

EMPLOYER ID: _____ FEIN: _____

DATE: ____ / ____ / ____

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILD SUPPORT ENFORCEMENT
P. O. BOX 247
CHARLESTON, WV 25321-0247

PAY PERIOD FROM: ____ / ____ / ____

TO: ____ / ____ / ____

PAYROLL FREQUENCY: _____

AMOUNT ENCLOSED: _____

CHECK NUMBER: _____

WAGE ASSIGNMENT TRANSMITTAL FORM
PLEASE RETURN WITH REMITTANCE

SOCIAL SECURITY NO.	EMPLOYEE	CASE NO.	AMOUNT WITHHELD	WITHHELD DATE
- -	_____	_____	_____	/ /
- -	_____	_____	_____	/ /
- -	_____	_____	_____	/ /
- -	_____	_____	_____	/ /

This statement shows those obligors in your employ who are under a court ordered wage withholding. Please submit this form with your payment(s) listing the date(s) and amount(s) of each withholding beside the obligor's name. THE PAYMENT MUST BE PAID TO THE BUREAU FOR CHILD SUPPORT ENFORCEMENT, P.O. BOX 247, CHARLESTON, WV 25321-0247, THE SAME DAY SUCH PAYMENT IS PAID OR PAYABLE TO THE OBLIGOR/EMPLOYEE.

If employment is terminated, you are required by law to notify the Bureau For Child Support Enforcement, 350 Capitol Street, Room 147, Charleston, WV 25301 of the employee's termination date, last known address, and new employer, if known. (Telephone: 304-558-4665 or 1-800-249-3778)

If any of the above individuals have left your employment please complete the section below.

SOCIAL SECURITY NO.	EMPLOYEE	NEW ADDRESS AND/OR EMPLOYER, IF KNOWN	DATE OF FINAL PAY
- -	_____	_____	/ /
- -	_____	_____	/ /
- -	_____	_____	/ /
- -	_____	_____	/ /

CONTACT:

Please check one: PAYROLL CLERK OWNER/OTHER

TELEPHONE: () - _____