Rev. 04/2022

## **Calculations Worksheet for Desk Review of Pass-through Payments**

Date(s) of TA:         from:		ond-Level Desk Review	☐ Sec	esk Review	Revised First-Level De	ew 🔲	rst-Level Desk Review		
Client Identification Number (CIN)         Recipient's Address:           Temporary Assistance Case Number(s) (TA-CAN):         ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	abeled.)	ection completed as la				leted by the	Гор portion comple	-	
Temporary Assistance Case Number(s) (TA-CAN):					Recipient's Name:		eceived:	Date Request F	
New York Case Identifier(s) (Child Support Account Number):					Recipient's Address:		ion Number (CIN)	Client Identifica	
Review Period: from:		;		_;		<b>(s)</b> (TA-CAN): _	stance Case Number(s)	Temporary Ass	
Date(s) of TA: from:		;; _			Number):	oport Account N	dentifier(s) (Child Supp	lew York Case	
from:	Review Period: from: to (month/year) to								
First-Level Desk Review Completed by the Support Collection Unit  Name: Title: Telephone Number: Da  First-Level Desk Review Completed by the TA Unit  Name: Title: Telephone Number: Da  f Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services  Name: Title: Telephone Number: Da	to	; from: t		to _	; from:	to	from:	Date(s) of TA:	
Name:	0	; from: to		to _	; from:	to	rom:		
Name: Title: Telephone Number: Da  Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services  Name: Title: Telephone Number: Da  Telephone Number: Da					t Collection Unit	y the Support	Review Completed by	irst-Level Des	
Name: Title: Telephone Number: Da  FApplicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services  Name: Title: Telephone Number: Da	ate:	Da	Telephone Number:			Title:		Name:	
Applicable, Second-Level Desk Review Completed by OTDA Division of Child Support Services  Name: Title: Telephone Number: Da					:	y the TA Unit	Review Completed by	irst-Level Des	
Name: Title: Da	ate:	Da	Telephone Number:				Name: Title:		
			Services	Child Support	ed by OTDA Division of C	view Complete	cond-Level Desk Revie	<sup>f</sup> Applicable, S	
	ate:	Da	Telephone Number:				Name: Title:		
f Applicable, Second-Level Desk Review Completed by OTDA TA Bureau					ed by OTDA TA Bureau	view Complete	cond-Level Desk Revie	f Applicable, S	
Name: Title:	ate:	Da	Telephone Number:			Name: Title:			

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Step	Step 2							
Child Support Information								
(to be completed by the SCU)								
	Month / Year (List All Months of Review Period)							
1.	Factored Monthly Current Support Obligation							
	Total Monthly Amount of Current Support Collected and Disbursed to District							
Step	3							
TA Information (to be completed by the TA Unit)								
3.	Enter Lesser Amount from Line 1 and Line 2							
4.	Maximum Pass-through Case may be Eligible for (enter \$0.00, \$100.00 or \$200.00)							
_	Enter Lesser Amount from Line 3 and Line 4							
6.	Pass-through Payment Previously Issued (enter amount and date)							
	Subtract Line 6 from Line 5. This is the Amount of Pass-through Owed to the Recipient							
8.	Enter the total amount of all columns from Line 7. This is the amount of pass-through payment that is owed or was overpaid to the Recipient							
Step 4								
RESULTS OF FIRST-LEVEL DESK REVIEW OF PASS-THROUGH PAYMENTS (check one)								
	The correct amount of pass-through payments has been paid to the Recipient to date. No additional payments are owed to the Recipient.							
	An additional pass-through payment is owed to the Recipient in the amount of							
	The Recipient has been paid too much in pass-through payments and owes							
Comments (SCU/TA Unit):								

## Rev. 04/2022 Additional Worksheet for Review Periods Longer Than Six Months Additional Worksheet for Review Periods Longer Than Six Months

Step 2							Page of	
·								
Child Support Information  (to be completed by the SCU)								
	Month /Year		to so completed s	,,				
	(list all months of review period)							
1.	Factored Monthly Current Support							
	Obligation							
2.	Total Monthly Amount of Current							
	Support Collected and Disbursed to							
	District							
Step	3							
-			TA Informa	tion				
(to be completed by the TA Unit)								
3.	Enter Lesser Amount from Line 1 and							
	Line 2							
4.	Maximum Pass-through Case may be							
	Eligible for							
	(enter \$0.00, \$100.00 or \$200.00)							
5.	Enter Lesser Amount from Line 3 and							
	Line 4							
6.	Pass-through Payment Previously Issued							
	(enter amount and date)							
7.	Subtract Line 6 from Line 5. This is the							
, ,	Amount of Pass-through Owed to the							
	Recipient							
Enter t	the total amount of all columns from Line 7	of this additional	worksheet to Line	8 of the original	worksheet			