

# New York State Department of Taxation and Finance Referral Challenge Form

You may challenge the referral of your child support account to the New York State Department of Taxation and Finance (DTF) by completing and submitting this form to the Support Collection Unit (SCU) **within forty-five (45) days** of the date of the enclosed notice. We will send you our determination on your challenge within seventy-five (75) days of the date of the enclosed notice.

I wish to challenge the referral of my case to DTF because (check all boxes that apply):

- 1. I am not the person identified as owing support, as supported by:
  - a copy of my driver's license or identification card
  - a copy of my passport or my Social Security card
  - other \_\_\_\_\_
  
- 2. I am not under court order to pay support, or my support order was vacated, terminated or never entered by the court and no support is due, as supported by:
  - a copy of the court order vacating or terminating my child support order
  - other \_\_\_\_\_
  
- 3. The amount shown as due is not correct and/or does not equal at least four months of support as supported by:
  - a copy (front and back) of a cancelled check or money order that was deposited by the child support agency but not credited to my account
  - documentation that supports my claim that my child support was not accurately computed
  - a copy of my court order modifying my child support order or setting the amount due
  - other \_\_\_\_\_
  
- 4. I receive temporary assistance, medical assistance, Supplemental Nutrition Assistance Program (SNAP) benefits (formerly food stamps), or Supplemental Security Income (SSI), as supported by:
  - a copy of my benefit card
  - a copy of the letter verifying the benefits I am receiving
  - other \_\_\_\_\_

Other Comments:

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**New York Case Identifier:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Name (Print):** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_