

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

Employers Call: 1-802-241-2194 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: