

EMPLOYER SERVICES APPLICATIONS ON OCSE'S CHILD SUPPORT PORTAL

March 2018



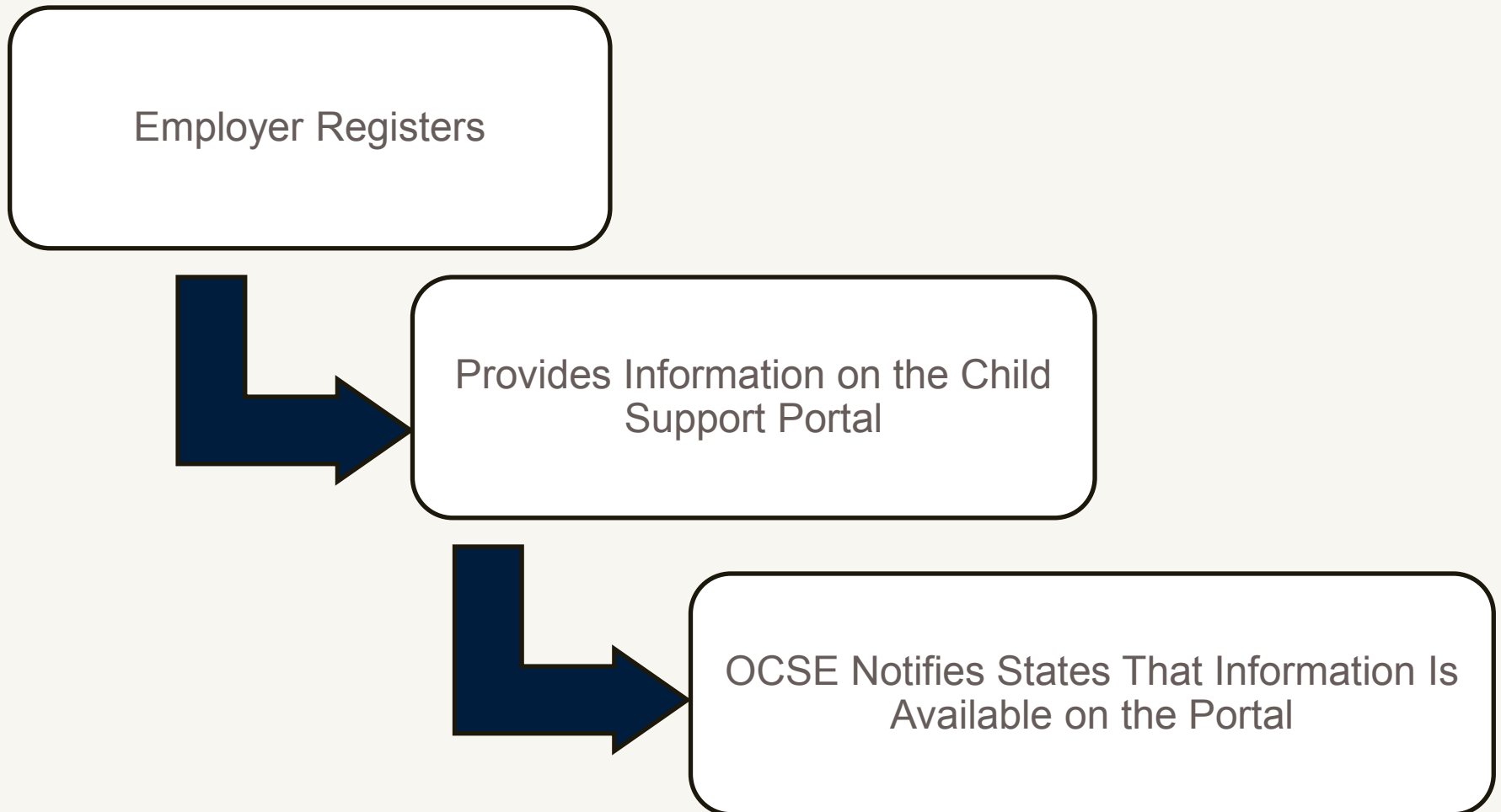
OFFICE OF CHILD SUPPORT ENFORCEMENT

OVERVIEW – EMPLOYER SERVICES PORTAL APPLICATIONS

Nearly all states receive information you provide through the Child Support Portal

- Employer Reporting
 - Report upcoming lump sum payments
 - Report employee terminations or respond to an income withholding order (IWO) received for someone who has never been or is no longer employed by you
- Employer Information Updates
 - Update and certify your addresses, subsidiaries, points of contact, and supplemental information
 - For multistate employers, register and manage information in the Multistate Employer Registry

Process Overview



Log In

Pre-Login Welcome

Welcome to the Child Support Portal

OCSE's Child Support Portal provides a secure Internet portal for states, tribes, employers, insurers, financial institutions and other authorized users to send and receive vital information concerning child support cases. To learn about what applications are available to you, and to log into the Portal, click on your user role below.

