

Remit to:
Office of Child Support
PO Box 1310
Williston VT 05495-1310

Employers Call: 1-800-786-3214 with
Questions or Address Changes

Amount Due

Type Business Name and address here:

Employer Name:

Employer Address:

Amount Enclosed

Employee Name:

SSN:

Employers: Please separate and return all employee coupons with your check

If employment has been terminated, indicate employee's last known address and new employer if known:

Date of termination: