WAGE ASSIGNMENT TRANSMITTAL FORM
PLEASE RETURN WITH REMITTANCE

EMPLOYER ID:_____ FEIN: _____

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILD SUPPORT ENFORCEMENT
P. O. BOX 247
CHARLESTON, WV 25321-0247

PAY PERIOD FROM: __/__/__
TO: __/__/__

AMOUNT ENCLOSED: _____ CHECK NUMBER: _____

_____
_____
_____

This remittance form is sent monthly to all employers listing obligors in your employ who are under a court ordered wage withholding. If you are sending support electronically or via a third party payroll provider, you will not need to submit this form, however we ask that you review it to insure you are remitting child support for those listed below.

Please be advised that per West Virginia Code 48-14-413, any errors in withholding or any errors in the completion or submission of this form are the sole responsibility of the employer/source of income.

******* IF YOU ARE PAYING BY CHECK, THE PAYMENT MUST BE PAID TO THE BUREAU FOR CHILD SUPPORT ENFORCEMENT, P.O. BOX 247, CHARLESTON, WV 25321-0247, THE SAME DAY THE SUPPORT IS WITHHELD FROM EMPLOYEES'S WAGES ******

SSN	Case id	Employee Name	_____	Amount Withheld

If employment is terminated, you are required by law to notify the Bureau For Child Support Enforcement by completing the section below and mailing it to Bureau for Child Support Enforcement 350 Capitol Street Room 147, Charleston, WV 25301. The information can also be faxed to 304-558-1487, phoned in to 1-800-835-4683/304-558-1134 or reported on our employer website (www.dhhr.wv.gov/bcse/employers/Pages/default.aspx).

SSN	*Employee Name*	*Last Known Address*	*Termination Date*	*New Employer*

CONTACT NAME: _____ TELEPHONE: ( )_____

WEO-EMPL-LETT1 WEO3PJ04 WEB