Employers

Employers may use the Portal to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, provide contacts and addresses and other information about their company. Multistate employers may register to identify the state where all newly and rehired employees will be reported. All of the information provided is shared with child support agencies.

[GO >](#)

Federal Agencies

Authorized federal agencies and research partners may use the Portal to securely exchange files with OCSE. If your federal agency has recently gained connectivity to the Portal, you will need to register to create an account.

[GO >](#)

Financial Institutions

Multistate financial institutions and transmitters may use the Portal to exchange information with OCSE for the Multistate Financial Institution Data Match Program. You may also use the Portal to update your contact information.

[GO >](#)

Insurers

Insurers may use the Portal to access the Debt Inquiry Service application to provide child support agencies with information about claimants or beneficiaries who are eligible to receive lump sum payments.

[GO >](#)

International

Authorized child support workers from other countries may use the Portal to access the Intergovernmental Reference Guide (IRG) for State and Tribal Child Support Profile Questions, as well as State, Tribal, OCSE, and International contact information.

[GO >](#)

OCSE

Authorized OCSE staff may use the Portal to access an array of resources and services for authorized business purposes.

[GO >](#)

States

The Portal provides registered users access to the Intergovernmental Reference Guide, Access and Visitation Reporting, Data Access for Research, and State Statistical Reporting Service applications. If you are a child support professional, contact your state administrator to access the Portal.

[GO >](#)

Tribes

The Portal provides registered tribal child support caseworkers and managers online access to the Federal Case Registry, Department of Defense, and other federal agency locate information. **You may register only after your tribe provides OCSE with the required agreements.**

[GO >](#)

NOTE: The Child Support Portal is a secured system that can only be accessed by authorized users. It is not for child support case participants or the public. To learn more about the federal Office of Child Support Enforcement, or to get help with your case, please see our [website](#).

Post-Login Welcome

[SECURE HOME](#) | [--SELECT APPLICATION--](#) | [FAQ](#) | [CONTACT US](#)

Welcome to Employer Services

The Employer Services application allows you to submit information about employees who are eligible to receive lump sum payments or have terminated employment. You may report each employee by entering information on the application screens or report many employees by uploading a file. You may also provide or update your contact, address, or other information.

If you are an employer with employees working in two or more states you may comply with new hire reporting requirements by registering with our agency and providing information about your company and identifying the state where you will report all newly and rehired employees.

You may view the applications you have access to by clicking on the **--Select Application--** tab in the navigation bar above.

Employer Reporting

You can report upcoming lump sum payments to your employees, terminations of existing employees, and responses to income withholding orders for employees who no longer or have never worked for you.

Multistate Employer Registry

If you are an employer with employees working in two or more states you may comply with new hire reporting requirements by registering with our agency and providing information about your company and identifying the state where you will report all newly and rehired employees.


Employer Information Updates

You can review and edit address and subsidiary information about your company in OCSE databases, assign address types (ex. address to send income withholding orders, verification of employment documents, and National Medical Support Notices), provide contact information for your company, and indicate whether your company offers health insurance to employees or if your company has a pension plan.

In The Spotlight

Update information about your company on the portal!

Child support agencies will receive the updates, reducing misdirected mail and calls to your company.



Helpful Information

- [eTerm Documentation and Procedures](#)
- [How To Guide to EIU](#)
- [USER GUIDE](#)

Calendar

[VIEW](#)

- Mar 14** ERICSA Conference
Eastern Regional Interstate Child Support Association (ERICSA) annual training conference & exposition
- Mar 22** NCSEA Policy Forum
National Child Support Enforcement Association (NCSEA) annual policy forum & conference in Washington, DC
- Mar 30** Educational Institutions Payroll...
Annual APA EIPC hosted in Tuscon, Arizona

Quick Links

- [EPP Guide](#)
- [eTerm Application](#)
- [Income Withholding for Support Instructions & Sample Form](#)
- [Processing an Income Withholding Order or Notice](#)
- [State Income Withholding Contacts](#)
- [State/Employer Contact and Program Information Matrix](#)
- [States Requiring Electronic Child Support Payments](#)
- [Tips for Converting to Electronic Payments](#)

Employer Information Updates

Employer Information Updates

Goal: Keep information current and reduce calls and misdirected mail from child support agencies

- Addresses – update existing addresses, add a new address, and provide address types so child support documents are directed to the appropriate address
- Supplemental – provide medical insurance and pension plan availability for employees and information about third party providers for payroll and verifications of employment
- Contacts – add/update phone, fax, email addresses, and contact type
- Multistate Employer Registry – register to identify a single state as your reporting state for all new hire information

