the date the respondent is paid.</p> <p>You must return this coupon with your payment to the address on the coupon.</p> | <b>Income Withholder</b> | <b>MAIL PAYMENTS TO:</b> | <b>Name and Address:</b> | NY CHILD SUPPORT PROCESSING CENTER |  | PO BOX 15363 | <b>Your Federal Employer ID Number (EIN)</b> | ALBANY NY 12212-5363 |   | Make your check or money order payable to: |  | NY CHILD SUPPORT PROCESSING CENTER | <b>Obligor:</b> |  | <b>Obligor SSN: XXX-XX-XXXX</b> |  | <b>NY Case Identifier:</b> |  | <b>Obligee:</b> | <b>PLEASE DO NOT SEND CASH</b> |
| <b>Income Withholder</b>  | <b>MAIL PAYMENTS TO:</b>  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <b>Name and Address:</b>  | NY CHILD SUPPORT PROCESSING CENTER  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
|   | PO BOX 15363  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <b>Your Federal Employer ID Number (EIN)</b>  | ALBANY NY 12212-5363  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
|   | Make your check or money order payable to:  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
|   | NY CHILD SUPPORT PROCESSING CENTER  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <b>Obligor:</b>   |   |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <b>Obligor SSN: XXX-XX-XXXX</b>   |   |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <b>NY Case Identifier:</b>  |   |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <b>Obligee:</b>   | <b>PLEASE DO NOT SEND CASH</b>  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| <p><b>PLEASE DO NOT FOLD, STAPLE OR MUTILATE.</b></p> <table><tr><td>AMOUNT ENCLOSED</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td>PAY DATE (MM/DD/YYYY):</td><td>/</td><td>/</td><td></td><td></td><td></td></tr></table>  |   | AMOUNT ENCLOSED          | \$                       |                          |                                    |  |              | PAY DATE (MM/DD/YYYY):                       | /                    | / |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| AMOUNT ENCLOSED   | \$  |                          |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |
| PAY DATE (MM/DD/YYYY):  | /   | /                        |                          |                          |                                    |  |              |  |                      |   |  |  |                                    |                 |  |                                 |  |                            |  |                 |                                |



# Employers' Responsibilities for Lump Sums

**Lump sum payments are included in an IWO and are required to be garnished to collect past-due child support**

**Note the emphasis on past-due child support. Because you don't necessarily know how much past-due child support the employee might owe—or even if any is owed on the case at all—contact Child Support first before disbursing any lump sum payment**

# Examples of Lump Sum Payments

**Bonuses**

**Retirement  
Incentives**

**1099 Income**

**Commissions**

**Workers'  
Comp**

**Social Security**

**Severance  
Payments**

**Insurance  
Settlements**

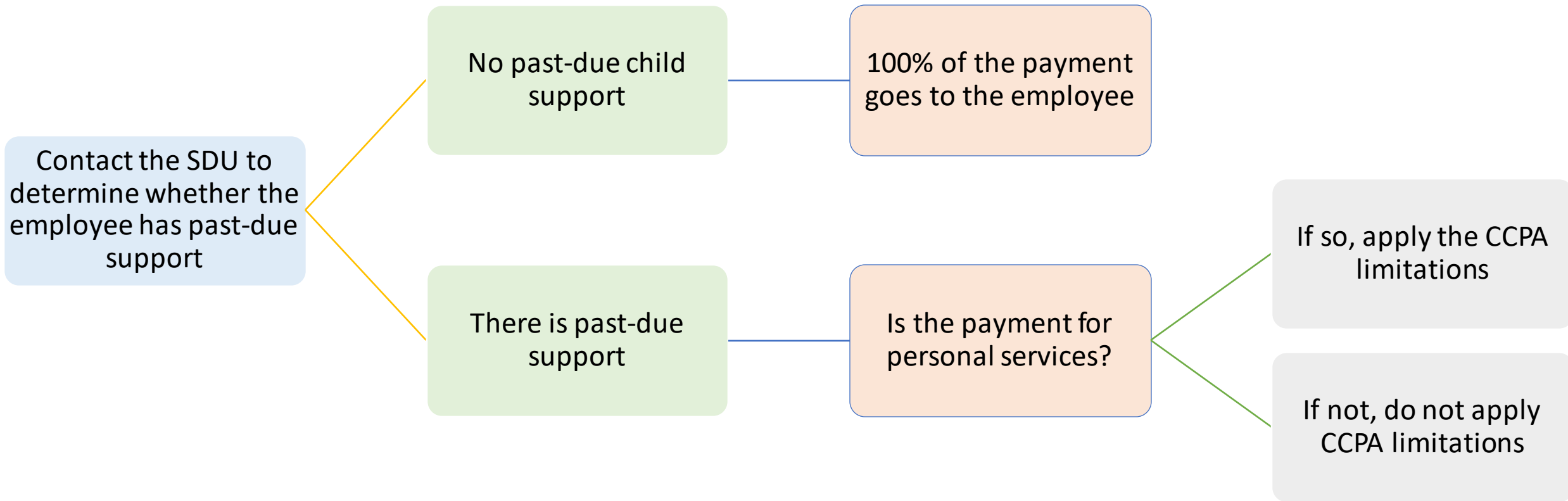
**Personal  
Injury  
Settlements**

**Stock Options  
and Dividends**

**Leave Payouts**

This list is not exhaustive. For questions about what qualifies as a lump sum payment write to [nysdulumpsum@otda.ny.gov](mailto:nysdulumpsum@otda.ny.gov) or call 888-208-4485.

# The Lump Sum Reporting Process



## How to Contact the NYS SDU about Lump Sums

Email: [nysdulumpsum@otda.ny.gov](mailto:nysdulumpsum@otda.ny.gov)

Phone: 888-208-4485

The SDU will respond by email or fax with the amount of past-due child support (arrear) owed by the employee.

# Lump Sum Payments and CCPA Limitations

As with other income, the question of whether CCPA limitations apply boils down to whether the money is for personal services

## Examples of Lump Sum Payments for Personal Services

CCPA limitations apply

Commissions

Severance  
Payments

Leave Payouts

## Examples of Lump Sum Payments Not for Personal Services

Withhold up to 100%

Dividends

Interest  
Payments

Benefits

# What to Report with Lump Sum Payments

## Employer contact information

- Company name
- Address
- Phone number and fax number
- Email address
- FEIN

## Employee identifying information

- Name
- Social Security number (last four digits okay)

## New York Case Identifier (see page 1 of the IWO)

## County name associated with the New York Case Identifier

- In all Boroughs of New York City, the county can be given as New York City

## Amount of the lump sum payment

## Expected pay out date



# Independent Contractors

**Employers are responsible for IWOs related to independent contractors**

If you receive an IWO for a non-employee, and you make payments to that person, you must withhold child support from those payment

# e-IWO: The Most Efficient Way to Handle IWOs

## e-IWOs Have Many Advantages

- No cost
- Saves time, money and resources (no more IWOs by mail!)
- Money gets to the family faster
- All of your IWOs are in one place: the e-IWO
- Signing up in one state means you're signed up in all states
- Increases accuracy and reliability of data
- For more information on e-IWOs, contact [eiwomail@ach.hhs.gov](mailto:eiwomail@ach.hhs.gov) or learn more at: [www.acf.hhs.gov/css/employers/e-IWO](http://www.acf.hhs.gov/css/employers/e-IWO)



# New York City Employer Contacts

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