

DES/DCSE Web Form  
P.O. Box 40458  
Phoenix, AZ 85067-0458  
(602) 252-4045

**WAGE TRANSMITTAL EXAMPLE**

Company Name  
Company Address  
Phone Number

Date: Month, Day, year

TO: Support Payment Clearinghouse  
P.O. Box 52107  
Phoenix, AZ 85072

Pay Period Ending Date: Month, Date, Year

<u>EMPLOYEE NAME</u> <u>ATLAS NUMBER</u>	<u>SOCIAL SECURITY</u> <u>NUMBER</u>	<u>DOCKET / COURT</u> <u>ORDER NUMBER</u>	<u>AMOUNT /</u> <u>FEE PAID</u>
Doe, John 0000000000-00	xxx-xx-xxxx	DRxxxx-xxxx	\$100.00 2.25
Jones, L. 0000000000-00	xxx-xx-xxxx	DRxx-xxxx	\$20.00 2.25
Smith, J. 0000000000-00	xxx-xx-xxxx	DRxx-xxxx	\$400.00 2.25
Smith J. 0000000000-00	xxx-xx-xxxx	DRxxxx-xxxx	\$100.00 2.25
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TOTAL			\$629.00

transm