Employer Information Updates – Select Application

Select Employer Information Updates

The screenshot shows the 'CHILD SUPPORT PORTAL' website. At the top, there is a header with 'Office of Child Support Enforcement' and 'Child Support Portal' on the left, and 'Welcome Employer User' with a settings icon and a 'Log out' button on the right. Below the header is a blue navigation bar with 'SECURE HOME', '--SELECT APPLICATION--', 'FAQ', and 'CONTACT US'. A dropdown menu is open under '--SELECT APPLICATION--', showing 'EMPLOYER INFORMATION UPDATES' and 'EMPLOYER REPORTING'. The main content area includes a 'welcome' message and a section titled 'In The Spotlight' with a yellow background and a megaphone icon. The spotlight message reads: 'The 2016 Employer Symposium Report is Out!' followed by a placeholder for a link to the report.

Name and Addresses

SECURE HOME EMPLOYER INFORMATION UPDATES FAQ CONTACT US

Name and Addresses Manage Relationships Supplemental Information Points of Contact Certification Multistate Registry

Name and Addresses

Select your FEIN below to view the addresses we have on file for you to choose which services you want associated with each addresses.

Your FEIN(s):

21555555 - ABC Company

Submit

Displays all FEINs provided by your organization during the registration process

Name and Addresses (continued)

SECURE HOME EMPLOYER INFORMATION UPDATES ▼ FAQ CONTACT US

Name and Addresses Manage Relationships Supplemental Information Points of Contact Certification Multistate Registry

Name and Addresses


Select your FEIN below to view the addresses we have on file for you to choose which services you want associated with each addresses.

Your FEIN(s):

21555555 - ABC Company

Search Results: 21555555

Click Edit icon to correct address, select the appropriate address delivery type or mark the address "Do Not Use" for duplicates or addresses where you do not want to receive child support documents.

Address Type	Organization Name	Address	City	State	Zip	Source	Edit
Payroll/Income Withholding Order	ABC Company	123 Street St.	Baltimore	MD	21250	E	

Displays all addresses associated with the FEIN

Ability to add a new address

Edit Existing Address

Edit your organization's address

Please review all addresses associated with your organization. Child support agencies use these addresses to communicate with you. To avoid duplicate entries, please use the same address each time you report New Hires and Quarterly Wages.

Edit Address(es)

Select the appropriate Address Type:

- National Medical Support Notice
- Payroll/Income Withholding Order
- Workers' Compensation
- Verification of Employment
- Worksite Address

Edit Address

* Organization Name
TRENT D & ANDREA MORRIS

* Address Line 1: 3100 LORD BALTIMORE DR STE 200
Address Line 2: Enter Address Line 2
Address Line 3: Enter Address Line 3

* City: BALTIMORE
* State: Maryland
* Zip Code: 21244

* Address Type
None selected

- National Medical Support Notice
- Payroll/Income Withholding Order
- Workers' Compensation
- Verification of Employment

Close DO NOT USE Save changes

Select DO NOT USE for addresses that are not for child support documents/purposes, are no longer valid, or are duplicates

Add New Address

Add Address X

*** Organization Name**
Enter Organization Name

*** Address Line 1** **Address Line 2** **Address Line 3**
Enter Address Line 1 Enter Address Line 2 Enter Address Line 3

*** City** *** State** *** Zip Code**
Enter City --Select-- Enter Zip

*** Address Type**
None selected

- National Medical Support Notice
- Payroll/Income Withholding Order
- Workers' Compensation
- Verification of Employment

Close Save changes

Required Fields (*)

Select Address Type(s)

Manage Relationships

Parent
FEIN

Related
FEINs

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Name and Addresses Manage Relationships Supplemental Information Points of Contact Certification Multistate Registry

Manage Relationships

Select the organization to view/edit relationships.

Your FEIN(s):

21555556 - Client Company 2

Search Results: 21555556

The following FEINs are related to the selected FEIN

FEIN	Organization Name	Address	City	State	Postal Code	Edit
27555556	Subsidiary 1	17 Green Acres St	Harrisburg	CO	36511	<input type="checkbox"/>
28555556	Subsidiary 2	17 Green Acres St	Harrisburg	CO	36511	<input type="checkbox"/>
27555555	Subsidiary 3	16 Green Acres St	Baltimore	AL	25212	<input type="checkbox"/>
28555555	Subsidiary 4	16 Green Acres St	Baltimore	AL	25212	<input type="checkbox"/>

Add Company

Add Company

*** Organization Name** *** FEIN**

*** Address Line 1** **Address Line 2** **Address Line 3**

*** City** *** State** *** Zip Code**

*** Country** *** Address Type**

- National Medical Support Notice
- Payroll/Income Withholding Order
- Workers' Compensation
- Verification of Employment
- Worksite Address

