

# 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:**

- 1<sup>st</sup> box if this is the first *Income Withholding for Support* you are sending.
- 2<sup>nd</sup> 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.
- 3<sup>rd</sup> box if the support order is for a lump sum of money that is going to be paid in installments.
- 4<sup>th</sup> 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.

**5.** Enter the case number from your *Order for Support*.

**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  
 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](http://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

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**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.

**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.

**9.** Enter the full name of the person paying support.

**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 ORDER INFORMATION:** This document is based on the support or withholding order from ILLINOIS (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 - <b>Arrears greater than 12 weeks?</b> <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 \_\_\_\_\_

**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 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:

\$ _____ 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.

**Instructions for filling out page 2.**

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

**16** Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

17. Enter the same Remittance ID code you entered on page 1.

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

19. Do NOT check this box.

20. Do NOT enter information in this section.

21. Do NOT check this box.

REMITTANCE INFORMATION: 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. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 65% of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not ILLINOIS (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the Remittance ID with the payment and if necessary this FIPS code: 17.

18 Remit payment to (SDU/Tribal Order Payee) at (SDU/Tribal Payee Address)

19 Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). 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 Signature of Judge/Issuing Official (if Required by State or Tribal Law): Print Name of Judge/Issuing Official: Title of Judge/Issuing Official: Date of Signature:

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 page 3.

22. 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.

22 Employer's Name: Employer FEIN: Employee/Obligor's Name: SSN: CSE Agency Case Identifier: Order Identifier:

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. Do NOT complete this section.

**24 Supplemental Information:**

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**Instructions for filling out page 4.**

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's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

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** **NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** 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.

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 phone number: \_\_\_\_\_  
Last known address: \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_  
New employer'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	