



Cuyahoga County
Office of Child Support Services

Employers Workshop

The Importance of an Employer's
Role in the Child Support Program



OFFICE OF CHILD SUPPORT SERVICES



- Establish legal parent-child relationship
- Establish child support and medical orders
- Collect child support obligations
- Modify Support Orders – Adjustment and Review
- Terminate child support order when appropriate
- Fatherhood Initiative
- Outreach with community partners



Why
Employers
Are
Important

- Provide financial security to families
- Assist with improvements to income withholding process
- Help with location of child support obligors
- Enroll children in health coverage



Collections from Employers



- Largest source of child support collections come from employers.
- Cuyahoga's Office of Child Support Services (OCSS) collected over \$132 million in payments from employers during FFY 2024!



So much to do...so little time!



5 Key Areas of Importance



- Income Withholding Orders
- Changes/Notifications
- Bonus/Lump Sum Payments
- New Hire Reporting
- National Medical Support Notices

INCOME WITHHOLDING ORDERS



- Issued by court or child support agency
- In Ohio, you will receive the JFS 04047 Income Withholding for Support



INCOME WITHHOLDING ORDERS 101



➤ **When do I start the withholding?**

Begin withholding no later than the 1st pay period that occurs after 14 days following the date the income withholding order is issued

➤ **When do I send the payment?**

Send payments to **Ohio Child Support Payment Central (CSPC)** immediately, but no later than 7 business days after date employee is paid

INCOME WITHHOLDING ORDERS 101



Can I combine payments for multiple employees?

YES! The payment should be accompanied by a list that identifies:

- Each employee name
- Each case number
- Each order number
- The portion of the payment attributable to the employee and case

Best option: Remit payment electronically.

Mail option: Send one check to CSPC.

INCOME WITHHOLDING ORDERS 101



Can I send the payment to the local CSEA?

NO! All payments in the state of Ohio are sent to the Child Support Payment Central (CSPC)

Does the income withholding order have priority?

Support orders have priority over other garnishment or legal process issued under state law. See ORC Section 3121.034(A)

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

Ohio Department of Job and Family Services
INCOME WITHHOLDING FOR SUPPORT

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

I. Sender Information: (Completed by the Sender) Date: <Print Date>

INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) AMENDED IWO

ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT TERMINATION OF IWO

I. Sender Information: (Completed by the Sender) Date: <Print 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 CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Ohio Remittance ID (incl w/pymt) <Case_No>

City/County/Dist/Tribe <County_Name> Order ID <Order_No>

Private Individual/Entity _____ Case ID <Case ID>

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>

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

<TPN_Name> <TPN Name> RE: <Obligor_Name>

Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)

<TPN_Address_1> <TPN_Address_1> <Obligor_SSN>

<TPN_Suite> <TPN Suite> Employee/Obligor's Social Security Number

Employer/Income Withholder's Address <Obligor_DOB>

<TPN_Address_2> <TPN Address 2> Employee/Obligor's Date of Birth

<TPN_City>, <TPN_State> <TPN_ZIP> <Obligee Name>

<TPN_Country> <TPN Country> Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN <TPN_FEIN>

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>
<u><Child_Name></u>	<u><Child_DOB></u>

III. Order Information: (Completed by the Sender)

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

\$ <Current_CS> Per MONTH current child support

\$ <Past-Due_CS> Per MONTH past-due child support - Arrears greater than 12 weeks? Yes No

\$ <Current_MS> Per MONTH current cash medical support

\$ <Past-Due_MS> Per MONTH past-due cash medical support

\$ <Current_Spl_Support> Per MONTH current spousal support

\$ <Past-Due_Spl_Support> Per MONTH past-due spousal support

\$ <Other_Obligation(s)> Per MONTH other (must specify) <Other_Obligation(s)>

for a **Total Amount to Withhold** of \$ <Total_Monthly_Obligation> per MONTH.

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\$ <Past-Due_Spl_Support> Per MONTH past-due spousal support

\$ <Other_Obligation(s)> Per MONTH other (must specify) <Other_Obligation(s)>

for a **Total Amount to Withhold** of \$ <Total_Monthly_Obligation> per MONTH.