Primary Contact

*** Contact Name** *** Phone Number** **Fax Number** *** Email**

Upload Multiple Subsidiaries

Office of Child Support Enforcement | Child Support Portal | Welcome Mar Sta | Log out

CHILD SUPP
Secured Environment

SECURE HOME | E

Name and Address

Manage R

Select the organization

Your FEIN(s):
22555557 - Company Name | Submit

Search Results: 22555557

The following FEINs are related to the selected FEIN

FEIN	Company Name	Address	City	State	Postal Code	Edit
22555557	Subsidiary Company Name	111 Imaginary Ave.	Westminster	CA	12354	<input type="checkbox"/>

Add Company | Upload Multiple Subsidiaries

Upload Multiple Subsidiaries

* Email
Company_email@Company.com

Browse... Subsidiary_Upload_Template.xlsx

Close | Excel Template | Upload

Supplemental Information

The screenshot shows a web application interface. At the top, there is a navigation bar with the following items: 'SECURE HOME', 'EMPLOYER INFORMATION UPDATES' (with a dropdown arrow), 'FAQ', and 'CONTACT US'. Below this is a secondary navigation bar with the following items: 'Name and Addresses', 'Manage Relationships', 'Supplemental Information' (highlighted), 'Points of Contact', 'Certification', and 'Multistate Registry'. The main content area has the heading 'Supplemental Information' and the instruction 'Select your FEIN below to view the supplemental information we have on file for you.' Below this instruction, there is a label 'Your FEIN(s):' followed by a dropdown menu showing '21555555 - ABC Company' and a 'Submit' button.

Select
FEIN

Supplemental Information (1 of 5)

Medical Plan Information

Medical Plan Information

* Does your organization offer medical benefits to employees?

Yes No

* Does your organization have multiple medical insurance providers?

Yes No

Medical Benefits Provider's Address

* Organization Name

Enter Organization Name

FEIN

Enter Organization Fein

Reference Identifier

Enter Reference Identifier

* Address Line 1

Enter Address Line 1

Address Line 2

Enter Address Line 2

Address Line 3

Enter Address Line 3

* City

Enter City

* State

--Select--



* Zip Code

Enter Zip

* Contact Name

Enter First Name and Last Name

* Phone Number

XXX-XXX-XXXX

Fax Number

XXX-XXX-XXXX

* Email

someone@organization.com

* Does your organization offer family coverage for eligible employees?

Yes No

Supplemental Information (2 of 5)

Verification of Employment Information

Verification of Employment Information

* Does your organization have a third party administrator that handles your verification of employment actions?

Yes No

Verification of Employment Provider's Information

* Organization Name	FEIN	Reference Identifier	
<input type="text" value="Enter Organization Name"/>	<input type="text" value="Enter Organization Fein"/>	<input type="text" value="Enter Reference Identifier"/>	
* Address Line 1	Address Line 2	Address Line 3	
<input type="text" value="Enter Address Line 1"/>	<input type="text" value="Enter Address Line 2"/>	<input type="text" value="Enter Address Line 3"/>	
* City	* State	* Zip Code	
<input type="text" value="Enter City"/>	<input type="text" value="--Select--"/>	<input type="text" value="Enter Zip"/>	
* Contact Name	* Phone Number	Fax Number	* Email
<input type="text" value="Enter First Name and Last Name"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text" value="someone@organization.com"/>

Supplemental Information (3 of 5)

Pension Plan Information

Pension Plan

* Does your organization offer pension plans to employees?

Yes No

* Does your organization offer multiple pension plans to employees?

Yes No

Pension Plan Administrator's Address

* Organization Name

Corradini Corporation

FEIN

952242787

Reference Identifier

Enter Reference Identifier

* Address Line 1

18100 Mt. Washington St

Address Line 2

Enter Address Line 2

Address Line 3

Enter Address Line 3

* City

Fountain Valley

* State

California

* Zip Code

92708

* Contact Name

Lauren Corradini

* Phone Number

323-221-3191

Fax Number

XXX-XXX-XXXX

* Email

laurenc@corradinincorp.com

Supplemental Information (4 of 5)

Third Party Provider's Information

Third Party Provider's Information

* Does your organization have a third party administrator that handles your payroll actions?

