CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. Box 419084, MS-312 Rancho Cordova, CA 95741-9064

Attention Employer:

Our office has received conflicting information for your company/business. Maintaining accurate employer information with the Department of Child Support Services benefits employers by ensuring notices are sent to the proper location and preventing issuance of duplicate notices. The information requested will be used to issue Wage Withholding Orders, Medical Support Notices, and Employment Verifications to appropriate addresses and individuals. This information will not be shared with any outside agency.

California Family Code section 17512 requires employers and labor organizations to provide employment, income, and health insurance benefit information to child support agencies within 30 days of receipt of a written request. By completing the enclosed Employer Information Request form we can maintain accurate identification and contact information for your company.

The attached form reflects information we currently have on file and provides you the opportunity to correct or add to that information. The form can be completed and returned in one of the following ways:

1. Online at http://www.childsup.ca.gov/Employer/tabid/56/Default.aspx. Click on the "Employer Information Request" link. You can complete and submit the form electronically and save a copy for your records.
2. Fax transmission to (916) 636-2626.
3. Call (888) 898-1743 and speak to an Employer Customer Service Representative.

EMPLOYER INFORMATION REQUEST

DCSS 0676 (01/12/12)

CSE Employer Number:

Please mark the "Information is Correct" box if the information provided on the left side of form is correct for your company. If the information is not correct, mark the "Corrected Information Below" box and provide the correct information.

I. Employer Legal Information

☐ Information is Correct ☐ Corrected Information Below

Employer Legal Name ☐ Sole Proprietor	Employer Legal Name ☐ Sole Proprietor
Employer "Doing Business As" Name	Employer "Doing Business As" Name
FEIN SEIN State	FEIN SEIN State

II. Payroll/Garnishment Information

☐ Information is Correct ☐ Corrected Information Below

Contact Name Title	Contact Name Title
Address	Address
City State Zip Code	City State Zip Code
Phone Number *(include area code)* Ext. Fax Number *(include area code)*	Phone Number *(include area code)* Ext. Fax Number *(include area code)*
E-mail Address	E-mail Address

III. Health Benefits Information

☐ Same as Payroll ☐ Information is Correct ☐ Corrected Information Below

Does your company usually provide health insurance? ☐ Yes ☐ No	Does your company usually provide health insurance? ☐ Yes ☐ No
Contact Name Title	Contact Name Title
Address	Address
City State Zip Code	City State Zip Code
Phone Number *(include area code)* Ext. Fax Number *(include area code)*	Phone Number *(include area code)* Ext. Fax Number *(include area code)*
E-mail Address	E-mail Address

IV. Employment Verification Information

☐ Same as Payroll ☐ Information is Correct ☐ Corrected Information Below

Contact Name Title	Contact Name Title
Address	Address
City State Zip Code	City State Zip Code
Phone Number *(include area code)* Ext. Fax Number *(include area code)*	Phone Number *(include area code)* Ext. Fax Number *(include area code)*
If your company uses a third party employer verification service, please indicate company name (ex: The Work Number) and service ID.	If your company uses a third party employer verification service, please indicate company name (ex: The Work Number) and service ID.
E-mail Address	E-mail Address

Comments