

Employer Remittance Coupon

Employer Name: _____ FEIN: _____

Wage withholding for the month of _____ TPN: _____

Make checks payable to: **Ohio Child Support Payment Central**

Change of address

Employee Name	SETS Case Number	Order Number	SSN	Not Employed	No Pay	Lump Sum	Payment Amount*

*This field should be calculated based on the last withholding notice received from the county CSEA and your payroll cycles. To determine the exact amount, please call the county CSEA that sent you the withholding notice.

Total Amount _____

Complete and mail with payment to: Ohio CSPC, P.O. Box 182394, Columbus OH 43218-2394