Yes No

Third Party Payroll Provider's Address

* Organization Name	FEIN	Reference Identifier	
<input type="text" value="Enter Organization Name"/>	<input type="text" value="Enter Organization Fein"/>	<input type="text" value="Enter Reference Identifier"/>	
* Address Line 1	Address Line 2	Address Line 3	
<input type="text" value="Enter Address Line 1"/>	<input type="text" value="Enter Address Line 2"/>	<input type="text" value="Enter Address Line 3"/>	
* City	* State	* Zip Code	
<input type="text" value="Enter City"/>	<input type="text" value="--Select--"/>	<input type="text" value="Enter Zip"/>	
* Contact Name	* Phone Number	Fax Number	* Email
<input type="text" value="Enter First Name and Last Name"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text" value="someone@organization.com"/>

Supplemental Information (5 of 5)

PEO Provider's Information

PEO Provider's Information

* Does your organization have a PEO that handles the personnel actions?
 Yes No

PEO Provider's Address

* Organization Name Enter Organization Name	FEIN Enter Organization Fein	Reference Identifier Enter Reference Identifier	
* Address Line 1 Enter Address Line 1	Address Line 2 Enter Address Line 2	Address Line 3 Enter Address Line 3	
* City Enter City	* State --Select--	* Zip Code Enter Zip	
* Contact Name Enter First Name and Last Name	* Phone Number XXX-XXX-XXXX	Fax Number XXX-XXX-XXXX	* Email someone@organization.com

Click Save
Changes

Points of Contact

SECURE HOME EMPLOYER INFORMATION UPDATES ▾ FAQ CONTACT US

Name and Addresses Manage Relationships Supplemental Information **Points of Contact** Certification Multistate Registry

Points of Contact

Select your FEIN below to view the Points of Contact we have on file for you.

Your FEIN(s):

215555555 - ABC Company ▾ [Submit](#)

Name	Phone	Fax	Email	Type	Edit
Joe Smith	123-456-7890		Joe.Smith@ABC.com	Business	✎
Jane Sample	43-5364-3534		Jane.Sample@ABCInternational.com	Alternate	✎
Franklin Suggestion	443-555-5566		Frank.Suggestion@ABC.com	Verification of Employment	✎
Alternate Contact	212-555-5566		alternate.contact@ABC.com	Multistate	✎

[Add New Contact](#)

Edit Contact

Edit Contact

Edit Contact ✕

*** Contact Name**

*** Phone Number** **Fax Number**

*** Email** *** Contact Type**

Click Save Changes

Add New Contact

Add Contact ✕

*** Contact Name**

Domestic *** Phone Number** **Fax Number**
 International

*** Email** *** Contact Type**

– Select –

Business Contact

Technical Contact

Alternate Contact

General Contact

Medical Support

Payroll/Income Withholding Order

Verification of Employment

Multistate

Add New Contact Type

Certification

SECURE HOME EMPLOYER INFORMATION UPDATES ▾ FAQ CONTACT US

Name and Addresses Manage Relationships Supplemental Information Points of Contact Certification Multistate Registry

Certify Information

Select your FEIN below to view the certification information we have on file for you.

Your FEIN(s):

21555555 - ABC Company ▾

Certify Information

By certifying your information, you are indicating that the information contained in the system is correct and up-to-date.

FEIN	Organization Name	Last Certify Date	Action
21555555	ABC Company	Not Certified Yet.	<input type="button" value="Certify"/>

Select Certify

- Certify that the information for the FEIN is correct
- The “Last Certify Date” populates and the Action column changes to Certified for that FEIN (information must be reviewed and certified every 6 months)

Multistate Registry

SECURE HOME EMPLOYER INFORMATION UPDATES ▼ FAQ CONTACT US

Name and Addresses Manage Relationships Supplemental Information Points of Contact Certification Multistate Registry

Multistate Registry

Select the organization to view or edit their Multistate Registry information.

Your FEIN(s):

24555556 - Client Company 1 ▼

Submit

Federal law (42 USC 653A(b)(1)(A)) requires employers to supply the following information about newly hired employees to the State Directory of New Hires in the state where the employee works:

- Employee's name, address, Social Security number, and date of hire (the date services for remuneration were first performed by the employee)
- Employer's name, address, and Federal Employer Identification Number (FEIN)

If you are an employer with employees working in two or more states AND you will transmit the required information or reports magnetically or electronically, federal law allows you to comply with the new hire reporting requirement by exercising one of the following options (42 USC 653A(b)(1)(B)):

- Option #1: Send the new hire reports to the State Directory of New Hires for the state in which each newly hired employee works.
- Option #2: Designate **one state** in which any employee works and transmit ALL new hire reports to the State Directory of New Hires for that state.

If you select Option #2, you must inform the Secretary of the U.S. Department of Health and Human Services in writing of your choice to report to only one state and identify the chosen state. The purpose of this online form is to offer a convenient means for such notification. Multistate employers may also inform the Secretary by letter or fax by downloading and completing the PDF version of the multistate registration form.

Note: If your organization merges with or acquires another organization or has other changes that may affect this reporting requirement, please update this form.

Agree

Select Agree to indicate that you read and agree to the information contained on this page

Multistate Registry – Select States

SECURE HOME EMPLOYER INFORMATION UPDATES FAQ CONTACT US

Name and Addresses Manage Relationships Supplemental Information Points of Contact Certification Multistate Registry

Multistate Registry

Select the organization to view or edit their Multistate Registry information.

