APPENDIX D - E-IWO RECORD LAYOUTS

APPENDIX D: E-IWO RECORD LAYOUTS

- Chart D-1 is the Universal Header record layout that has been established for the e-IWO System.
- Chart D-2 is the Universal Trailer record layout that has been established for the e-IWO System.
- Chart D-3 is the e-IWO Detail record layout that has been established for the e-IWO System.
- Chart D-4 is the Employer Acknowledgement record layout established for the e-IWO System.

Refer to Appendix E, "e-IWO Record Layout Examples", for examples of records for a State, employer, payroll processor and the portal.

	CHART D-1: UNIVERSAL HEADER (FILE AND BATCH)					
	OMB Control No: 0970-0154 Expiration Date: 10/31/2010					
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Document Code	A code that indicates whether the header is for a file or a batch and the type of record that follows.	1-3	3	A	R	Required for all Headers. First two characters indicate header type. FH ALWAYS indicates a File Header. BH ALWAYS indicates a Batch Header. Third character indicates the record type. The record types are: A – Acknowledgement: File sent from an employer to a State (FHA, BHA) I – IWO Detail: File sent from a State to an employer (FHI, BHI) K – Acknowledgement Result: File sent from portal to employer (FHK, BHK). Used by the portal. R – IWO Receipt: File sent from employer to State (FHR, BHR) S – IWO Result: File sent from portal to State (FHS, BHS). Used by the portal.
Control Number	An identifier assigned by the State, Tribe or Territory, Employer or Payroll Processor that uniquely identifies a file or group of records in a batch.	4-25	22	A/N	R	Required for all Headers. A unique, alphanumeric element that identifies a specific file or a batch within a file. **CANNOT REUSE PREVIOUSLY SUBMITTED CONTROL NUMBERS.** The File Header (FH) will have a unique control number to identify a file. The State must assign a unique control number for each employer batch (BHI) contained in a file. Recommended Format: 5 Digit FIPS – 21000 (2-digit State FIPS Code

					Req./	
CHART D-1: UNIVERSAL HEADER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Opt.	Data Element Rules
						Number followed by 3 zeroes) Date – YYMMDD Time – HHMMSSS Sequence #– 0000 The employer/payroll processor must return the Batch Control Number sent to them when returning an IWO Receipt (BHR). For Acknowledgements, employers may enter an identifier of their choosing.

State FIPS Code	The State/Tribe/ Territory State FIPS Code.	26-30	5	A/N	CR	Format: 21000 (two-digit State FIPS Code number followed by three zeroes)
						 IWO Detail sent by States:
						 FHI – Required – Input own FIPS Code
						 BHI – Required – Input own FIPS Code
						 Acknowledgement sent by an employer or their payroll processor:
						 FHA – Fill with spaces
						 BHA – Required – Input State, Tribe or Territory
						          for which the Batch is intended
						 IWO Receipt sent by employer or their payroll processor:
						 FHR – Fill with spaces
						 BHR – Required – Input State, Tribe or Territory
						          for which the Batch is intended

EIN Text	The Employer's FEIN.	31-39	9	A/N	CR	IWO Detail sent by States: FHI – Fill with spaces BHI – Required – Input Employer FEIN for which the Batch is intended Acknowledgement sent by employers:

CHART D-1: UNIVERSAL HEADER (FILE AND BATCH)						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						FHA – Required – Input own FEIN BHA – Required – Input own FEIN Acknowledgement sent by payroll processor: FHA – Fill with spaces BHA – Optional – Can input Processor FEIN IWO Receipt sent by employer: FHA – Required – Input own FEIN BHA – Required – Input own FEIN IWO Receipt sent by payroll processor: FHA – Fill with spaces BHA – Required – Input Processor FEIN
Payroll Processor EIN Text	The FEIN of the employer's payroll processor, third party or parent company that performs the payroll processing for the employer.	40-48	9	A/N	CR	Acknowledgement sent by employer: FHA – Fill with spaces BHA – Fill with spaces Acknowledgement sent by employer's payroll processor: FHA – Required – Input Processor FEIN BHA – Required – Input Processor FEIN IWO Receipt sent by employer: FHR – Fill with spaces BHR – Fill with spaces IWO Receipt sent by employer's payroll processor: FHR – Required – Input Processor FEIN BHR – Required – Input Processor FEIN IWO Detail sent by States: FHI – Fill with spaces BHI – Fill with spaces
Creation Date	The date the header was generated.	49-56	8	A/N	R	Required for all Headers. Must be a valid date in CCYYMMDD format.

CHART D-1: UNIVERSAL HEADER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Creation Time	The time the header was generated.	57-62	6	A/N	R	Required for all Headers. Must be a valid time in HHMMSS format.
Error Field Name Text	The list of fields that did not pass the e-IWO edits.	63-80	18	A/N	O	FOR USE BY PORTAL ONLY: Used by the portal to return the abbreviated version of field names in error. Each code will be separated by a comma. Valid Values: FPS – State FIPS Code field EIN – EIN Text field DOC – Document Code field CNM – Control Number field PPE – Payroll Processor EIN Text field CDT – Creation Date field CTM – Creation Time field DUP – File Already Received
Filler FHI and BHI FHA and BHA FHS and BHS FHR and BHR FHK and BHK	IWO Detail Acknowledgement IWO Result IWO Receipt Acknowledgement Result	81	Varies 2326 493 2326 0 493	A/N	O	The filler length varies according to the file to which it is associated.

CHART D-2: UNIVERSAL TRAILER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Document Code	A code that indicates whether the Trailer is for a file or a batch and the type of record(s).	1-3	3	A	R	Required for all Trailers. First 2 characters indicate Trailer type. FT ALWAYS indicates a File Trailer, BT ALWAYS indicates a Batch Trailer. Third character indicates the record type. The record types are: A – Acknowledgement: File sent from an employer to a State (FTA, BTA) I – IWO Detail: File sent from a State to an employer (FTI, BTI) K – Acknowledgement Result: File sent from portal to an employer (FTK, BTK). Used by the portal. R – IWO Receipt: File sent from employer to State (FTR, BTR) S – IWO Result: File sent from portal to State (FTS, BTS). Used by the portal.
Control Number	An identifier assigned by the State, Tribe or Territory that uniquely identifies a file or group of records in a batch.	4-25	22	A/N	R	Required for all Trailers. A unique alphanumeric element that identifies a specific file or a batch within a file. This must be the same number specified in the corresponding File or Batch Header Control Number.
Batch Count	Indicates the number of batches contained in the file.	26-30	5	N	R	Used with file trailers (FTI, FTA, FTS, FTR and FTK). Zero fill if batch trailers (BTI, BTA, BTS, BTR and BTK).

CHART D-2: UNIVERSAL TRAILER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Record Count	Indicates the number of records contained in a batch.	31-35	5	N	R	Used with batch trailers (BTI, BTA, BTS, BTR and BTK). Zero fill if file trailers (FTI, FTA, FTS, FTR and FTK).
Employer Sent Count	Indicates the number of valid records sent to an employer after the editing process.	36-40	5	N	CR	Used for IWO Results File (BTS). Only used by the portal. Always fill with zeroes.
State Sent Count	Indicates the number of valid records sent to a State after the editing process.	41-45	5	N	CR	Used for Acknowledgement Results File (BTK). Only used by the portal. Always fill with zeroes.
Error Field Name Text	The list of fields that did not pass the e-IWO edits.	46-63	18	A/N	O	FOR USE BY PORTAL ONLY: Used by the portal to return the abbreviated version of field names in error. Each code will be separated by a comma. Valid Values: DOC – Document Code field CNM – Control Number field BCT – Batch Count field RCT – Record Count field ECT – Employer Sent Count field SCT – State Sent Count field SEQ – Records Out Of Sequence REC – Record Length Invalid

CHART D-2: UNIVERSAL TRAILER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Filler FTI and BTI FTA and BTA FTS and BTS FTR and BTR FTK and BTK	 IWO Detail Acknowledgement IWO Result IWO Receipt Acknowledgement Result	64	Varies 2343 510 2343 17 510	A/N	O	The filler length varies according to the file that it is associated with.