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:

\$ <Weekly_Amt> per weekly pay period \$ <SM_Amt> per semimonthly pay period (twice a month)

\$ <BW_Amt> per biweekly pay period (every two weeks) \$ <Total_Monthly> per monthly pay period

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

Ohio Department of Job and Family Services
INCOME WITHHOLDING FOR SUPPORT

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

I. Sender Information: (Completed by the Sender)

Date: <Print Date>

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) AMENDED IWO
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City/County/Dist./Tribe <County_Name> Order ID <Order_No>
Private Individual/Entity Case ID <Case ID>

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

<u><TPN Name></u> <TPN Name>	RE: <u><Obligor_Name></u>
Employer/Income Withholder's Name	Employee/Obligor's Name (Last, First, Middle)
<u><TPN_Address_1></u> <u><TPN_Address_1></u>	<u><Obligor_SSN></u>
<u><TPN_Suite></u> <TPN_Suite>	Employee/Obligor's Social Security Number
Employer/Income Withholder's Address	<u><Obligor DOB></u>
<u><TPN_Address_2></u> <TPN_Address_2>	Employee/Obligor's Date of Birth
<u><TPN_City></u> , <u><TPN_State></u> <u><TPN_ZIP></u>	<u><Obligee Name></u>
<u><TPN_Country></u> <TPN_Country>	Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN <u><TPN_FEIN></u>	
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
<u><Child_Name></u>	<u><Child DOB></u>
<u><Child_Name></u>	<u><Child DOB></u>
<u><Child_Name></u>	<u><Child DOB></u>
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\$ <Current_MS> Per MONTH current cash medical support
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\$ <Current_Spl_Support> Per MONTH current spousal support
\$ <Past-Due_Spl_Support> Per MONTH past-due spousal support
\$ <Other_Obligation(s)> Per MONTH other (must specify) <Other_Obligation(s)>
for a **Total Amount to Withhold** of \$ <Total_Monthly_Obligation> per MONTH.

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\$ <Weekly_Amt> per weekly pay period \$ <SM_Amt> per semimonthly pay period (twice a month)
\$ <BW_Amt> per biweekly pay period (every two weeks) \$ <Total_Monthly> per monthly pay period
\$ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Remittance ID (incl w/pymt) <Case_No>
Order ID <Order_No>
Case ID <Case ID>

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:

\$ <Weekly_Amt> per weekly pay period \$ <SM_Amt> per semimonthly pay period (twice a month)
\$ <BW_Amt> per biweekly pay period (every two weeks) \$ <Total_Monthly> per monthly pay period
\$ <Lump Sum Payment> **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Income Withholding Amounts



Income withholding amounts determined on weekly, bi-weekly and semi-monthly basis

- Paid weekly – multiply the monthly obligation by 12 and divide by 52
- Paid bi-weekly – multiply the monthly obligation by 12 and divide by 26
- Paid twice monthly – multiply the monthly obligation by 12 and divide by 24

Income Withholding Limits



INCOME WITHHOLDING LIMITS: CCPA



The Federal Consumer Credit Protection Act (CCPA) [Section 303(b), 15 U.S.C. § 1673(b)] is designed to protect borrowers of money by mandating complete disclosure of the terms and conditions of finance charges in transactions; **by limiting the garnishment of wages**; and by regulating the use of charge accounts.

INCOME WITHHOLDING LIMITS: CCPA



Determining CCPA limits is based upon the Employee's Aggregate Disposable Weekly Earnings

- Gross Earnings
- Subtract Mandatory Deductions
 - Federal Income Tax
 - Social Security Tax
 - Medicare Tax
 - State Income Tax
 - City Local income Tax
 - **Involuntary** Retirement or Pension plan payments



INCOME WITHHOLDING LIMITS: CCPA



- 50% maximum of disposable income if supporting dependents
- 60% maximum disposable income if no dependents
- Additional 5% can be added if arrears greater than 12 weeks