Your FEIN(s):
215555556 - Client Company 2

i If you are no longer a Multistate Employer OR you are a Multistate Employer, but no longer report to a single state, select Deregister below.

Reporting State

Select the state or U.S. territory to which you will submit new hire information.
Note: The state you designate must be a state in which you have one or more employees.

* Reporting State: * Effective Date:

Operating States

Select all other states and U.S. territories where you have one or more employees. Do not include the previously selected reporting state.
Select at least one state or territory to register as a multistate employer.

<input type="checkbox"/> Select all States	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware
<input type="checkbox"/> California	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Guam
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input checked="" type="checkbox"/> Hawaii	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana
<input checked="" type="checkbox"/> Iowa	<input type="checkbox"/> Marianas	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Maine	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri
<input type="checkbox"/> Michigan	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> Montana	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina
<input type="checkbox"/> New Jersey	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon
<input type="checkbox"/> North Dakota	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah
<input type="checkbox"/> South Dakota	<input type="checkbox"/> Virgin Islands	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington
<input type="checkbox"/> Vermont	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	
<input type="checkbox"/> West Virginia			

Select states and U.S. territories where you have employees and select Save Changes

Multistate Registry – Deregister

Multistate Registry

Select the organization to view or edit their Multistate Registry information.

Your FEIN(s):
21555556 - Client Company 2

Information: If you are no longer a Multistate Employer OR you are a Multistate Employer, but no longer report to a single state, select Deregister below.

Reporting State

Select the state or U.S. territory to which you will submit new hire information.
Note: The state you designate must be a state in which you have one or more employees.

• Reporting State: Alaska
• Effective Date: 01/31/2017

Operating States

Select all other states and U.S. territories where you have one or more employees. Do not include the previously selected reporting state.
Select at least one state or territory to register as a multistate employer.

Select all States

<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Guam
<input checked="" type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input checked="" type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana
<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Missouri
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New York
<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon
<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina
<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah
<input type="checkbox"/> Vermont	<input type="checkbox"/> Virgin Islands	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	

Select Deregister if you are no longer a multistate employer OR you are a multistate employer but no longer report to a single state.

What happens next?

- Your information is:
 - updated on the Child Support Portal
 - available to child support agencies

Employer Reporting

Employer Reporting: Lump Sums

- You provide information about employees who are eligible to receive a lump sum payment
- You can provide information for one employee at a time (Lump Sum Entry) or for multiple employees (File Upload)
- We compare that information to individuals who owe child support
- We send matches to child support agencies responsible for collecting support

What will the child support agency do?

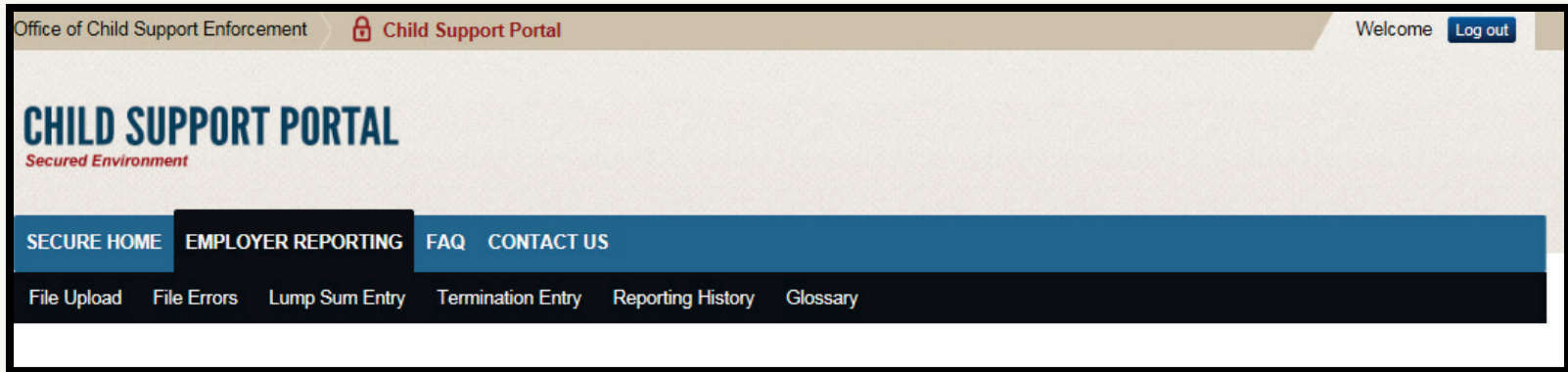
- The child support agency may instruct you to garnish all or part of a payment
 - The agency may not contact you if it opts not to garnish the lump sum payment

Note: The child support agency receives the employee information only when it matches to a child support case.