CHART D-3: E-IWO DETAIL RECORD						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Document Code	A code that indicates the primary e-IWO record follows.	1-3	3	A/N	R	Value must always be 'DTL'	N/A
Filler	For future use	4-6	3	A/N	O		N/A
Document Action Code	A code that indicates the type of IWO document.	7-9	3	A/N	R	Valid Values: AMD – Amended: Any change for the submitted case number/identifier by the submitting State, except termination to the original order. LUM – Lump Sum: Sent when a State, Tribe or Territory is notified, or made aware, that a Lump Sum payment will be made and they are requesting a deduction be made from this Lump Sum. ORG – Original: New order for the submitted case number/identifier by the submitting State. TRM – Termination: Closure of an order, stoppage of wage withholding for the submitted case number/ identifier by the submitting State.	1a 1b 1a 1c
Document Date	The date the record was generated.	10-17	8	A/N	R	Must be a valid date in CCYYMMDD format.	1d
Issuing State-Tribe-Territory Name	The name of the jurisdiction (State, Tribe, Territory, etc.) issuing the document.	18-52	35	A/N	R	State, Tribe or Territory full name. The first character must not be a space.	1f

	CHART D-3: E-IWO DETAIL RECORD						
	OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Issuing Jurisdiction Name	The name of the county, city, district or Tribe that is issuing the document.	53-87	35	A/N	O	If entered, should be a full name.	1h
Case Identifier	A case identifier is a value assigned by a State to uniquely identify each IV-D case in the State.	88-102	15	A/N	R	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc.	1g
Employer Name	Name of the employer/ withholder to whom the withholding order is being sent.	103-159	57	A/N	R	The first character must not be a space.	2a
Employer Address Line 1 Text	Line 1 of the employer/withholder's address.	160-184	25	A/N	R	The first character must not be a space.	2b
Employer Address Line 2 Text	Line 2 of the employer/withholder's address.	185-209	25	A/N	O	The first character must not be a space.	2b-1
Employer Address City Name	Employer/withholder's city address.	210-231	22	A/N	R	The first character must not be a space.	2b-1
Employer Address State Code	Employer/withholder's State Code.	232-233	2	A	R	Valid two-character alphabetic State/ Territory Code. Must be equal to one of the following State codes: AL;AK;AZ;AR;AS;CA;CO;CT;DE;DC;FL; GA;GU;HI;ID;IL;IN;IA;KS;KY;LA;ME; MD;MA;MH;MI;MN;MS;MO;MT;NE;NV; NH;NJ;NM;NY;NC;ND;OH;OK;OR;PA;	2b-2

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
CHART D-3: E-IWO DETAIL RECORD OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
						PR;RI;SC;SD;TN;TX;UT;VT;VA;VI;WA; WV;WI;WY	
Employer Address ZIP Code	Employer/withholder's ZIP Code.	234-238	5	N	R		2b-3
Employer Address Ext ZIP Code	Employer/withholder's extension ZIP Code.	239-242	4	A/N	O		2b-4
EIN Text	Employer/withholder's FEIN.	243-251	9	N	R	Must contain a FEIN of an employer participating in the e-IWO project. This FEIN must match the FEIN in the Batch Header.	2c
Employee Last Name	Obligor's last name.	252- 271	20	A/N	R	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3a
Employee First Name	Obligor's first name.	272-286	15	A/N	R	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3a-1
Employee Middle Name	Obligor's middle name or initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3a-2
Employee Suffix	Obligor's name suffix.	302-305	4	A/N	O		3a-3

					Req/		Form
Element Name	Definition	Location	Length	Type	Opt	Data Element Rules	XRef
Employee SSN	Obligor's Social Security number.	306-314	9	N	R		3b
Employee Birth Date	Obligor's date of birth.	315-322	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill with spaces.	31
Obligee Last Name	Obligee's last name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3c
Obligee First Name	Obligee's first name.	380-394	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3c-1
Obligee Middle Name	Obligee's middle name or initial.	395-409	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3c-2
Obligee Name Suffix	Obligee's name suffix.	410-413	4	A/N	O		3c-3
Issuing Tribunal Name	The name of the State, Tribe or Territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain full name.	4

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CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Support Current Child Amount	The dollar amount to be withheld for payment of current child support.	449-459	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	5a
Support Current Child Frequency Code	Indicates the interval the support current amount is required to be paid.	460	1	A/N	CR	If there is a dollar amount other than zero in Support Current Child Amount field (449-459), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space Fill if N/A	5b
Support Past Due Child Amount	The dollar amount to be withheld for payment of past-due child support.	461-471	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	6a

CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Support Past Due Child Frequency Code	Indicates the interval the past-due child support amount is required to be paid.	472	1	A/N	CR	If there is a dollar amount other than zero in Support Past Due Child Amount field (461-471), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space Fill if N/A	6b
Support Current Medical Amount	The dollar amount to be withheld for payment of current medical support.	473-483	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	7a
Support Current Medical Frequency Code	Indicates the interval the current medical support amount is required to be paid.	484	1	A/N	CR	If there is a dollar amount other than zero in Support Current Medical Amount field (473-483), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly	7b

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Element Name	Definition	Location	Length	Type	Opt	Data Element Rules	XRef
						X – Semi-Annually	
						Space Fill if N/A	
Support Past Due Medical Amount	The dollar amount to be withheld for payment of past-due medical support.	485-495	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	8a
Support Past Due Medical Frequency Code	Indicates the interval the past-due medical support amount is required to be paid.	496	1	A/N	CR	If there is a dollar amount other than zero in Support Past Due Medical Amount field (485-495), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space Fill if N/A	8b
Support Current Spousal Amount	The dollar amount to be withheld for payment of current spousal support.	497-507	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	9a
Support	Indicates the interval	508	1	A/N	CR	If there is a dollar amount other than zero in	9b

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CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Current Spousal Frequency Code	the spousal support is required to be paid.					Support Current Spousal Amount field (497-507), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space Fill if N/A	
Support Past Due Spousal Amount	The dollar amount to be withheld for payment of past-due spousal support.	509-519	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	10a
Support Past Due Spousal Frequency Code	Indicates the interval the past-due spousal support amount is required to be paid.	520	1	A/N	CR	If there is a dollar amount other than zero in Support Past Due Spousal Amount field (509-519), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually	10b

					Req/		Form
CHART D-3: E-IWO DETAIL RECORD							
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
						Space Fill if N/A	
Obligation Other Amount	The dollar amount to be withheld for payment of miscellaneous obligations.	521-531	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	11a
Obligation Other Frequency Code	Indicates the interval the miscellaneous obligations amount is required to be paid.	532	1	A/N	CR	If there is a dollar amount other than zero in Obligation Other Amount field (521-531), this field is required. Valid Values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space Fill if N/A	11b
Obligation Other Description Text	Description of the miscellaneous obligations.	533-567	35	A/N	CR	If there is a dollar amount other than zero in Obligation Other Amount field (521-531), this field is required.	11c

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CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Opt	Data Element Rules	XRef
Obligation Total Amount	The sum of the current child support, the past-due child support, the current cash medical support, the past-due cash medical support, the current spousal support, the past-due spousal support, and the miscellaneous obligations.	568-578	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	12a
Obligation Total Frequency Code	Indicates the interval the total obligation is required to be paid.	579	1	A/N	CR	If there is a dollar amount other than zero in Obligation Total Amount field (pos. 568-578), this field is required. Valid Values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space Fill if N/A	12b
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580	1	A/N	O	Valid values: Y – Greater than 12 weeks N – Not Greater than 12 weeks Space allowed.	6c

CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Income Withholding Deduction Weekly Amount	The amount the employer should withhold if the employee is paid weekly.	581-591	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	13a
Income Withholding Deduction Bi-Weekly Amount	The amount the employer should withhold if the employee is paid every two weeks.	592-602	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	13b
Income Withholding Semimonthly Amount	The amount the employer should withhold if the employee is paid twice a month.	603-613	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	13c
Income Withholding Monthly Amount	The amount the employer should withhold if the employee is paid once a month.	614-624	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	13d

					Req/		Form
CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/Opt	Data Element Rules	Form XRef
State Tribe Territory Name	The State, Tribe or Territory sending the document.	625-659	35	A/N	O	Previously known as Employment Place Name	15
Begin Withholding Within Days Number	The number of days within which the employer must commence income withholding.	660-661	2	N	R		16
Income Withholding Start Date	The effective date of the income withholding.	662-669	8	A/N	R	Must be a valid date in CCYYMMDD format.	17
Send Payment Within Days Number	Number of days within which an employer or other withholder of income must remit amounts withheld pursuant to the issuing State's law.	670-671	2	N	R		18
Income Withholding CCPA Percent Rate	The highest percentage of income that can be withheld from the employee or obligor's wages.	672-673	2	N	R		20

