CHILD SUPPORT WITHHOLDING & REMITTANCE REPORT

EMPLOYER INFORMATION

Company Name: _____

FEIN: _____

Address: _____

Phone: _____

Email: _____

REMITTANCE INFORMATION

Pay Period End Date: _____

Payroll Check Date: _____

Payment Method: _____

Reference/Check #: _____

Remittance Date: _____

STATE DISBURSEMENT UNIT (SDU) / PAYEE DETAILS

Agency Name: _____

SDU Address: _____

FIPS Code: _____

State: _____

EMPLOYEE WITHHOLDING DETAIL

Employee Name (Last, First)	Employee SSN	Case / Cause Number	Order Identifier	Withheld Amount	Arrears Amount	Total Remitted
Total Remittance Amount:						

AUTHORIZED SIGNATURE

I certify that the information contained in this report is true and accurate, and that the deductions listed above have been made in accordance with the valid withholding orders on file.

Title: _____

Authorized Signature: _____

Date: _____