

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each pay date. Please indicate the pay date and the dollar amount withheld on each coupon.

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

**Obligor:
Obligor SSN: XXX-XX-
NY Case Identifier:
Obligee:**

You must return this coupon with your payment to the address on the coupon.

**PLEASE DO NOT FOLD,
STAPLE OR MUTILATE.**

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER
PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

AMOUNT ENCLOSED: \$, .

PAY DATE (MM/DD/YY): / /

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