## **NOTICE OF LUMP SUM PAYMENT**

Pursuant to Nevada Revised Statute 31A, an income payer who has received a notice to withhold income which includes a provision for the payment of arrears shall inform the Child Support Enforcement Program before making a lump sum payment to an employee/obligor.

**INSTRUCTIONS:** Complete and return this form using one of the options below at least **10 days** prior to releasing a lump sum payment of \$150.00 or greater to the Employee/Obligor:

- Fax or email using the contact information provided under Section VIII of the Income Withholding for Support form (IWO) on file for the Employee/Obligor.
- If sufficient contact information is not available on the IWO, email the form to <u>CSEP\_PolicyUnit@dwss.nv.gov</u> or Fax to (775) 684-0702 ATTN: LUMP SUM REPORTING

## **Child Support Case Information**

Case Identifier(s): \_\_\_\_\_

Order Identifier(s):\_\_\_\_\_

## **Payor Information**

9 Digit Federal Identification Number (FEIN):	
Employer/Income Withholder's Name:	
Address Line 1:	
Address Line 2:	
City:	_State: ZIP/Postal Code:
Contact Name:	Email:
Phone:Ext:	Fax:
Preferred Method for Return Notice: Email	Fax Other:

Payee Information	
Employee/Obligor's Name:	
Last 4 Digits of SSN:	
Payment Reference Identifier:	
Lump Sum Type:	
Lump Sum Amount: \$	
Expected Payout Date:	