Multiple Withholding Orders for Same Employee

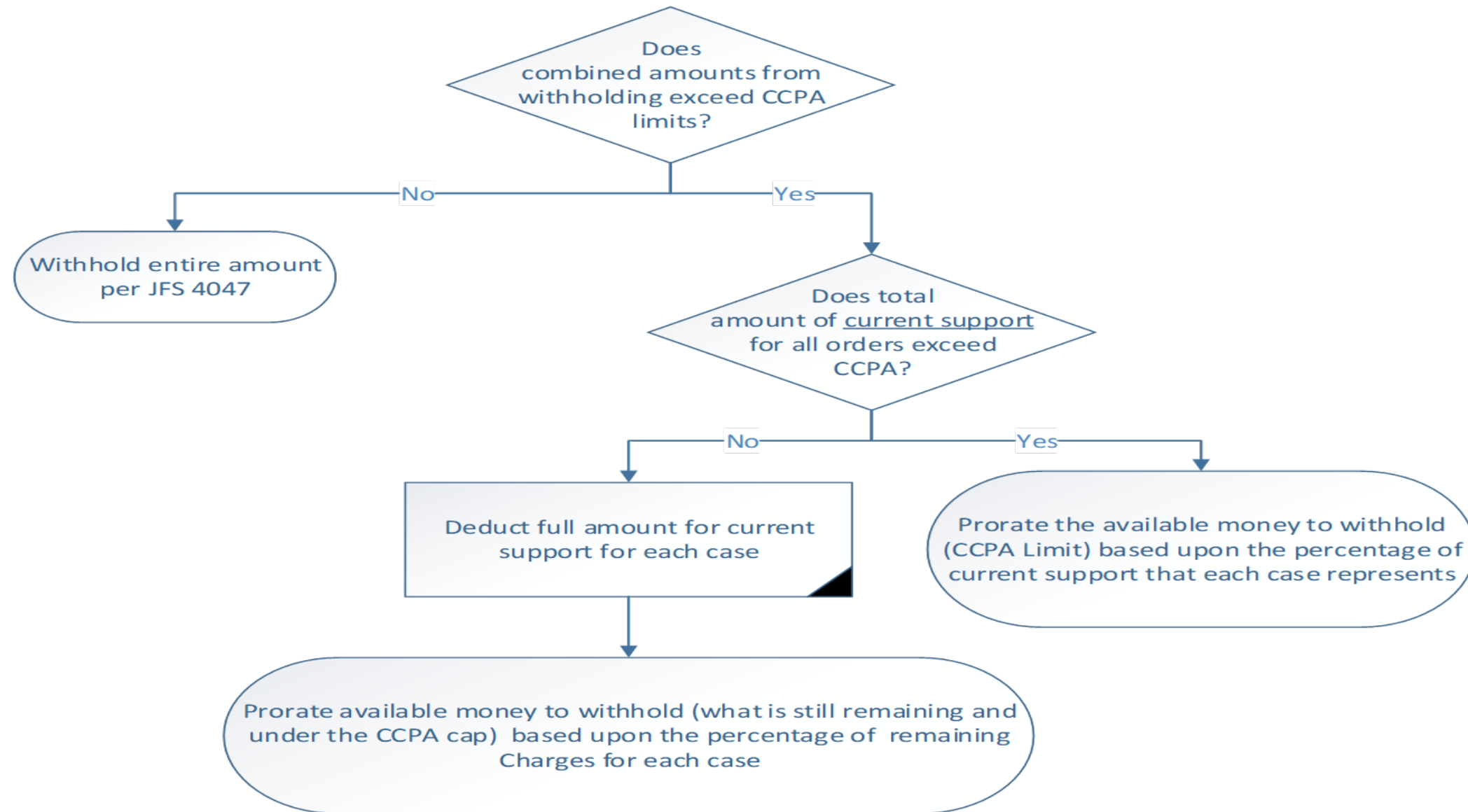


Your calculation:

- Do not exceed mandated withholding limits
- Ohio Law gives priority to current support amounts



Multiple Order Calculations



Multi-Order Child Support Calculator



Visit: [/jfs.ohio.gov/child-support/employer-information/multi-order-calculator](https://jfs.ohio.gov/child-support/employer-information/multi-order-calculator) to access calculator

