

## INCOME WITHHOLDING ACKNOWLEDGEMENT

ORIGINAL INCOME WITHHOLDING ORDER

ONE-TIME LUMP SUM PAYMENT INCOME WITHHOLDING ORDER

AMENDED INCOME WITHHOLDING ORDER

TERMINATION OF INCOME WITHHOLDING ORDER

Case Identifier	State Code	Order Identifier	Document Tracking Number	
Employee Last Name	Employee First Name		Employee Middle Name	Suffix
Employee Social Security Number		Employer / Income Withholder's Federal EIN		

**INCOME WITHHOLDING DISPOSITION STATUS:**

Accepted Income Withholding Order

Rejected Income Withholding Order

Please select a Disposition Reason Code: \_\_\_\_\_

Corrected FEIN:

Other State IWO Code:

**NOTIFICATION OF TERMINATION OF EMPLOYMENT:** You must promptly notify the Child Support Enforcement Agency if this person has never worked for this employer or this person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination Date \_\_\_\_\_ Last Known Phone Number \_\_\_\_\_

Last Known Home Address Line 1 \_\_\_\_\_

Last Known Home Address Line 2 \_\_\_\_\_

Last Known Home City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ ZIP Code Ext \_\_\_\_\_

Date final payment was made to the State Disbursement Unit or Tribal CSE agency: \_\_\_\_\_ \$ \_\_\_\_\_  
Final Payment Amount

New Employer Name \_\_\_\_\_

New Employer Address Line 1 \_\_\_\_\_

New Employer Address Line 2 \_\_\_\_\_

New Employer City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ ZIP Code Ext \_\_\_\_\_

<b>FOR USE BY PORTAL ONLY:</b>		
First Error Field	Second Error Field	Multiple Error Indicator