|  |  |  |
| --- | --- | --- |
| Transforming Lives | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS) | |
| **Employer Payment Identification Instructions**  **Do not use this form if you participate in the electronic funds transfer program.**  Effective Jan. 1, 2019, **most employers or other businesses** that receive an Income Withholding Order (IWO) from the Washington State Department of Social and Health Services, Division of Child Support (DSHS-DCS), **must send** **payments electronically**. It's quick and easy to set up. It's more secure than sending paper checks, and it saves time and money. **We're here to help get you started**. Please call our Electronic Funds Transfer unit at 360-664-5103 (within the Olympia calling area) or 800-468-7422 (outside the Olympia calling area) or visit https://www.dshs.wa.gov/esa/division-child-support/payments for more information about electronic payment options.  If you have child support questions or concerns about your responsibilities as an employer, contact DCS Employer Relations at 800-562-0479. | | |
| **Employer Payment Identifier**  **Use this form if you are sending payment by check.**  **(You may duplicate this form for additional employees and future payments.)**  The Division of Child Support (DCS) needs specific information for each employee covered by your payment. The information helps DCS process payments. Please provide the following information for each employee covered by your payment *(you may use the form at the bottom of this page)*:   1. Employee's full name. 2. Employee's remittance ID: social security number (SSN) or account number (IN). 3. Employee's pay date. 4. Total amount withheld from the employee's pay and sent to the Washington State Support Registry.   Mail all payments to: WASHINGTON STATE SUPPORT REGISTRY  PO BOX 45868  OLYMPIA WA 98504-5868 | | |
| YOUR BUSINESS NAME: | | |
| YOUR BUSINESS TELEPHONE # (INCLUDING AREA CODE): (  ) | | |
|  | | |
| EMPLOYEE FULL NAME: | | DATE EMPLOYEE PAID: |
| EMPLOYEE SSN OR ACCOUNT #: | | AMOUNT WITHHELD: $ |
|  | | |
| EMPLOYEE FULL NAME: | | DATE EMPLOYEE PAID: |
| EMPLOYEE SSN OR ACCOUNT #: | | AMOUNT WITHHELD: $ |
|  | | |
| EMPLOYEE FULL NAME: | | DATE EMPLOYEE PAID: |
| EMPLOYEE SSN OR ACCOUNT #: | | AMOUNT WITHHELD: $ |