JFS / Child Support / Employer Information / Multi-Order Calculator

Child Support

Paying/Receiving Support

Employer Information

Financial Institution
Information

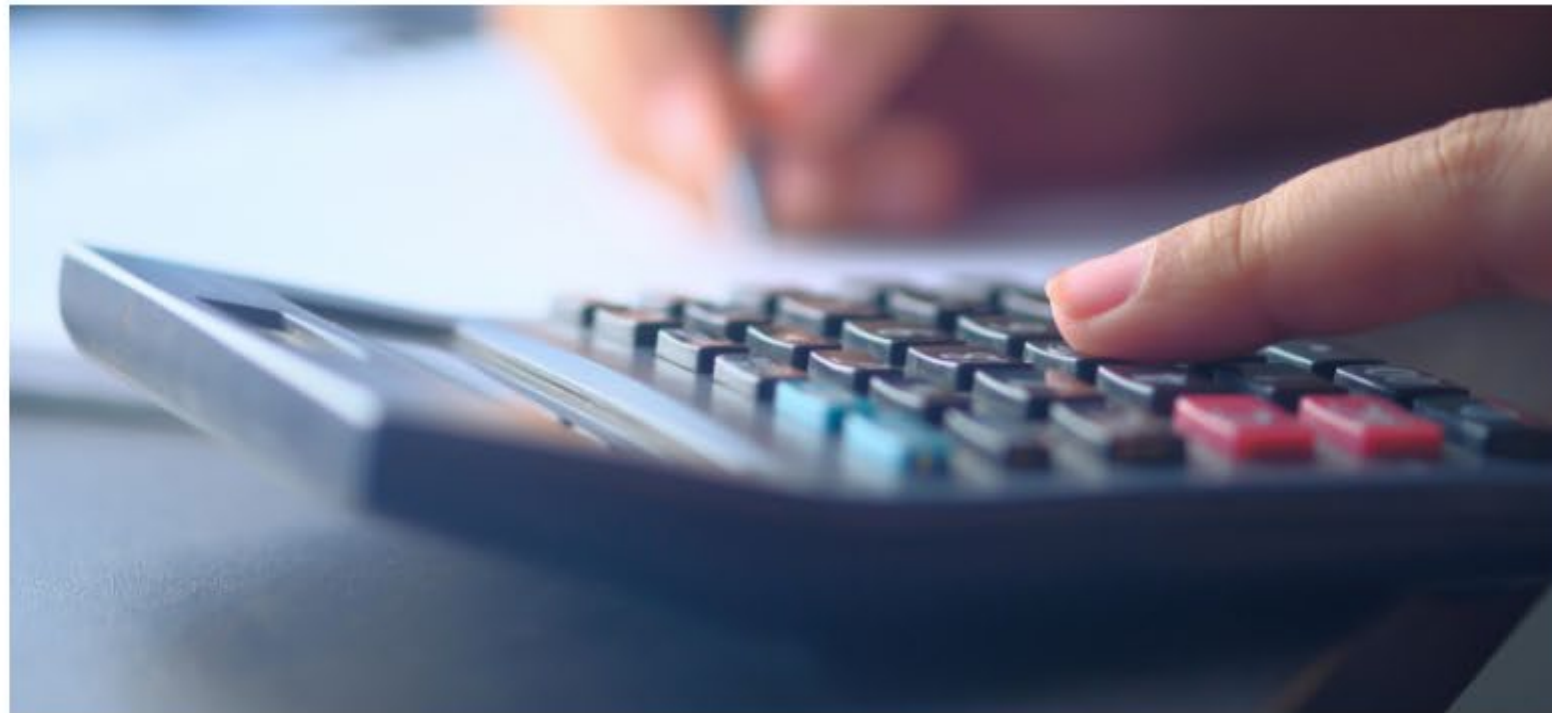
Frequently Asked Questions

Glossary

Contact Us

Protect Against Fraud

Multi-Order Calculator



Multi-Order Child Support Calculator for Income Providers/Employers

This calculator is designed to help determine the amount of child support to deduct and send for employees with multiple child support orders. The calculator applies withholding requirements under Ohio law.

Share this



External Resources

[Multi-Order Child Support Calculator](#)

**MULTI-ORDER CALCULATOR
COMPLETE YELLOW SECTIONS ONLY**

Step 1: Enter the Employee's Name

Employee/Obligor Name:

Step 2: Calculate Maximum Withholding. Enter Employee's Disposable Earnings this Pay Period & Correct CCPA Percentage

Enter Employee's Disposable Earnings (for Pay Period):	<input style="background-color: yellow;" type="text"/>
Enter CCPA Percentage (See Table to Right)*:	<input style="background-color: yellow;" type="text"/>
Maximum Withholding Permitted for Combined IWOs:	\$0.00
Total Withholding Amount Based on Orders Entered:	\$0.00

* CCPA = Consumer Credit Protection Act
50% : Employee IS supporting another spouse or child & arrears are less than 12 weeks**
55% : Employee IS supporting another spouse or child & arrears are more than 12 weeks
60% : Employee IS NOT supporting another spouse or child & arrears are less than 12 weeks
65% : Employee IS NOT supporting another spouse or child & arrears are more than 12 weeks
***"Arrears greater than 12 weeks?" checkbox located on page 1 of the Income Withholding Order (IWO)

Step 3: Enter the Monthly Obligation Amount on the IWO in Yellow Boxes Below.

Pay Period Frequency	Total Amount to Withhold per Month (Found on page 1 of the IWO)	Sum of CURRENT Child, Cash Medical, and Spousal Support Amounts (Add the three values listed on page 1 of the IWO and put the sum in the yellow field below)
Monthly	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>
Twice Monthly	\$0.00	\$0.00
Bi-Weekly	\$0.00	\$0.00
Weekly	\$0.00	\$0.00



Step 4: Enter the Case ID, Order ID, Total Amount, and Current Amounts in the Table Below based on your Pay Cycle in Step 3 above and Repeat Step 3 for each IWO received for the employee (Up to 20 Unique Case/Orders).^{***} (Step 2 will remain the same once entered)

^{***}If there is more than one IWO against the employee and you are unable to fully honor all IWOs due to withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support amounts listed in the IWO before payment of any past-due support. The table below will help with this calculation. All 4 fields are found on page 1 of the IWO. (Reference: <https://codes.ohio.gov/ohio-revised-code/section-3121.034>)





Income Withholding Example

Step 1: Enter the Employee's Name

Employee/Obligor Name: Example 1

Step 2: Calculate Maximum Withholding. Enter Employee's Disposable Earnings this Pay Period & Correct CCPA Percentage

