

**STATE OF CONNECTICUT
Centralized Child Support Processing Center Employer Remittance**

Company Name:
Address:
City, State, Zip:
Federal Employer Identification #:
Payroll Contact Name:
Phone #:
Fax #:
Email:

Employee Name	Social Security Number	Case File #	Amount Withheld	Date of Withholding	Term. (x)	Date of Termination
Total Amount Withheld			\$ -			

INSTRUCTIONS:
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 leave the AMOUNT WITHHELD box blank. In order to submit a payment for an employee not listed, please TYPE information in the corresponding section. Total all withheld amounts. The TOTAL AMOUNT WITHHELD must match the amount on your check. Please send payments to:

**Connecticut - CCSPC
PO Box 990032
Hartford, CT 06199-0032**