



IDAHO DEPARTMENT OF HEALTH & WELFARE

STATEWIDE SELF RELIANCE PROGRAMS
450 West State Street, 2nd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5815
FAX 208-334-5817

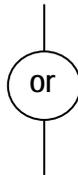
REQUEST FOR TAX OFFSET ADMINISTRATIVE REVIEW

Complete and sign this form if you want to request an administrative review. A review may be requested if you believe the Department has incorrect information, or if you are an injured spouse (as provided in *Idaho Code 56-203D(1)(E)*), and want to limit the tax offset to one-half. **Complete and return this form within 14 days of the date that the notification of tax offset was mailed to you.**

Where to send this request:



Mail this form to:
CHILD SUPPORT SERVICES
P.O. BOX 83720
BOISE, ID 83720-0036



Email this form to:
SRCU-MDU@dhw.idaho.gov

If you feel a mistake of fact exists regarding your income tax refund offset, check the appropriate box below and briefly describe your defense. If a review is scheduled, you will be notified when and where to appear. The review is not a court proceeding. The hearing officer cannot consider visitation problems.

- There is no court or administrative order requiring me to pay support.
- The amount to be offset is in error, or exceeds the amount of past due support.
- I am not the person who owes past due support. I filed a joint return with the obligated parent to whom this notice was sent. I would like the offset to be limited to one-half as provided in *Idaho Code 56-203D(1)(E)*.

Briefly explain your defense:

Your Contact and Case Information:

Signature: _____ Date: _____

Printed name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Case Number: _____

Daytime phone: _____ Evening phone: _____