		CHART D-3: E-IWO DETAIL RECORD					
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Payee Name	The name of the State Disbursement Unit, individual, tribunal/court, or Tribal child support enforcement agency to which payments are required to be sent.	674-730	57	A/N	R	The first character must not be a space.	21
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	O		23
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O		23-1
Payee Address City Name	Payee's city address.	781-802	22	A/N	O		23-2
Payee Address State Code	Payee's State code.	803-804	2	A	O	Valid two-character alphabetic State or Territory Code.	23-3
Payee Address ZIP Code	Payee's ZIP Code.	805-809	5	N	O		23-4
Payee Address Ext ZIP Code	Payee's extension ZIP Code.	810-813	4	A/N	O		23-5

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
		CHART D-3: E-IWO DETAIL RECORD OMB Control No: 0970-0154 Expiration Date: 10/31/2010					
Payee Remittance FIPS Code	State and County FIPS Code for remitting payments via EFT/EDI.	814-820	7	N	R	Either State and County FIPS or Tribal Place Code. The first two characters are the State Code. The next three are the County Code. The last two are filled by the user. Only the first five characters (State Code and County Code) are required.	24
Government Official Name	Name of government official authorizing the document.	821-890	70	A/N	R	The first character must not be a space.	26
Issuing Official Title Text	Title of governmental official authorizing the document.	891-940	50	A/N	R	The first character must not be a space.	27
Filler	Future Use	941	1	A/N	O	Future use	
Send Employee Copy Indicator	Indicates if employer is required to provide a copy of the notice to the employee.	942	1	A/N	R	Valid values: Y – Yes N – No	28
Penalty Liability Info Text	Describes additional/ specific State, Tribal, or Territory penalties or liabilities regarding the employer's failure to obey the notice.	943-1102	160	A/N	O	States should insert the citation for the appropriate Penalty Liability text from their State law.	29

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
CHART D-3: E-IWO DETAIL RECORD OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Anti discrimination Provisions Text	Describes additional/specific information if the employer discharges, fails to employ, or disciplines the employee as a result of the notice.	1103-1262	160	A/N	O	States should insert the citation for the appropriate Anti-discrimination text from their State law.	30
Specific Payee Withholding Limits Text	Additional Information regarding withholding limitations.	1263-1422	160	A/N	O		31
Employee State Contact Name	Contact name.	1423-1479	57	A/N	O		37
Employee State Contact Phone Number	Contact phone number.	1480-1489	10	A/N	O		38
Employee State Contact Fax Number	Contact fax number.	1490-1499	10	A/N	O		39
Employee State Contact Email Address Text	Contact e-mail address.	1500-1547	48	A/N	O		40

					Req/		Form
Element Name	Definition	Location	Length	Type	Opt	Data Element Rules	XRef

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Element Name	Definition	Location	Length	Type	Req/Opt	Data Element Rules	Form XRef
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	O	First two digits must begin with numeric FIPS State Code.	19
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	1578-1607	30	A/N	O		1i
Employer State Contact Name	Employer outreach or customer service contact name.	1608-1664	57	A/N	O		32
Employer State Contact Address Line 1 Text	Line 1 of the employer outreach or customer service contact's address.	1665-1689	25	A/N	O		36-1
Employer State Contact Address Line 2 Text	Line 2 of the employer outreach or customer service contact's address.	1690-1714	25	A/N	O		36-2
Employer State Contact Address City Name	Employer outreach or customer service contact's city address.	1715-1736	22	A/N	O		36-3
Employer State Contact Address State Code	Employer outreach or customer service contact's State code.	1737-1738	2	A	O	Valid two-character alphabetic State or Territory Code.	36-4

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
						CHART D-3: E-IWO DETAIL RECORD	
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Employer State Contact Address ZIP Code	Employer outreach or customer service contact ZIP Code.	1739-1743	5	N	O		36-5
Employer State Contact Address Ext ZIP Code	Employer outreach or customer Service contact's extension ZIP Code.	1744-1747	4	A/N	O		36-6
Employer State Contact Phone Number	Employer outreach or customer service contact phone number.	1748-1757	10	A/N	O		33
Employer State Contact Fax Number	Employer outreach or customer service contact fax number.	1758-1767	10	A/N	O		34
Employer State Contact Email Address Text	Employer outreach or customer service contact e-mail address.	1768-1815	48	A/N	O		35
Child 1 Last Name	Child's last name.	1816-1835	20	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3d
Child 1 First Name	Child's first name.	1836-1850	15	A/N	R	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3d-1

