

Office of Child Support Services Child Support Portal

CHILD SUPPORT PORTAL

PORTAL HOME FAQ CONTACT US

Required *

General Information

* FEIN: 654654789

* Organization Name: Enter Organization Name

Organization Short Name: Enter name here (Enter abbreviation for your organization. Maximum 25 characters)

* Organization Type

- Employer - Select if you manage your own company's employee reporting.
- Third-Party Employer - Select if you are a payroll company or manage multiple employee reporting clients.

Cancel Next Continue Later

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Address Information

* Address Line 1: Enter number and street

Address Line 2: additional info

Address Line 3: additional info

* City: Enter City

* State: -- SELECT --

* ZIP Code: 12345

ZIP Code Ext: 1234

* Is this the Payroll Income Withholding Order address?
 Yes No

Continue Later Previous Next

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Business Contact Information

Enter business, technical, and alternate contact information. If you have multiple contacts for child support purposes, you can add their information on the Portal.

* First Name: Enter contact's first name

MI: []

* Last Name: Enter contact's last name

* Phone Number: []

Extension: []