Nebraska Child Support Payment Center

Remittance Form

P.O. Box 82890
Lincoln, NE 68501

Customer Service: 1-877-631-9973, option 3
Fax: 402-471-1193

Check #:

Employer Information					
Employer Name					
Contact Name					
Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Employer FTIN		**Email**			

Employee Name	SSN	Case Number	Date Paid	Dollar Amount
			Total Amount	0

Important Note: **Use this form each time you remit a payment.**