

Income Withholding Calculator, Lump Sum Calculator and National Medical Support Notice

Child Support

Custodial Parents

Noncustodial Parents

Employers

Providers

Local Offices

Search OTDA



NEW YORK Child Support

The child support program provides custodial parents with financial support and medical insurance coverage for their children. Noncustodial parents, establishing paternity, establishing support obligations, and distributing child support payments.

Access your account through

If you do not have a NY.gov ID, you can [create a new account](#).

You can also use a NY.gov ID from another State (e.g., Driver License, Finance, Motor Vehicles, etc.) to access your child support account. Go to the [NY.gov ID Log in](#) page, enter the NY.gov ID and password, and follow the prompts.

Do you want to change the e-mail address or see your account information? Log in to [Account Update](#) with your NY.gov ID and password. Click **Modify Account**, make your changes, and click **Save** to save your changes.

Employers

Report New Hires

Provide Information (WHBR)

Calculator

Income Withholding for Support

Withholding Limitations

Cases with Prorated Amounts

Dependent Health Insurance

Remit Payments

Report Terminations

Employers FAQ



Department of
Social Services
Human Resources Administration
Department of Homeless Services

Office of Child
Support Services


childsupport.ny.gov



Office of Temporary
and Disability Assistance

Income Withholding Calculator

Based on the Withholding Limitations [Worksheet](#) (PDF), the Income Withholding Calculator is an interactive form designed to calculate withholding in accordance with federal and New York State law and regulations. The calculator is meant as an additional tool to help employers calculate child support withholding. Please ensure that the information used in the calculation is complete and accurate. The Income Withholding Calculator will not produce a correct result if the information used is not correct. DCSS is not responsible for errors due to incomplete or inaccurate data entered by the employer.

For detailed information about income withholding calculations, visit the [Withholding Limitations Worksheet page](#) or click the question mark  icon.



[Start calculation](#)



[Calculator video](#)



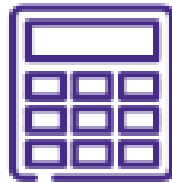
[Lump sum calculator](#)



Employer Information



Not your employee?
[Report a termination](#)



[Withholding calculator](#)



[Calculator video](#)



Call or [email for lump sum payments](#)
[Lump sum calculator](#)



[Employer publications](#)



Question? [Write to us](#)

Income Withholding Calculator

Pre-tax amount

How often does the employee get paid?

6 Required deductions

Click to calculate Disposable Income



Employee Name	John Doe
Calculate Aggregate Disposable Income ?	
Gross earnings per pay cycle	800.00
Pay cycle	Biweekly
Deductions required by New York State law	
Federal income tax	42.84
Social Security tax	49.60
Medicare tax	11.60
State income tax	21.62
City/Local income tax	0.00
Involuntary retirement or pension plan payments	0.00
Total deductions required by law	125.66
DISPOSABLE INCOME	674.34

Determine CCPA percentage and Maximum Withholding ?

Any IWO issued on or after August 29, 2018

Yes



Employee owes arrears greater than 12 weeks

Select



CCPA AND MAXIMUM



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Department of Homeless Services

Office of Child
Support Services



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

\$ <u>100.00</u>	Per <u>bi-weekly</u>	current child support	Arrears greater than 12 weeks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$ <u>50.00</u>	Per <u>bi-weekly</u>	past-due child support	
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (payments to a third or fourth party)	

for a **Total Amount to Withhold** of \$ 150.00 per bi-weekly.

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:

\$ <u>75.00</u>	per weekly pay period	\$ <u>162.50</u>	per semimonthly pay period (twice a month)
\$ <u>150.00</u>	per biweekly pay period (every two weeks)	\$ <u>325.00</u>	per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.



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Determine CCPA percentage and Maximum Withholding ?

