

**COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF REVENUE**  
**CHILD SUPPORT SERVICES**

Court	Date
Your Name	Social Security Number
Custodial Parent's Name	Social Security Number
	<b>Amount of Payment</b>
	>> \$

Make checks payable to:  
Commonwealth of Massachusetts

Mail checks to : Massachusetts Department of Revenue  
Child Support Services Division  
Lockbox Bills  
P.O. Box 55144  
Boston, MA 02205-5144

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