## INCOME WITHHOLDING INFORMATION

CASE #:	<del> </del>		
PAYOR:	_ S.S.#		
PAYOR EMPLOYER INFO: (Name)			
(Address)			
(Phone)			
(FEIN—Federal Employer Identification N	(umber)		
Current child support plus child care amount:			\$
Court ordered payment on arrearage: (Guideline amount will be used if not court or	danad)		\$
		Γotal:	\$
		S	tatutory fees will be added
Please update information required by s			
Address of party:			
Medical Insurance:			
Licenses:			
Other:			
Employer information is needed for the Friend of the C information should be supplied when a support order is			
Submitted by:		Date:	