

Employer/Income Withholder Payment Listing Form

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

PLEASE DO NOT SEND CASH | USE BLACK INK ONLY

Employer/Income Withholder Name:

Date (MM/DD/YY) _____ / _____ / _____

Employer/Income Withholder Address:

Amount Enclosed: \$ _____

Federal ID Number (FEIN):

MAIL YOUR PAYMENTS TO:

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

IMPORTANT INFORMATION

Notice to Employers/Income Withholders - Electronic Payment Services Available

The New York State Child Support Processing Center (NYSCSPC) strongly encourages employers/income withholders to remit child support payments via Electronic Funds Transfer (EFT). An EFT has the benefit of reduced cost, accurate submission, and faster processing of the child support payment. For many employers/income withholders, EFT may represent substantial savings over individual check preparation.

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.

DIRECTIONS

Please refer to the Income Withholding Order/Notice for Support (IWO) to obtain complete and correct information to enter into the fields below. All information must be recorded to make sure that the employee/obligor receives credit for the support withholding.

Employee/Obligor Name (First, Last, MI)	New York Case ID (Remittance ID)	Custodial Party/Obligee (if known) (First, Last, MI)	Name of County Handling Case (if known)	Date(s) of Withholding	Withholding Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Page 1 Total: _____

Employee/Obligor Name <i>(First, Last, MI)</i>	New York Case ID <i>(Remittance ID)</i>	Custodial Party/Obligee <i>(if known) (First, Last, MI)</i>	Name of County Handling Case <i>(if known)</i>	Date(s) of Withholding	Withholding Amount
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
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32					
33					
34					
35					
36					
37					
38					
39					
40					
41					

Page 2 Total: _____

Page 1 Total: _____

For additional employees/obligors, please complete another payment listing form.

Total of Page 1 and Page 2 *(Enter this amount in the box on the top right side of Page 1)* _____