EMPLOYER PAYMENT COUPON/REMITTANCE

Michigan Department of Health and Human Services

Employer Name	Date of Withholding	Federal Employer Identification Number (FEIN)
		–

Employee Name	Remittance Identifier*	Social Security Number	Amount Withheld
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		– –	$
		Total	$

*Found on the *Income Withholding for Support* form.

Mail payments to:

MiSDU
P.O. Box 30350
Lansing, MI 48909-7850

Attention Employers: This coupon is for making payments on behalf of your employees **only**. Using this coupon for anything other than its intended purpose may result in payments not being properly applied.

Employers are encouraged to visit the MiSDU website at www.misdu.com to learn more about making electronic payments via ACH debit or credit and other electronic payment options available to employers. To contact the MiSDU with questions, call 800-817-0805 option 1, or email MiSDUOutreach@michigan.gov.

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.