Employer Reporting: Terminations (eTerm)

- You can report employee terminations or respond to an IWO for someone who has never been or is no longer employed by you
- You can provide information for each employee (Termination Entry) or for multiple employees (File Upload)
- We send eTerm information to child support agencies managing the case

Employer Reporting Selections



- File Upload
- File Errors
- Lump Sum Entry
- Termination Entry
- Reporting History
- Glossary

Lump Sum Entry (1 of 2)

*Enter information into required fields

Expected Payout Date – must be at least five days in the future

Note: Some states have laws that require you to hold lump sum payments for a specific duration. See [Lump Sum Matrix](#).

CHILD SUPPORT PORTAL
Secured Environment

SECURE HOME EMPLOYER REPORTING FAQ CONTACT US

File Upload File Errors Lump Sum Entry Termination Entry Reporting History Glossary

*** This search should not be used for employment decisions ***

Lump Sum Entry

* Indicates required field

PAYEE INFORMATION

* SSN:
(No Hyphens)

* First Name:

* Last Name:

Reference Identifier:

* Payout Type:

* Expected Payout Date:
(mm/dd/yyyy) ⓘ

Amount:\$

INFORMATION

choose to direct your Lump Sum notification to a specific state, enter Case Information below.

Case State:

Case Identifier:

Order Identifier:

Hover over the "i" for more information

Amount is not a required field

Lump Sum Entry (2 of 2)

Payor Information is pre-filled from the Employer Profile & Agreement; however, the contact information may be updated for each payout.

PAYOR INFORMATION

* FEIN: 101010101

* Organization Name: ABC Construction

* Contact Name: Susie Que

Address Line 1: 123 Main Street Suite 203

Address Line 2:

City Name: Charlotte

State: South Carolina

ZIP/Postal Code: 28210

* Phone: 7045551212

Ext: (No Hyphens)

* Fax: 7045551213 (No Hyphens)

* Email: sque@abccorp.net

Preference: Email

Submit Clear

**In states that require notification prior to making a lump sum payment to a debtor, applicable state law must be followed concerning hold periods.

Select Clear if you make a mistake or need to clear the form.

Upon submission, a message displays indicating "Payout transaction has been submitted for 123-xx-6789" (Social Security number)

File Upload

Office of Child Support Enforcement Child Support Portal Welcome [Log out](#)

CHILD SUPPORT PORTAL

Secured Environment

SECURE HOME EMPLOYER REPORTING **FAQ** CONTACT US

File Upload File Errors Lump Sum Entry Termination Entry Reporting History Glossary

File Upload

* Indicates required field

File Selection

* Reporting Type:

-Select-

* File:

[Browse...](#)

Supported file formats are comma separated value(.csv), Excel (.xls, .xlsx) and fixed length(.txt).

[Upload](#)

[Sample Lump Sum](#) [Sample Termination](#)

Select Sample Lump Sum or Sample Termination to access pre-formatted Excel spreadsheet

OFFICE OF CHILD SUPPORT ENFORCEMENT
An Office of the Administration for Children & Families

Privacy Policy | Accessibility

Help Desk
 1-800-258-2736
 csportal@acf.hhs.gov

File Upload Excel Templates

The top screenshot shows an Excel spreadsheet titled 'Sample_Lump_Sum (9).xls'. The header row (row 1) contains the following fields: FEIN, ORGANIZATION NAME, CONTACT NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, ZIP/POSTAL CODE, and PHONE. The fields FEIN, ORGANIZATION NAME, CONTACT NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, ZIP/POSTAL CODE, and PHONE are highlighted in blue. The bottom screenshot shows an Excel spreadsheet titled 'Sample_Termination (2).xls'. The header row (row 1) contains the following fields: State Code, Action Code, EIN Text, Employee Last Name, Employee First Name, Employee Middle Name, Employee Name Suffix, Employee SSN, Case Identifier, Order Identifier, and Termination Date. The fields State Code, Action Code, EIN Text, Employee Last Name, Employee First Name, Employee Middle Name, Employee Name Suffix, Employee SSN, Case Identifier, Order Identifier, and Termination Date are highlighted in blue.

- These templates are pre-formatted in Excel, so please do not copy/paste information into the cells. After entering all of the required information on the spreadsheet, save it on your computer.
- NOTE: The BLUE highlighted fields or text indicate required fields. Some fields have tool tips that describe the formatting for the particular field.
- Using the formatted template reduces file errors.

File Upload – Success

Office of Child Support Enforcement Child Support Portal Welcome Log out

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File Upload

* Indicates required field

File Selection

* Reporting Type:

-Select- ▼

* File:

Browse...

Supported file formats are comma separated value(.csv), Excel (.xls, .xlsx) and fixed length(.txt).

Upload

Sample Lump Sum Sample Termination

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You will see the following message, “Your file has been uploaded. You will receive an email to let you know whether or not your file processed successfully.”