Enter Employee's Disposable Earnings (for Pay Period):	\$1,600.00
Enter CCPA Percentage (See Table to Right)*:	50%
Maximum Withholding Permitted for Combined IWOs:	\$800.00
Total Withholding Amount Based on Orders Entered:	\$800.00

* CCPA = Consumer Credit Protection Act
50% : Employee IS supporting another spouse or child & arrears are less than 12 weeks**
55% : Employee IS supporting another spouse or child & arrears are more than 12 weeks
60% : Employee IS NOT supporting another spouse or child & arrears are less than 12 weeks
65% : Employee IS NOT supporting another spouse or child & arrears are more than 12 weeks
***Arrears greater than 12 weeks?" checkbox located on page 1 of the Income Withholding Order (IWO)

Step 3: Enter the Monthly Obligation Amount on the IWO in Yellow Boxes Below.

Pay Period Frequency	Total Amount to Withhold per Month (Found on page 1 of the IWO)	Sum of CURRENT Child, Cash Medical, and Spousal Support Amounts (Add the three values listed on page 1 of the IWO and put the sum in the yellow field below)
Monthly	\$1,000.00	\$1,000.00
Twice Monthly	\$500.00	\$500.00
Bi-Weekly	\$461.54	\$461.54
Weekly	\$230.77	\$230.77



Step 5: Print and Include the Attached Remittance Information for the Employee with Payment

Employee/Obligor Name:

Case ID	Order ID	Remittance Amount per Case/Order for Pay Period
7xxxxxxxx	p1000000	\$320.00
7xxxxxxxx	p2000000	\$480.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
0	0	\$0.00
Total to Remit to CSPC for this Employee:		\$800.00

PAYMENT REMITTANCE

To submit your employee's payments electronically at NO COST, and for additional remittance information, please visit:

<https://ifs.ohio.gov/child-support/employer-information/remitting-payments>

If you cannot remit electronically, your payment may be in the form of a personal check, money order, or cashier's check. Make checks payable to Ohio Child Support Payment Central (CSPC) and mail via standard U.S. mail to:

**Ohio CSPC
P.O. Box 182394
Columbus, OH 43218-2394**



Multiple Order Calculation Example

- CCPA Limit per bi-weekly pay is \$800.00
- Order 1 = \$400.00/bi-weekly pay
- Order 2 = \$600.00/bi-weekly pay
- Order 1 Percentage is \$400/\$1,000 or 40%
- Order 2 percentage is \$600/\$1,000 or 60%
- Order 1 Allocation = \$800.00 X 40% or \$320.00
- Order 2 Allocation = \$800.00 X 60% or \$480.00

Multiple Order Percentages



- Order 1 Amount = A
- Order 2 Amount = B
- Order 1 percentage = $A/(A+B)$
- Order 2 Percentage = $B/(A+B)$
- Order 1 Allocation is Order 1 percentage multiplied by CCPA limit
- Order 2 Allocation is Order 2 Percentage multiplied by CCPA limit

Adjustments to the Withholding Order



- Employers are responsible for withholding support until officially notified by the Child Support Office
- Any change to the withholding will generate from the Office of Child Support or a court:
 - Notice to Income Provider to Terminate Withholding (JFS 04043) will be sent when the obligation ends.
 - A new/modified Income Withholding Order (JFS 04047) will be sent when the obligation is reduced or if it is increased.



Reporting Changes: Termination or Income



➤ Employee Terminations

- Report immediately via mail, fax, online
- Include last known information –separation date, address, new employment

➤ Changes to income status

- Layoff
- Leave of absence (including disability leave)
- Reduction in hours
- Rehire
- New Income source



Office of Child Support Services

Employer Dedicated Line: (216) 443-5100, Option 1

employerchildsupporthelp@jfs.ohio.gov

Employer/Income Withholder's Name: <TPN Name><TPN> Employer/Income Withholder's FEIN: <TPN FEIN>
Employee/Obligor's Name: <Obligor Name><Obligor Name> SSN: <Obligor SSN><Obligor SSN>
Case ID: <Case ID><Case ID> Order ID: <Order No><Order No>

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 and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). If the employee/obligor is receiving workers' compensation, you may report the new income withholder, if known.

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 and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). If the employee/obligor is receiving workers' compensation, you may report the new 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: _____

_____ holder, if known.
_____ ed for this employer nor received periodic income.

_____ for this employer nor receives periodic income.

_____ mation for the employee/obligor:

_____ Last known telephone number: _____

_____ al Payee: _____ Final payment amount: _____

_____ holder's name: _____

_____ holder's address: _____

(Completed by the Sender)

Sender: If you have questions, contact [Primary Worker Name](#) (sender name) by telephone: [CSEA 800 No](#), by fax: [CSEA fax](#)<CSEA Fax No>, by email or website: [CSEA email or website](#).

