

New York State Child Support Payment Coupon - Employer/Income Withholder

You Must Return this Coupon with Your Payment to the Address Shown

PLEASE DO NOT SEND CASH | DO NOT FOLD, STAPLE, OR MUTILATE | USE BLACK INK ONLY

Employer/Income Withholder Name and Address: _____

Amount Enclosed: \$ _____

Pay Date (MM/DD/YY) ____ / ____ / ____

Employer/Income Withholder Federal ID Number (FEIN): _____

MAIL PAYMENTS TO:

NYS Child Support Processing Center
PO Box 15363
Albany, NY 12212-5363

For online electronic payment options, please visit our website at **childsupport.ny.gov**.

For EFT Registration, call the New York State Child Support Helpline at 1-888-208-4485 (TTY 866-875-9975) or email us at **NYSCSPCEFT@Conduent.com**.

Employee/Obligor: _____

Employee/Obligor SSN: XXX-XX- _____

Custodial Party/Obligee: (if known) _____

New York Case ID: (Remittance ID) _____

Name of County Handling Case: (if known) _____

Payments must be remitted within seven business days of the date the employee/obligor is paid.

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 if one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.