


Child Support Portal – Tax Offset, Administrative Offset, and Passport Denial Portal Processing Screens



U.S. Department of Health and Human Services

Administration for Children & Families

## FPLS State Services Portal

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**Federal Collection and Enforcement**

- Case Query
- Trace Number Query
- Address Query
- Pre-Offset Notice Query
- Local Contact Address Query
- Local Contact Address Update
- Transaction Submission
- Online Transaction Maintenance
- Passport Denial
- Passport Emergency Release
- File Upload
- File Download

### Transaction Submission - Update

#### Identifying Information

NCP Name: PUBLIC, JOHN  
SSN: 123-XX-6789  
State: KS

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#### Update Transaction

Only enter fields that are to be changed.

Current Case:	Enter Changes:
Case Type: TANF	
NCP Last Name: PUBLIC	<input type="text"/>
NCP First Name: JOHN	<input type="text"/>
Local Code: 005	<input type="text"/>
Arrears Amount: \$658.00	<input type="text" value="\$1,200.00"/> <i>i</i>
Case ID: 0006318930	<input type="text"/>
Exclusions:	<input type="checkbox"/> ADM <input type="checkbox"/> RET <input type="checkbox"/> VEN <input type="checkbox"/> TAX <input type="checkbox"/> PAS <input type="checkbox"/> FIN <input type="checkbox"/> INS <input type="checkbox"/> DCK <i>i</i> <input type="checkbox"/> REMOVE ALL <i>i</i>
Address Line 1: 100 West Street	<input type="text" value="140 West Street"/>
Address Line 2:	<input type="text"/>
City: TOPEKA	<input type="text"/>
State: KANSAS	-Select- <i>v</i>
ZIP Code: 12345-0000	<input type="text"/> - <input type="text"/>
Country: USA	USA <i>v</i> <i>i</i>
Postal Code:	<input type="text"/>
PON Request:	<input type="radio"/> Yes <input checked="" type="radio"/> No <i>i</i>

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### Trace Number Query

\* Indicates required field

#### Trace Number Search

\* Trace Number:

#### Trace SSN

Trace SSN: 0042XX580

#### Manual Payment (MPY) Information

Case Type: TANF

Payment Amount: \$685.00

Collection Cycle: 201709

BFS Payment Date: 03/01/2017

OCSE Process Date: 03/02/2017

Collection Name: John Public

Collection Address:

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\*\*\* Page may contain Federal Tax Information \*\*\*

### Trace Number Query

\* Indicates required field

#### Trace Number Search

\* Trace Number:

#### Trace SSN

Trace SSN: 0042XX580

#### TAX Reversal Information

Case Type: TANF  
State: MD  
Adjustment Amount: \$1,000.00  
Collection Cycle: 201528  
Offset Adjustment Year: 2015   
Reversal Type: Full  
Reversal Reason Code: 0001 - Injured Spouse  
OCSE Process Date: 07/16/2015

#### TAX Offset Information

Case Type: TANF  
Offset Amount: \$1,000.00  
Collection Cycle: 201518  
BFS Offset Date: 05/04/2015  
OCSE Process Date: 05/07/2015  
Collection Name: John Doe & Mary Doe  
Collection Address:   
Injured Spouse Indicator: Yes  
State Fraud Request Date: 06/01/2015   
IRS Fraud Response Date: 06/29/2015  
IRS Fraud Response Status: No

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### Passport Emergency Release Entry

\* Indicates required field

#### Passport Emergency Release Information


Submitted Date: 10/30/2014

\* Issuing Authority:  Passport Agency  Passport Embassy

#### Individual Being Released

Has the individual been released from the Passport Denial Program?  Yes  No


\* Name:

\* SSN:  

\* Date Of Birth:   
mm/dd/yyyy

\* Gender:  MALE  FEMALE

\* Place Of Birth:   
State: MD

\* Withdrawal Date:    
mm/dd/yyyy

\* Telephone No:

#### Passport Emergency Release Reason

The state Child Support Enforcement agency submitted the SSN in error.

#### Passport Emergency Release Submitter

\* Submitter Name:

\* Submitter Email:

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### Passport Emergency Release

\* Indicates required field

#### Passport Emergency Release State & SSN

State:

\* SSN:

#### Passport Emergency Release Reason

- This individual needs a passport due to a family emergency.
- This individual has an appointment today or within the next few days.
- This individual has an application at either the Special Issuance Passport Agency or an Embassy.
- The state Child Support Enforcement agency submitted the SSN in error.
- This individual has not exceeded the minimum threshold for passport denial certification.
- This individual does not have and has never had a child support case with the Federal Office of Child Support.

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**Passport Denial Certify/Withdraw**

**Obligor Information**

SSN: 123 XX 6789  
State: Kansas  
Last Name: PUBLIC  
First Name: JOHN  
Gender: Male  
DOB: 12/30/1958  
Place of Birth: WASHINGTON, D.C.

**Case Information**

Case Type: TANF  
Case Status?: Yes  
PAS Exclusion?: Yes  
Case Type: Non-TANF  
Case Status?: No  
PAS Exclusion?: No

Other States With Active Cases: [AL](#) [MD](#) [NM](#) [WV](#)

**DOS Information**

DoS Status: AT DOS FROM SINGLE CASE  
Certify Date: 12/18/2005  
Withdrawal Date:  
Other States Denying Passport: [AL](#) [NM](#) [WV](#)

Select Certify or Withdraw and Enter Amount

Certify  
 Withdraw

Amount Paid: \$  .00

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**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The purpose of this statutorily required (42 U.S.C. 652(b); 42 U.S.C. 664; 26 U.S.C. 6402(e); 31 CFR 285.3; 45 CFR 302.60; 45 CFR 303.72; 31 U.S.C. 3701 *et seq.*; 31 U.S.C. 3716(h); 31 CFR 285.1; 42 U.S.C. 652(k); 42 U.S.C. 654(31); 22 CFR 51.60; 42 U.S.C. 654(31); 42 U.S.C. 664; 31 CFR 285.1; and 31 CFR 285.3) information collection is to collect past due child support. Public reporting estimated burden for this collection of information is 0.01 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by the 5 U.S.C. §§552a(b) and (e), any confidential information collected for this program is protected secured, and accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact [OCSEFedSystems@acf.hhs.gov](mailto:OCSEFedSystems@acf.hhs.gov)