Send notice and other correspondence to: <County Name>County CSEA, [CSEA Address 1](#) <CSEA Address 1>, [CSEA City](#) <CSEA City>, [CSEA Address 2](#), [CSEA State](#) <CSEA State>, [CSEA City](#), [CSEA ZIP](#) (sender address) <CSEA State><CSEA ZIP>.

If the employee/obligor has questions, contact [Primary Worker Name](#) (sender name) by telephone: [CSEA 800 No](#), by fax: [CSEA fax](#)<CSEA Fax No>, by email or website: [CSEA email or website](#).

When returning this form is advised that the information may be shared with the employee/obligor.

When using electronic transmission, precautions must be taken to ensure the security of the data. Encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement, such as encrypted attachments to emails, may be used if the encryption method is in accordance with the Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact [Primary Worker Name](#) (sender name) by telephone: [CSEA telephone](#)<CSEA 800 No>, by fax: [CSEA fax](#)<CSEA Fax No>, by email or website: [CSEA email or website](#).

Send termination/income status notice and other correspondence to: <County Name>County CSEA, [CSEA Address 1](#) <CSEA Address 1>, [CSEA City](#) <CSEA City>, [CSEA Address 2](#), [CSEA State](#) <CSEA State>, [CSEA City](#), [CSEA ZIP](#) (sender address) <CSEA State><CSEA ZIP>.

To Employee/Obligor: If the employee/obligor has questions, contact [Primary Worker Name](#) (sender name) by telephone: [CSEA telephone](#)<CSEA 800 No>, by fax: [CSEA fax](#)<CSEA Fax No>, by email or website: [CSEA email or website](#).



Lump Sum Payments

- Payments of \$150 or more must be reported to child support agency
- Report 45 days prior to lump sum payout
- Hold for 30 days after scheduled payout date



Lump Sum Payments



Lump sum payments include:

- Bonus
- Cash service award
- Commission
- Retro-active pay increase
- Severance
- Sign-on bonus
- Profit sharing
- Vacation payout
- Sick leave payout
- Incentive payment

Lump Sum Payments



One more thing...

Notification requirements vary across different states



Update to Lump Sum Administration



The U.S. Department of Labor has clarified that Lump Sums that are classified as earnings such as commissions and/or bonuses are protected by the CCPA and therefore subject to the CCPA limitations.

Need more information? See the U.S. Department of Labor, Employment Standards Administration, Wage an Hour Division. Fact Sheet #30

CCPA Lump Sum Payment



- John Smith is to receive a lump sum in the amount of \$1000.
- John owes past due support (arrears) and has one dependent.
- How much must be sent to child support?
- \$550
- What if John has no other dependents and has arrears?
- \$650

INDEPENDENT CONTRACTOR



Child Support Orders

New hire reporting

Income Withholding

Lump Sum Reporting

INDEPENDENT CONTRACTOR



Income Withholding

- Employers have a duty to withhold the ordered amount from any payments made to the contractor.

Lump Sum Reporting

- Follow the same reporting requirements of providing notice of payments to the child support agency.

Reminder: CCPA still applies

INDEPENDENT CONTRACTOR



Ohio Department of Job and Family Services

ADDITIONAL INCOME WITHHOLDING INSTRUCTIONS FOR PAYORS OF INCOME TO AN INDEPENDENT CONTRACTORS

This notice is being sent to advise you of your obligations for the withholding of income or assets from the above identified obligor. You previously identified the obligor as an independent contractor in your new hire report (as required by 3121.89 through 3121.8911 of the Ohio Revised Code).

Pursuant to chapter 3121 of the Ohio Revised Code, you are required to withhold income from an obligor, regardless of independent contractor status. The information below will explain how you should determine what amounts to send in fulfillment of this obligation.

What to do if you make periodic payments to the obligor

If the terms of the contract between you and the independent contractor call for the periodic payment of income to the obligor, you are required to withhold from the periodic payment an amount sufficient to satisfy the monthly support obligation owed by the obligor. You will find the obligor's monthly support obligation listed on the JFS 04047 "Income Withholding for Support."

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

1. If your pay cycle is weekly, multiply the monthly amount by 12 and divide by 52.
2. If your pay cycle is every other week, multiply the monthly amount by 12 and divide by 26.
3. If your pay cycle is twice monthly, multiply the monthly amount by 12 and divide by 24.

4. If your pay cycle is bi-monthly, quarterly, or any other combination of months than those specified above, multiply the monthly amount by the number of months included in the cycle since receipt of this notice. For example, if your pay cycle ends on 6/30/05 for the period of 1/1/05 to 6/30/05 and you receive this notice on 5/1/05, then remit two months' worth of payments for support.

