

Employer Payment Coupon

E

Employee Name _____
Social Security Number *or* _____
KIDS PIN _____

Gross Income for the Payroll Period \$ _____
Check your Pay Frequency (how often you issue payroll)

1. Monthly 2. Semi-Monthly 3. Bi-Weekly 4. Weekly 5. Other (e.g., bonus)

Support withheld for this period \$ _____
Business Name _____
KIDS Employer ID Number or FEIN _____

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For use with new income withholding notices:

Please complete the back of this form. Mail this form along with your check or money order (payable to **WI SCTF**) for your employee's first support payment(s). Be sure to write the KIDS PIN number of your employee on your check or money order. You will receive remittance coupons for future payments that are due.

Please mail to:

Wisconsin Support Collections Trust Fund (WI SCTF)
Box 74400
Milwaukee, WI 53274-0400

Thank you!

DWSC-13289(N. 02/2009)

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