

**Iowa Department of Health and Human Services
INCOME WITHHOLDING FOR SUPPORT**

OMB 0970-0154
Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date: _____

INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

AMENDED IWO

ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

TERMINATION OF IWO

Child Support Agency (CSA) 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). 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 Iowa
City/County/Dist./Tribe _____
Private Individual Entity _____

Remittance ID (include w/payment) _____
Order ID _____
Case ID _____

II. Employer and Case Information: (Completed by the Sender)

RE:

Employee/Obligor's Name

Employee/Obligor's Social Security Number

Employee/Obligor's Date of Birth

Employer/Income Withholder's FEIN

Custodial Party/Obligee's Name

Child(ren)'s Name(s)

Child(ren)'s Birth Date(s)

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? | <input 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 (must specify) _____ | |

for a **Total Amount to Withhold** of _____ per _____

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 |

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

Employer/Income Withholder's Name:

Employer/Income Withholder's FEIN:

Employee/Obligor's Name:

SSN:

Case ID:

Order ID: _____

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 Iowa (State/Tribe), you must begin withholding no later than the first pay period that occurs 10 days after the date of receipt of this 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 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not Iowa (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/tribalmap/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 non-employee, 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.

Remit payment to Collection Services Center (SDU/Tribal Order Payee)
at PO Box 9125 Des Moines, IA 50306-9125 (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-eft-contacts-and-program-requirements.

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.

If Required by State or Tribal Law:

Signature of Judge/Issuing Official: Iowa Child Support Services
Print Name of Judge/Issuing Official: Iowa Child Support Services
Title of Judge/Issuing Official: Iowa Child Support Services
Date of Signature:

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.

Employer/Income Withholder's Name:

Employer/Income Withholder's FEIN:

Employee/Obligor's Name:

SSN:

Case ID:

Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

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.

Payments: You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSA agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA 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. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal the OCSS Child Support Portal.

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. A withholding order/notice (IWO) has the same force and effect as any other district court order, including, but not limited to, contempt of court proceedings for noncompliance. Additionally, a payor of income who, with actual knowledge and intent to avoid legal obligation, fails to withhold income or pay the amount withheld, commits a simple misdemeanor for a first offense and a serious misdemeanor for each subsequent offense, and is liable for the costs, interest and reasonable attorney fees related to the collection of the amount due from the payor of income.

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. Taking any of these actions means you have committed a simple misdemeanor.

Supplemental Information: IMPORTANT IOWA INFORMATION

For lump sum income, withhold the amount listed or 50% of the payment the employee/obligor will receive, whichever is less. For Iowa withholding limitations, see **Remittance Information** (section V).

Withholding for non-employees/contractors is the same as any withholding for an employee. See **Remittance Information** (section V).

You are entitled to deduct a fee of up to \$2.00 to defray the cost of withholding.

The payor of income shall comply with Iowa Code Chapter 252K when receiving a notice of income withholding from another state. When you receive an income withholding order/notice (IWO) from another state, see article five of Chapter 252K for specific instructions.

* If this type of support is court ordered, it is included in current/past due amounts listed. (See page 1).

Employer/Income Withholder's Name:

Employer/Income Withholder's FEIN:

Employee/Obligor's Name:

SSN:

Case ID:

Order ID: _____

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 CSA agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using the OCSS 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: _____

VIII. Contact Information: (Completed by the Sender)

If you have questions, contact:

Iowa Child Support Services
PO BOX 9135
Des Moines, Iowa 50306-9135
877-274-2580 (Phone)
515-564-4103 (Fax)
<http://iowachildsupport.gov> (Internet)

Send termination/income status notice and other correspondence to:

Iowa Child Support Services
PO Box 9135
Des Moines, IA 50306-9135
877-274-2580 (Phone)
515-564-4103 (Fax)
<http://iowachildsupport.gov> (Internet)

If your employee has questions, tell your employee to contact their local CSS office. To locate their local office phone number, your employee can go to our website, www.childsupport.ia.gov, or call 1-888-229-9223 (toll free within United States).

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 Services. 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).