

**STATE OF NORTH CAROLINA
CHILD SUPPORT ENFORCEMENT EMPLOYER REMITTANCE**

State employer identification #: _____ Address: _____
 Federal employer identification #: _____
 Payroll Contact Name: _____
 Phone: () - _____

Not Withheld	Employee Case Information	Withholding Amount	Pay Cycle	Amount Withheld for Employee
()	NAME: _____ SSN: _____ MPI #: _____ DOCKET #: _____ CASE #: _____			\$
()	NAME: _____ SSN: _____ MPI #: _____ DOCKET #: _____ CASE #: _____			\$
()	NAME: _____ SSN: _____ MPI #: _____ DOCKET #: _____ CASE #: _____			\$
()	NAME: _____ SSN: _____ MPI #: _____ DOCKET #: _____ CASE #: _____			\$
()	NAME: _____ SSN: _____ MPI #: _____ DOCKET #: _____ CASE #: _____			\$
()	NAME: _____ SSN: _____ MPI #: _____ DOCKET #: _____ CASE #: _____			\$

Employee not listed:

First Name	Last Name	Amount Withheld
_ _ _ _ _ _	_ _ _ _ _ _	\$ _ _ _ . _ _

Social Security Number

| | | | | | | | | | | | | | | |
 | _ | _ | - | _ | _ | - | _ | _ | |

Docket Number/Case Number

| | | | | | | | | | | | | | | |
 | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Pay Cycle
() Monthly () Weekly
() Bi-Monthly () Bi-Weekly
() Semi-Monthly () 8 day cycle

TOTAL AMOUNT WITHHELD: \$ | | | | , | | | | | | . | | | |

INSTRUCTIONS:

Please photocopy this form. Please enclose a copy of this form when submitting child support payments withheld from an employee's wages. If you are not submitting payment for a listed employee, please check the box marked Not Withheld next to the employee's name. In order to submit a payment for an employee not listed, please fill out the corresponding section. Please print all data values. Total all employee withheld amounts and enter in the TOTAL AMOUNT WITHHELD field. The TOTAL AMOUNT WITHHELD must match the amount on your check.

Make checks payable to: NC CHILD SUPPORT.
Please send your payments to: NORTH CAROLINA CHILD SUPPORT
 CENTRALIZED COLLECTIONS
 P O BOX 900012
 RALEIGH, NC 27675- 9012