



**Office of Temporary
and Disability Assistance**

Income Withholding Calculator and Lump Sum Calculator

Child Support Services

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ENROLL



ary and Disability Assistance

Information

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. DCS 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](#)

Income Withholding Calculator

Child Support Services provides information, tools, and resources to help employers meet their responsibilities.



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 Employee Name
You may provide an Employee Name

Calculate Aggregate Disposable Income ?


Aggregate Disposable Income: Income after subtraction of required deductions from gross pay

 Gross earnings per pay cycle
Gross earnings include compensation for personal services, such as wages, salary, commission, or bonus

 Pay cycle
Always choose YOUR normal pay period. For example, the Notice may order a weekly payment, but if you pay biweekly, choose Biweekly.

Deductions required by New York State Law

Only the following deductions are required by New York State law

| | |
|--|-------------------------------------|
| Federal income tax | <input type="text" value="42.84"/> |
| Social Security tax | <input type="text" value="49.60"/> |
| Medicare tax | <input type="text" value="11.60"/> |
| State income tax | <input type="text" value="21.62"/> |
| City/Local income tax | <input type="text" value="0.00"/> |
| Involuntary retirement or pension plan payments | <input type="text" value="0.00"/> |
| Total deductions required by law | <input type="text" value="125.66"/> |
|  DISPOSABLE INCOME | <input type="text" value="674.34"/> |

Pre-tax amount

How often does the employee get paid?

6 required deductions

Click to calculate disposable income

Determine CCPA percentage and Maximum Withholding ?

CCPA: Consumer Credit Protection Act

Any IWO issued on or after August 29, 2018

Employee owes arrears greater than 12 weeks

CCPA AND MAXIMUM

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.

Determine CCPA percentage and Maximum Withholding ?

CCPA: Consumer Credit Protection Act

| | |
|--|--------|
|  Any IWO 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 | |
| CCPA percentage is | 0.55 |
| Maximum Withholding = CCPA percentage × Disposable income | 370.89 |

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

As required by National Medical Support Notice

COMPARE TO MAXIMUM



Total of all IWOs and Health Insurance Premium

501.92

Order 1

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?** 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 2

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.

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




?

See page 1 of the IWO

Pay cycle (selected above)

Bi-Weekly

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 |

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? 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.

IWO 2

| | | |
|--|--|----------------------|
| Current Child Support |  | 150.00 |
| Convert from... | | No conversion |
| ...to Your Amount | | 150.00 |
| Past-Due Child Support |  | 75.00 |
| Convert from... | | No conversion |
| ...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 Bi-Weekly |
| ...to Your Amount | | 6.92 |
|  CONVERT AND TOTAL IWO 2 | | 271.92 |

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.

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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.



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) | Bi-Weekly |



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 ?

Remit amount of withholding for child support only. Do not include health insurance premium.



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



PRINT

NEW CALCULATION

Lump Sum Calculator

Child Support Services provides information, tools, and resources to help employers meet their responsibilities.



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To use the Lump Sum Calculator, you will need your copy or copies of the [Income Withholding for Support](#) (PDF) for the employee. You will also need the amount of past-due support the employee owes for each child support order. Contact the Child Support Helpline at [888-208-4485](tel:888-208-4485) (T.T.Y: [866-875-9975](tel:866-875-9975)) to get the amount(s).

Employee Name

John Smith

You may provide an Employee Name

Total arrears owed


 To obtain the total arrears owed, please email nysdulumpsum@otda.ny.gov or call the Child Support Helpline at [888-208-4485](tel:888-208-4485) (T.T.Y: [866-875-9975](tel:866-875-9975)).

