State of Illinois
Healthcare and Family Services

Child Support Remittance Form

This form is key to ensuring that your employee's child support payments are properly processed. Please include this form OR A SUBSTITUTE REPORT WITH THE SAME INFORMATION for each pay period along with your check made **payable to the State Disbursement Unit (SDU)**. Maintaining a "master" version of the form with all information completed (including employee information) except for the pay period and the amounts withheld will allow you to update the form(s) as you receive a new Order/Notice to Withhold Income for Child Support, HFS 3683, or employees leave your company. Simply copy the master form or this form for each pay period and fill in the remaining information (pay periods and amounts withheld). If you knowingly fail to pay any amounts withheld within 7 days of the date income is paid/credited to the employee/obligor, you are subject to a penalty of $100 for each day that the withheld amount is not paid to the obligee or public office after the period of 7 business days has expired.

- For each deduction, you are to provide the pay date/date of withholding, the order/docket number and FIPS number (which designates the county in which the order was entered), the employee/obligor's first and last name.
- Deductions for more than one employee may be reported on the same remittance form and combined into one check.
- Complete all boxes below for each employee included in your attached check to ensure PROPER CREDIT.
- To ensure your employees' children receive support promptly, you must provide the requested elements below.
- Each withholding order/notice MUST be listed separately if the employee has more than one order/notice.

If remitting payments to the SDU by EFT/EDI, please contact the SDU at (888)704-0683 prior to first transmission. This number is for EFT/EDI only. Additional employer information may be found at http://www.ilchildsupport.com/ or by contacting the _____.

Employer's Name _____

Employer's Address _____

Employer's City, State, Zip _____

State Disbursement Unit
P.O. Box 5400
Carol Stream, IL 60197-5400

For the Withholding / Pay Date of

Employee / Obligor Name	Social Security Number	Support Order/ Docket Number	FIPS Number	Amount Withheld	Date Paid to NCP

Total Withheld Income Submitted

Please print and enclose a copy with any child support remittance check sent to the State Disbursement Unit.

http://www.ilchildsupport.com/

Reset Form Print Form