Any <u>IWO</u> issued on or after August 29, 2018	No	▼
Employee owes arrears greater than 12 weeks	Yes	▼
Employee supports another spouse or child	Yes	▼

CCPA AND MAXIMUM

<u>CCPA</u> percentage is	0.55
Maximum Withholding = <u>CCPA</u> percentage × Disposable income	370.89



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\$ 100.00 Per bi-weekly current child support
\$ 50.00 Per bi-weekly 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 (payments to a third or fourth party)
for a **Total Amount to Withhold** of \$ 150.00 per bi-weekly.

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:

\$ 75.00 per weekly pay period \$ 162.50 per semimonthly pay period (twice a month)
\$ 150.00 per biweekly pay period (every two weeks) \$ 325.00 per monthly pay period
\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

ORDER INFORMATION: This document is based on the support or withholding 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?** Yes 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.

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:

\$ 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.

Compare total ordered to Maximum Withholding ?

How many IWOs did you receive for this employee?

2

DISPLAY IWOS

RESELECT

IWO 1 Total Amount to Withhold for your pay cycle

150.00

IWO 2 Total Amount to Withhold for your pay cycle

271.92

Health Insurance Premium ?

80.00

COMPARE TO MAXIMUM

Total of All IWOs and Health Insurance Premium

501.92



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Prorated Calculation: Enter Current, Past-Due and Other Amounts from each IWO ?

Pay cycle (selected above)	Biweekly
IWO 1	
Current Child Support	100.00
Convert from...	No conversion
...to Your Amount	100.00
Past-Due Child Support	50.00
Convert from...	No conversion
...to Your Amount	50.00
Current Cash Medical Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Past-Due Cash Medical Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Current Spousal Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Past-Due Spousal Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Other (third or fourth party)	0.00
Convert from...	No conversion
...to Your Amount	0.00

CONVERT AND TOTAL IWO 1	150.00
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ORDER INFORMATION: This document is based on the support or withholding order from New York State. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 100.00	Per bi-weekly	current child support
\$ 50.00	Per bi-weekly	past-due child support - Arrears greater than 12 weeks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$	Per	current cash medical support
\$	Per	past-due cash medical support
\$	Per	current spousal support
\$	Per	past-due spousal support
\$	Per	other (payments to a third or fourth party)

for a Total Amount to Withhold of \$ 150.00 per bi-weekly.

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:

\$ 75.00	per weekly pay period	\$ 162.50	per semimonthly pay period (twice a month)
\$ 150.00	per biweekly pay period (every two weeks)	\$ 325.00	per monthly pay period

Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.



Office of Temporary and Disability Assistance

IWO 2

Current Child Support	150.00
Convert from...	No conversion
...to Your Amount	150.00
Past-Due Child Support	75.00
Convert from...	Select to convert
...to Your Amount	75.00
Current Cash Medical Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Past-Due Cash Medical Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Current Spousal Support	40.00
Convert from...	No conversion
...to Your Amount	40.00
Past-Due Spousal Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Other (third or fourth party)	15.00
Convert from...	Monthly to Biweekly
...to Your Amount	6.92
CONVERT AND TOTAL IWO 2	271.92

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\$ 75.00	Per bi-weekly	past-due child support - Arrears greater than 12 weeks? <input checked="" 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)

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

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\$ 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.		



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TOTAL ALL IWOS

Total Current Support	290.00
Total Past-Due and Other	131.92
Total All IWOS	421.92
Health Insurance Premium (entered previously)	
Amount of premium	80.00
Pay Cycle (selected above)	Biweekly



CALCULATE WITHHOLDING

Allocated Withholding

IWO 1 Total	100.34
IWO 1 Current	100.00
IWO 1 Past-Due and Other	0.34
IWO 2 Total	190.55
IWO 2 Current	190.00
IWO 2 Past-Due and Other	0.55

Amounts to Withhold and Remit ?



Withhold for Health Insurance	80.00
Total Amount to Withhold	370.89
Total Amount to Remit	290.89



PRINT **NEW CALCULATION** **RESET**