Arrears total

 2,500.00

Lump sum payment

Amount of payment

 1,000.00

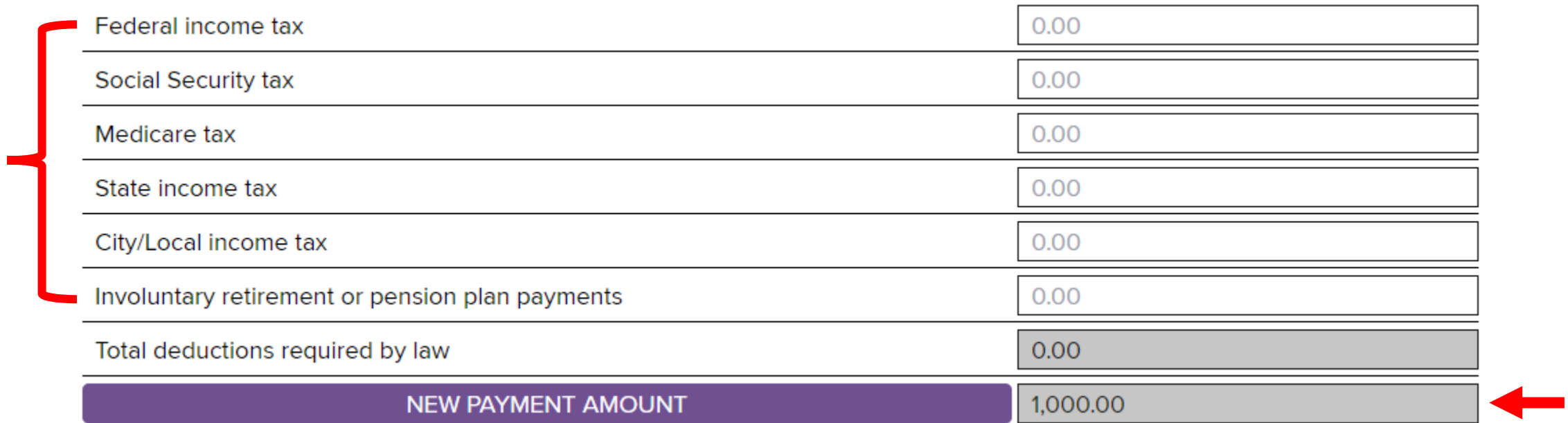
Deductions required by New York State Law

Only the following deductions are required by New York State law

Lump sum payments may be subject to deductions for federal, state, and/or other income taxes. The New York State Department of Taxation and Finance provides rules and guidance on withholding for supplemental wages, which may differ from regular income withholding. Additionally, some lump-sum payments may be considered payments for personal services subject to the Consumer Credit Protection Act (CCPA), but not considered wages subject to withholding under New York State law.

For general withholding guidance, see the *Employer's Guide to Unemployment Insurance, Wage Reporting, and Withholding Tax*, [NYS-50](#).

| | |
|---|-----------------|
| Federal income tax | 0.00 |
| Social Security tax | 0.00 |
| Medicare tax | 0.00 |
| State income tax | 0.00 |
| City/Local income tax | 0.00 |
| Involuntary retirement or pension plan payments | 0.00 |
| Total deductions required by law | 0.00 |
| NEW PAYMENT AMOUNT | 1,000.00 |



Determine payment type: Personal/non-personal services

Compensation paid or payable for personal services includes but is not limited to wages, salaries, commissions, bonuses, and periodic payments from a pension or retirement program. Payments from an employment-based disability plan are also considered payments for personal services.

A lump sum payment unrelated to personal services rendered may include an interest payment or dividend.

Payment is for personal services

Yes



If the payment is for personal services, CCPA limitations apply, so the maximum withholding must be calculated.

Employee owes arrears greater than 12 weeks

No



A lump sum payment unrelated to personal services rendered may include an interest payment or dividend.

Payment is for personal services

No



CCPA AND MAXIMUM

CCPA percentage is

0.50

Maximum Withholding = CCPA percentage × Disposable income

500.00

Number of IWOs

| | | |
|--|--------------------------------|-----------------|
| How many IWOs did you receive for this employee? | <input type="text" value="2"/> | ← |
| DISPLAY IWOS | | RESELECT |

Enter past-due (arrears) amounts from IWOs

| | | |
|--|---------------------------------------|-----|
| IWO 1 Total Amount of Past-due Support | <input type="text" value="1,500.00"/> | } ← |
| IWO 2 Total Amount of Past-due Support | <input type="text" value="1,000.00"/> | |
| TOTAL ALL IWOS | <input type="text" value="2,500.00"/> | ← |



CALCULATE WITHHOLDING

Allocated Withholding



IWO 1 Total 300.00



IWO 2 Total 200.00

Amounts to Withhold and Remit

Total Amount to Withhold 500.00



Total Amount to Remit 500.00

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NEW CALCULATION



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