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 1 Middle Name	Child's middle name or initial.	1851-1865	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3d-2
Child 1 Suffix Name	Child's name suffix.	1866-1869	4	A/N	O		3d-3
Child 1 Birth Date	Child's date of birth.	1870-1877	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3e
Child 2 Last Name	Child's last name.	1878-1897	20	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3f
Child 2 First Name	Child's first name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 2, this field is required.	3f-1
Child 2 Middle Name	Child's middle name or initial.	1913-1927	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3f-2
Child 2 Suffix Name	Child's name suffix.	1928-1931	4	A/N	O		3f-3

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 2 Birth Date	Child's date of birth.	1932-1939	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3g
Child 3 Last Name	Child's last name.	1940-1959	20	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3h
Child 3 First Name	Child's first name.	1960-1974	15	A/N	CR	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 3, this field is required.	3h-1
Child 3 Middle Name	Child's middle name or initial.	1975-1989	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3h-2
Child 3 Suffix Name	Child's name suffix.	1990-1993	4	A/N	O		3h-3
Child 3 Birth Date	Child's date of birth.	1994-2001	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3i

					Req/ Opt		Form XRef

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 4 Last Name	Child's last name.	2002-2021	20	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3j
Child 4 First Name	Child's first name.	2022-2036	15	A/N	CR	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 4, this field is required.	3j-1
Child 4 Middle Name	Child's middle name or initial.	2037-2051	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3j-2
Child 4 Suffix Name	Child's name suffix.	2052-2055	4	A/N	O		3j-3
Child 4 Birth Date	Child's date of birth.	2056-2063	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3k
Child 5 Last Name	Child's last name.	2064-2083	20	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3l

						CHART D-3: E-IWO DETAIL RECORD	
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 5 First Name	Child's first name.	2084-2098	15	A/N	CR	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 5, this field is required.	3l-1
Child 5 Middle Name	Child's middle name or initial.	2099-2113	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3l-2
Child 5 Suffix Name	Child's name suffix.	2114-2117	4	A/N	O		3l-3
Child 5 Birth Date	Child's date of birth.	2118-2125	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3m
Child 6 Last Name	Child's last name.	2126-2145	20	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3n
Child 6 First Name	Child's first name.	2146-2160	15	A/N	CR	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 6, this field is required.	3n-1

**CHART D-3: E-IWO DETAIL RECORD** OMB Control No: 0970-0154   Expiration Date: 10/31/2010
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 6 Middle Name	Child's middle name or initial.	2161-2175	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.	3n-2
Child 6 Suffix Name	Child's name suffix.	2176-2179	4	A/N	O		3n-3
Child 6 Birth Date	Child's date of birth.	2180-2187	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3o
Lump Sum Payment Amount	The dollar amount that should be withheld from a "Lump Sum" payment.	2188-2198	11	N	R	If the Document Action Code (pos 7-9) is 'LUM', this field is required. Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A If the Document Action Code (pos. 7-9) is 'TRM', 'ORG' or 'AMD', fill this field with zeroes.	14
Filler	For Future Use	2199-2207	9	A/N	O	For Future Use	
Remittance Identifier	The identifier that employers must include when sending payments for this IWO.	2208-2227	20	A/N	R	The identifier that States want the employer to use so the State or Tribe can identify and apply the payment correctly. This identifier may, but is not required to be the case identifier designated by the State, Tribe or Territory.	22

CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Document Image Text	Uniquely identifies and associates cover letters, or other documents with an e-IWO to a data file.	2228-2252	25	A/N	O	First two positions must be the State FIPS Code.	N/A
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	2253-2284	32	A/N	O	FOR USE BY PORTAL ONLY: Used by the portal to return the first element that did not pass the portal edits.	N/A
Second Error Field Name	Name of the second field that did not pass the e-IWO edits.	2285-2316	32	A/N	O	FOR USE BY PORTAL ONLY: Used by the portal to return the second element that did not pass the portal edits.	N/A
Multiple Error Indicator	Indicates that a record has more than two errors.	2317	1	A/N	O	FOR USE BY PORTAL ONLY: Valid Values: T – True F – False If more than two errors exist in the record, this field will be set to 'T'. If less than 2 errors exist, it will be set to 'F'.	
Filler	Future Use	2318-2406	89	A/N	O		N/A

