EPARTMENT OF	HUMAN SERVICES		
	LD SUPPORT ENFO	RCEMENT	
O. BOX 247 IARLESTON, WV	J 25321-02 <b>4</b> 7		
		PAY PERIOD FROM	:/_/
		TO	:/_/
		PAYROLL FREQUENCY	:
		AMOUNT ENCLOSED	:
		CHECK NUMBER	:
		ASSIGNMENT TRANSMITTAL FORM ASE RETURN WITH REMITTANCE	
SOCIAL		AMOUNT	WITHHELD
SECURITY NO.	EMPLOYEE	CASE NO. WITHHELD	DATE
			/ /
			/ /
			/ /
  This statement	shows those obliq	gors in your employ who are under a court or	/ /
withholding. Pamount(s) of ea BUREAU FOR CHIDAY SUCH PAYME If employment Support Enforctermination da (Telephone: 30	Please submit this ich withholding best LD SUPPORT ENFORCE INT IS PAID OR PAYA is terminated, you ement, 350 Capitol te, last known add 14-558-4665 or 1-80	gors in your employ who are under a court or form with your payment(s) listing the date(side the obligor's name. THE PAYMENT MUST BE EMENT, P.O. BOX 247, CHARLESTON, WV 25321-02 ABLE TO THE OBLIGOR/EMPLOYEE.  u are required by law to notify the Bureau F 1 Street, Room 147, Charleston, WV 25301 of dress, and new employer, if known.  100-249-3778)  have left your employment, please complete	dered wage s) and PAID TO THE 47, THE SAME or Child the employee
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EMPLOYER ID:

FEIN: