



# INCOME WITHHOLDING FOR SUPPORT

CMG

OMB0970-0154  
CS-EF05/06  
R. 10/24/14

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT
- TERMINATION of IWO

EMPLOYER SOLUTIONS STAFFING GROUP II  
 PO BOX 46270  
 EDEN PRAIRIE MN 55344-2970

Date: October 24, 2017



- Child Support Program (CSP) 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 CSP agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory Florida  
 City/County/Dist./Tribe FL/Broward  
 Private Individual/Entity \_\_\_\_\_

Remittance ID (Include w/payment) 050012547CA06  
 Order ID 050012547CA06  
 CSP Agency Case ID 1182632513

EMPLOYER SOLUTIONS STAFFING GROUP II  
 Employer/Income Withholder's Name

RE: WONG, ERIC, M  
 Employee/Obligor's Name (Last, First, Middle)

PO BOX 46270  
 EDEN PRAIRIE MN 55344-2970

591-50-4691  
 Employee/Obligor's Social Security Number

Employer/Income Withholder's Address  
 262726508

RICKS, LATONYA, A  
 Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN

Child(ren)'s Name(s) (Last, First, MI)  
 Wong Makayla R

Child(ren)'s Birth Date(s)  
 06/11/2003

Document Tracking Identifier:

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**ORDER INFORMATION:** This document is based on the support or withholding order from BROWARD County, FL Circuit Court. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$442.00 monthly current child support  
\$58.00 monthly past-due child support  
\$0.00 monthly current cash medical support  
\$0.00 monthly past-due cash medical support  
\$0.00 monthly current spousal support  
\$0.00 monthly past-due spousal support  
\$0.00 monthly other (must specify) \_\_\_\_\_  
for a **Total Amount to Withhold** of \$500.00 monthly.

Arrears greater than 12 weeks?  Yes  No

**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:

\$115.38 per weekly pay period  
\$230.77 per biweekly pay period (every two weeks)  
\$250.00 per semimonthly pay period (twice a month)  
\$500.00 per monthly pay period  
\$\_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is Florida (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of 10/24/2017. Send payment within 2 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 50% of disposable income. If the employee/obligor's principal place of employment is not Florida (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](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information)) for the employee/obligor's principal place of employment.

To remit payment electronically (EFT/EDT), call 1-888-883-0743 before first submission.

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](http://www.acf.hhs.gov/programs/css/employers/electronic-payments).

Include the **Remittance ID with the payment** and if necessary this FIPS code: \_\_\_\_\_

**Remit payment to** Florida State Disbursement Unit (SDU/Tribal Order Payee)  
at PO Box 8500, Tallahassee FL 32314-8500 (SDU/Tribal Payee Address)

**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.

Signature of Judge/Issuing Official (if required by State or Tribal law): \_\_\_\_\_  
Print Name of Judge/Issuing Official: Sharon Keri  
Title of Judge/Issuing Official: Process Manager  
Date of Signature: 10/24/2017

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.

OMB Expiration Date - 7/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

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Employer's Name: EMPLOYER SOLUTIONS STAFFING GROUP II Employer FEIN: 262726508  
Employee/Obligor's Name: WONG, ERIC, M SSN: 591-50-4691  
CSP Agency Case Identifier: 1182632513 Order Identifier: 050012547CA06

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSP agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments to SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSP agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSP agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** 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. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a state or tribal CSP 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.

**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. (Section 61.1301(2)(e)9, Florida Statutes).

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *REMITTANCE INFORMATION*). Disposable income is the net income left after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks.

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Employer's Name: EMPLOYER SOLUTIONS STAFFING GROUP II Employer FEIN: 262726508  
Employee/Obligor's Name: WONG, ERIC, M SSN: 591-50-4691  
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If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:** The specific rules for prorating support deductions when the person has multiple cases are stated in section 61.1301(4), Florida Statutes. Please contact us by calling the phone number given below if you have questions.

If the employee's work state is Florida, you may collect up to \$5 against this employee's income to reimburse you for administrative costs for the income deduction and up to \$2 for each deduction thereafter.

**Collection of Arrears upon Emancipation of Child:** If your employee/obligor's current support obligation is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs, you must continue to deduct income at the rate in effect immediately prior to emancipation until all arrearages, retroactive support, delinquency, and costs are paid in full or until the amount of withholding is modified by a court or administrative order.

As of the date of this notice, the past-due amount owed is \$44,780.52. Upon payment in full of the specified past-due amount, the deduction shall be reduced to \$442.00 per month.

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**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 CSP 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: 10/20/2017 Last known phone number: (786) 314-2060

Last known home address: 870 NE 212th Terr APT 5 Miami FL 33179

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

New employer's name: Unknown

New employer's address: Unknown

**CONTACT INFORMATION**

**To Employer/Income Withholder:** If you have any questions, contact Florida Department of Revenue (Issuer name) by phone at 1-866-435-2763 by fax at \_\_\_\_\_, by email or website at [www.floridarevenue.com/childsupport](http://www.floridarevenue.com/childsupport).

Send termination/income status notice and other correspondence to: 5050 W Tennessee St Building L, Tallahassee FL 32399-0195 (Issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact Florida Department of Revenue (Issuer name) by phone at 850-488-KIDS (5437), by fax at \_\_\_\_\_, by email or website at [www.floridarevenue.com/childsupport](http://www.floridarevenue.com/childsupport).

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

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