

EMPLOYER PAYMENT COUPON FOR WAGE WITHHOLDING

MONTEREY COUNTY
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 2059
SALINAS, CA 93902-2059

Inquiries: (831) 755-3200

Employer Name: _____

Employee Name: _____

Participant ID No: _____

Amount of Payment: _____

Employee SSN: _____

Employee Pay Date: _____

Case Number: _____

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