When you are making periodic payments to the obligor please refer the JFS 04047 "Income Withholding for Support" for instructions regarding limitations on income withholding.

What to do if you pay the contract in one full payment to the obligor

If the terms of the contract between you and the independent contractor call for the full payment of the contract amount due upon completion of performance by the obligor, or upon a date certain specified in the contract, you are required to report the pending payment of income as a lump sum payment to the child support enforcement agency noted above. When you are making full payment under the contract please refer to the **Lump Sum** section of the JFS 04047 "Income Withholding for Support" for instructions regarding lump sum payments.

Resources



Office of Child Support Services

- 216-443-5100, Option1
- Employerchildsupporthelp@jfs.ohio.gov
- <https://hhs.cuyahogacounty.gov/divisions/detail/child-support-services>

Ohio Department of Job and Family Services

- <https://jfs.ohio.gov/child-support>

Ohio Child Support Professional Association

- OhioCSPA.org

QUESTIONS?





Office of Child Support Services
Employer Dedicated Line: (216) 443-5100 (Option 1)
Fax: (216) 344-2997
employerchildsupporthelp@jfs.ohio.gov

Cuyahoga County



EXAMPLES



Multi-Order Calculator Example #2 5 Income Withholding Orders for Johnny Dough *Paid Weekly*

Case ID 705000	Order ID 1234567890		Weekly Ongoing Amount
Monthly Current Child Support		355.48	82.03
Monthly Current Cash Medical Support		16.23	3.75
Past Due Child Support		71.10	0.00
Processing Fee		8.86	0.00
Total Monthly Obligation		451.67	0.00

Case ID 706000	Order ID 2345678901		Weekly Ongoing Amount
Monthly Current Child Support		355.48	82.03
Monthly Current Cash Medical Support		16.23	3.75
Past Due Child Support		71.10	0.00
Processing Fee		8.86	0.00
Total Monthly Obligation		451.67	0.00

Case ID 707000	Order ID 3456789012		Weekly Ongoing Amount
Monthly Current Child Support		0.00	0.00
Monthly Current Cash Medical Support		0.00	0.00
Past Due Child Support		309.20	0.00
Processing Fee		6.18	0.00
Total Monthly Obligation		315.38	0.00

Case ID 708000	Order ID 4567890123		Weekly Ongoing Amount
Monthly Current Child Support		0.00	0.00
Monthly Current Cash Medical Support		0.00	0.00
Past Due Child Support		508.97	0.00
Processing Fee		10.18	0.00
Total Monthly Obligation		519.15	0.00

Case ID 709000	Order ID 5678901234		Weekly Ongoing Amount
Monthly Current Child Support		0.00	0.00
Monthly Current Cash Medical Support		0.00	0.00
Past Due Child Support		361.63	0.00
Processing Fee		7.23	0.00
Total Monthly Obligation		368.86	0.00



MULTI-ORDER CALCULATOR
COMPLETE YELLOW SECTIONS ONLY

Step 1: Enter the Employee's Name

Employee/Obligor Name: Johnny Dough

Step 2: Calculate Maximum Withholding. Enter Employee's Disposable Earnings this Pay Period & Correct CCPA Percentage

Enter Employee's Disposable Earnings (for Pay Period):	\$575.00
Enter CCPA Percentage (See Table to Right)*:	55%
Maximum Withholding Permitted for Combined IWOs:	\$316.25
Total Withholding Amount Based on Orders Entered:	\$316.25

* CCPA = Consumer Credit Protection Act
50% : Employee IS supporting another spouse or child & arrears are less than 12 weeks**
55% : Employee IS supporting another spouse or child & arrears are more than 12 weeks
60% : Employee IS NOT supporting another spouse or child & arrears are less than 12 weeks
65% : Employee IS NOT supporting another spouse or child & arrears are more than 12 weeks
***"Arrears greater than 12 weeks?" checkbox located on page 1 of the Income Withholding Order (IWO)

Step 3: Enter the Monthly Obligation Amount on the IWO in Yellow Boxes Below.

Pay Period Frequency	Total Amount to Withhold per Month (Found on page 1 of the IWO)	Sum of CURRENT Child, Cash Medical, and Spousal Support Amounts (Add the three values listed on page 1 of the IWO and put the sum in the yellow field below)
Monthly	\$2,106.73	\$743.42
Twice Monthly	\$1,053.37	\$371.71
Bi-Weekly	\$972.34	\$343.12
Weekly	\$486.17	\$171.56

Multi-Order Calculator Example #1

4 Income Withholding Orders for Winford Pooh

Arrears-Only Cases

Case ID 801000	Order ID 1987654321	BI-Weekly Ongoing Amount
Monthly Current Child Support		0.00
Monthly Current Cash Medical Support		0.00
Past Due Child Support		442.80
Past Due Cash Medical Support		0.00
Processing Fee		8.86
Total Monthly Obligation		451.66