- An email notifies you if your file was uploaded successfully or not. If not, see File Errors.

File Error – Sample Email Language

Your Lump Sum file named 480905805.DI.04212017.xls did not process successfully. The file error log is available on the File Errors page. Please review the file error log to correct and resubmit this file. Additionally, some tips have been added to the sampleXLS.xls available on the File Upload page.

File Errors

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File Errors


* Indicates required field

Date range may be modified due to available file error history.

Search Criteria

* **Reporting Type:**
-Select- ▼

* **From Date:**
09/22/2016 
(mm/dd/yyyy)



* **To Date:**
09/29/2016 
(mm/dd/yyyy)

[GO](#)

Enter Search Criteria and then Select GO

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Help Desk
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 csportal@acf.hhs.gov

File Error – Error Log Sample

```
Error log for input file 123456789.DI.03032014110008.xls processed on Mon  
Mar 03 11:00:08 EST 2014  
2 FAILED SSN is invalid  
3 FAILED FEIN is missing,Organization Name is missing  
4 FAILED Expected Payout date must be at least 5 days later from today.
```

- Error log displays which line(s) in the spreadsheet has errors and identifies the error
- Fix the original spreadsheet and re-upload for file validation process

What happens next?

- If your employee's information matches to an individual who owes child support, OCSE notifies the child support agency responsible for collecting the support
- Child support agencies may contact you by phone, fax, or email (your preference) if they plan to attach the lump sum payment
- If the child support agency does not respond by the Payout Date, you may release the payment to the employee unless state law requires you to hold the payment

Termination Entry (1 of 3)

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Termination Entry

* Indicates required field

EMPLOYMENT TERMINATION OR INCOME STATUS

Select Yes if you received an IWO and the NCP does not work for you. Select No to report a termination of an employee.

Are you responding to an Income Withholding Order?

No
Yes

EMPLOYER INFORMATION

* FEIN: 007245234

FEIN field
is pre-filled

You can report:

- the employee was terminated
- the person never worked or no longer works for your organization

Termination Entry (2 of 3)

Enter information into each field

NONCUSTODIAL PARENT/EMPLOYEE INFORMATION

* SSN:
(No Hyphens)

* Last Name:

* First Name:

Middle Name:

Suffix:

CASE INFORMATION

* State:

* Case Identifier:

Order Identifier:

State and Case Identifier are required fields for reporting terminations

Termination Entry (3 of 3)

NEW EMPLOYER INFORMATION

Employer Name:

Address Line 1:

Address Line 2:

City Name:

State:

ZIP:

ZIP Ext:

Select Clear if you make a mistake or need to clear the form.

Upon submission, a message displays indicating "Termination information has been submitted for 123-xx-6789" (Social Security number)

What happens next?

- OCSE notifies the child support agency from your submission that:
 - the employee was terminated or
 - the individual identified on the IWO does not work for you

Reporting History

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Reporting History

* Indicates required field

Date range may be modified due to available reporting history.

Search Criteria

* Reporting Type:

-Select-

From Date:

11/21/2017

(mm/dd/yyyy)

To Date:

12/21/2017

(mm/dd/yyyy)

SSN:

(No Hyphens)

Reporting History is available for 60 days

Reporting History (continued)

Reporting History

* Indicates required field

Date range may be modified due to available reporting history.

Search Criteria

* Reporting Type:

Lump Sum

From Date:

11/21/2017

(mm/dd/yyyy)

To Date:

12/21/2017

(mm/dd/yyyy)

SSN:

(No Hyphens)

GO

Search Results

Date	Name	SSN	Payment Type	Entry Type
12/21/2017	Jones, Jack	217-XX-6595	Bonus	Online
12/9/2017	Smith, John	525-XX-8745	Cash Service Award	Batch

Previous Next Clear

Click SSN to view the lump sum reporting or termination details

Lump Sum Details

Lump Sum Details
DEBT INFORMATION
SSN: 545-XX-5896 Date: 01/04/2017 Transaction Type: Online
PAYOR INFORMATION
FEIN: 101010101 Name: ABC Construction Contact Name: Susie Que Address Line 1: 123 Main Street Suite 203 Address Line 2: City: Charlotte State: SC Zip/Postal Code: 28210 Phone: (704) 555-1212 Ext: Fax: (704) 555-1213 Email: sque@abccorp.net Preference: Email
PAYEE INFORMATION
Name: Fred Baker Payment Type: Bonus Amount: Expected Payout Date: 01/15/2017
CASE INFORMATION
Case State: Case Identifier: Order Identifier:
<small>*In states that require notification prior to making a lump sum payment to a debtor, applicable state law must be followed concerning hold periods.</small>
Search Results

For More Information

General inquiries or if you would like an online demonstration

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