

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

### Transaction Submission - Update

#### Identifying Information

NCP Name	CFBMM, CXLEMAXX
SSN	979-XX-8432
State Code	OH

#### Update Transaction

Only enter fields that are to be changed.

#### Current Case

Case Type NTANF

NCP Last Name

CFBMM

NCP First Name

CXLEMAXX

Local Code

113

Arrears Amount

8222.00

Case Id

P04-1338X

Exclusions

☒ RET ☒ VEN ☐ TAX ☐ PAS ☐ FIN ☐ INS ☐ DCK

Address Line 1

31080 SBOTB CBSCBS ES

Address Line 2

City

CATHEDRAL CTY

State

California

ZIP Code

92234 - 5081

Country

-Select-

Postal Code

PON Request

#### Enter Changes

NCP Last Name

NCP First Name

Local Code

Arrears Amount

Case Id

Exclusions

☐ RET ☐ VEN ☐ TAX ☐ PAS ☐ FIN ☐ INS ☐ DCK ☐ REMOVE ALL

Address Line 1

Address Line 2

City

State

-Select-

ZIP Code

Country

-Select-

Postal Code

PON Request

☐ Yes ☒ No

Preview

Clear

Cancel

## Trace Number Query

\* Indicates required field

### Trace Number Search

Trace Number \*

199894002

GO

Clear

### Trace SSN

Trace SSN

979XXX432

Case Query

### Manual Payment (MPY) Information

Case Type	NTANF
State	Puerto Rico
Payment Amount	\$509.00
Collection Cycle	202422
BFS Payment Date	06/03/2024
OCSS Process Date	06/06/2024
Collection Name	BEALL, CXLEMXX, JR
Collection Address	✉

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

## Trace Number Query

\* Indicates required field

### Trace Number Search

Trace Number \*

136062522

GO

Clear


### Trace SSN

Trace SSN

979XXX432

Case Query

### TAX Reversal Information

Case Type	NTANF
State	Ohio
Adjustment Amount	\$2,500.00
Collection Cycle	201748
Reversal Reason Code	0002 
OCSS Process Date	12/25/2017

### TAX Offset Information

Case Type	NTANF
State	Ohio
Offset Amount	\$3,339.00
Collection Cycle	201710
BFS Offset Date	03/08/2017
OCSS Process Date	03/09/2017
Collection Name	BEALL, CXLEMXX, JR
Collection Address	
Injured Spouse Indicator	
Joint Return Indicator	0=No Joint Return

## Passport Emergency Release Entry

\* Indicates required field.

### Passport Emergency Release Information

Submitted Date 06/05/2024

Issuing Authority \* ☒ Passport Agency ☐ Passport Embassy

\* Passport Agency

Atlanta Passport Agency

Other Information ⓘ

Appointment on 6/8/2024, 9:00 am, confirmation #123456

### Individual Being Released

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

Name \*

COLEMAN CFBMM

SSN \*

\*\*\*\*\*

Date Of Birth (mm/dd/yyyy) \*

04/29/1975

Place Of Birth \*

CINCINNATI H, OH

State Ohio

Withdrawal Date (mm/dd/yyyy) ⓘ

06/05/2024

Telephone No (no hyphens) \*

8885551006

### Passport Emergency Release Reason

This individual needs a passport due to a family emergency.

### Passport Emergency Release Submitter

Submitter Name \*

Jane Doe

Submitter Email \*

jane.doe@jfs.ohio.gov

Submit

Clear

Cancel

## Passport Emergency Release

\* Indicates required field.

### Passport Emergency Release State & SSN

State

Ohio

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 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 Office of Child Support Services.

Next

<b>Obligor Information</b>						
SSN	979-XX-8432					
State	Ohio					
Last Name	CFBMM					
First Name	COLEMAN					
DOB	04/29/1975	Place of Birth	CINCINNATI H, OH			
<b>Case Information</b>						
Case Type	TANF	Case Type	NTANF			
Case Status	Active	Case Status	Active			
Passport Exclusion?	No	Passport Exclusion?	No			
Cases in Other States						
<b>DOS Information</b>						
DoS Status	Obligor at DoS from single case					
Certify Date	07/06/2022	Withdrawal Date				
Other States Denying Passport						
<b>Select Certify or Withdraw and Enter Amount</b>						
<input type="radio"/> Certify <input checked="" type="radio"/> Withdraw						
Amount Paid						
\$	1000		.00			
<b>Passport Emergency Release Information</b>						
Submitter Code	Submitter Name	Submitted Date	Sent to DoS	Reject Date	A/E	DoS
Passport Emergency Release Entries not found.						
Submit		Search				

**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(c); 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 [OCSSFedSystems@acf.hhs.gov](mailto:OCSSFedSystems@acf.hhs.gov).