Case ID 802000	Order ID 9876543210	BI-Weekly Ongoing Amount
Monthly Current Child Support		0.00
Monthly Current Cash Medical Support		0.00
Past Due Child Support		256.05
Past Due Cash Medical Support		75.92
Processing Fee		5.12
Total Monthly Obligation		337.09

Case ID 803000	Order ID 8765432109	BI-Weekly Ongoing Amount
Monthly Current Child Support		0.00
Monthly Current Cash Medical Support		0.00
Past Due Child Support		212.06
Past Due Cash Medical Support		0.00
Processing Fee		4.24
Total Monthly Obligation		216.30

Case ID 804000	Order ID 7654321098	BI-Weekly Ongoing Amount
Monthly Current Child Support		0.00
Monthly Current Cash Medical Support		0.00
Past Due Child Support		59.46
Past Due Cash Medical Support		0.00
Processing Fee		1.19
Total Monthly Obligation		60.65



**MULTI-ORDER CALCULATOR
COMPLETE YELLOW SECTIONS ONLY**

Step 1: Enter the Employee's Name

Employee/Obligor Name: Winford Pooh

Step 2: Calculate Maximum Withholding. Enter Employee's Disposable Earnings this Pay Period & Correct CCPA Percentage

Enter Employee's Disposable Earnings (for Pay Period):	\$423.00
Enter CCPA Percentage (See Table to Right)*:	55%
Maximum Withholding Permitted for Combined IWOs:	\$232.65
Total Withholding Amount Based on Orders Entered:	\$232.65

* CCPA = Consumer Credit Protection Act
50% : Employee IS supporting another spouse or child & arrears are less than 12 weeks**
55% : Employee IS supporting another spouse or child & arrears are more than 12 weeks
60% : Employee IS NOT supporting another spouse or child & arrears are less than 12 weeks
65% : Employee IS NOT supporting another spouse or child & arrears are more than 12 weeks
***"Arrears greater than 12 weeks?" checkbox located on page 1 of the Income Withholding Order (IWO)

Step 3: Enter the Monthly Obligation Amount on the IWO in Yellow Boxes Below.

Pay Period Frequency	Total Amount to Withhold per Month (Found on page 1 of the IWO)	Sum of CURRENT Child, Cash Medical, and Spousal Support Amounts (Add the three values listed on page 1 of the IWO and put the sum in the yellow field below)
Monthly	\$1,065.70	\$0.00
Twice Monthly	\$532.85	\$0.00
Bi-Weekly	\$491.86	\$0.00
Weekly	\$245.93	\$0.00



Multi-Order Calculator Example #3

Income Withholding Orders for Jane Dough

Paid Semi-Monthly

Case ID 901000	Order ID 1112223331		Semi-Monthly Ongoing Amount
Monthly Current Child Support		2500.00	1250.00
Monthly Current Cash Medical Support		75.00	37.50
Past Due Child Support		425.00	0.00
Processing Fee		60.00	0.00
Total Monthly Obligation		3060.00	0.00



MULTI-ORDER CALCULATOR
COMPLETE YELLOW SECTIONS ONLY

Step 1: Enter the Employee's Name

Employee/Obligor Name: Jane Dough

Step 2: Calculate Maximum Withholding. Enter Employee's Disposable Earnings this Pay Period & Correct CCPA Percentage

Enter Employee's Disposable Earnings (for Pay Period):	\$1,800.00
Enter CCPA Percentage (See Table to Right)*:	65%
Maximum Withholding Permitted for Combined IWOs:	\$1,170.00
Total Withholding Amount Based on Orders Entered:	\$1,170.00

* CCPA = Consumer Credit Protection Act
50% : Employee IS supporting another spouse or child & arrears are less than 12 weeks**
55% : Employee IS supporting another spouse or child & arrears are more than 12 weeks
60% : Employee IS NOT supporting another spouse or child & arrears are less than 12 weeks
65% : Employee IS NOT supporting another spouse or child & arrears are more than 12 weeks
***"Arrears greater than 12 weeks?" checkbox located on page 1 of the Income Withholding Order (IWO)

Step 3: Enter the Monthly Obligation Amount on the IWO in Yellow Boxes Below.

Pay Period Frequency	Total Amount to Withhold per Month (Found on page 1 of the IWO)	Sum of CURRENT Child, Cash Medical, and Spousal Support Amounts (Add the three values listed on page 1 of the IWO and put the sum in the yellow field below)
Monthly	\$3,060.00	\$2,575.00
Twice Monthly	\$1,530.00	\$1,287.50
Bi-Weekly	\$1,412.31	\$1,188.46
Weekly	\$706.15	\$594.23



