



# EMPLOYER REMITTANCE

State Form 51923 (R / 11-06) / CSB 0013  
Approved by State Board of Accounts, 2006  
DEPARTMENT OF CHILD SERVICES

Name of employer	FEIN
Telephone number of employer (     )	
Date of remittance (month, day, year)	Check number

Change of address for employer

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Make checks payable to: *Indiana State Central Collection Unit*

EMPLOYEE NAME	ISETS CASE NUMBER	EMPLOYEE SSN	CAUSE NUMBER	PAYMENT AMOUNT *
			TOTAL AMOUNT	

\* This field should be calculated based on the current income withholding order and your payroll cycles.

I.C. 31-16-15-16 requires all employers with more than 50 employees and more than one child support obligor/employee to electronically transfer child support payments. Employers can contact the Employer Maintenance Unit (EMU) for their issues concerning child support payments by phone at (317) 232-0327 or 1-800-292-0403 or by e-mail to [EMU@dcs.in.gov](mailto:EMU@dcs.in.gov).

**COMPLETE THIS FORM AND MAIL WITH PAYMENT TO: Indiana State Central Collection Unit, P.O. Box 6219, Indianapolis, IN 46206-6219**