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Document Code	A code that indicates the acknowledgement record follows.	1-3	3	A/N	R	Value must be 'ACK'.
Document Action Code	A code that indicates the type of document.	4-6	3	A/N	R	Valid Values: AMD – Amended: The value input by the State, Tribe, or Territory in the Document Action Code field (pos. 7-9 in the Detail Record). EMP – Action initiated by an employer. For example, if the NCP is no longer employed, 'EMP' would be input and a value of 'T' would be placed in the Record Disposition Code (pos. 154-155) If an employer is notifying a State, Tribe, or Territory about a pending Lump Sum they would input EMP and put an 'L' in the Record Disposition Code (pos. 154-155). LUM – Lump Sum: The value input by the State, Tribe, or Territory in the Document Action Code field (positions 7-9 in the Detail Record). ORG – Original: The value input by the State, Tribe or Territory in the Document Action Code field (pos. 7-9 in the Detail Record). TRM – Termination: The value input by the State, Tribe, or Territory in the

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						Document Action Code field (pos. 7-9 in the Detail Record).
Case Identifier	A case identifier is a value assigned by a State to uniquely identify each IV-D case in the State.	7-21	15	A/N	R	This is the Case Identifier as input by the State in positions 88-102 of the e-IWO Detail record.
EIN Text	The Employer/ Withholder's FEIN.	22-30	9	N	R	
Employee Last Name	The Obligor's Last Name.	31-50	20	A/N	R	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.
Employee First Name	The Obligor's First Name.	51-65	15	A/N	R	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.
Employee Middle Name	The Obligor's Middle Name or Initial.	66-80	15	A/N	O	Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space.
Employee Name Suffix	The Obligor's Name Suffix	81-84	4	A/N	O	
Employee SSN	The Obligor's SSN	85-93	9	N	R	
Document Tracking Number	An identifier assigned by the entity sending the document that uniquely identifies the	94-123	30	A/N	O	This is the Document Tracking Number as input by the State in position 1548-1577 of the e-IWO Detail record.

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
	document.					
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	124-153	30	A/N	O	This is the Order Identifier as input by the State in position 1578-1607 of the e-IWO Detail record.
Record Disposition Status Code	Indicates whether a record was accepted or rejected by the employer.	154-155	2	A/N	R	Values are: A – Record Accepted L – Lump Sum R – Record Rejected T – Termination
Rejected Reason Code	The reason an e-IWO record was rejected by an employer.	156-158	3	A/N	CR	Only if the value in Record Disposition Status equals 'R', is this required to be completed. Values are: D – Duplicate IWO N – NCP no longer at the employer O – Other Reason U – NCP not known to employer X – Employer could not electronically process this record. Z – Termination cannot be processed; no current IWO in place
Filler	Reserved for future use.	159	1	A/N	O	
Termination Date	Date that an employee left or was terminated by an employer.	160-167	8	A/N	O	Must be a valid date in CCYYMMDD format. If not applicable, fill this field with spaces.
NCP Last Known	Line 1 of the NCP's	168-192	25	A/N	O	

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Address Line 1 Text	last known address.					
NCP Last Known Address Line 2 Text	Line 2 of the NCP's last known address.	193-217	25	A/N	O	
NCP Last Known Address City Name	NCP's last known city address.	218-239	22	A/N	O	
NCP Last Known Address State Code	NCP's last known State code.	240-241	2	A	O	Valid two-character alphabetic State or Territory Code.
NCP Last Known Address ZIP Code	NCP's last known address five-digit ZIP Code.	242-246	5	N	O	
NCP Last Known Address Ext ZIP Code	NCP's last known four-character ZIP Code.	247-250	4	A/N	O	
Final Payment Made Date	Date of the final payment sent to the SDU.	251-258	8	A/N	O	Must be a valid date in CCYYMMDD format. If not applicable, fill this field with spaces.
Final Payment Amount	Amount of the final payment sent to the SDU. This only applies when an employee has been terminated or left his/her employer.	259-269	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A The last payment/wages that were paid to an

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						NCP that has left or been terminated.
New Employer Name	Name of NCP's new employer.	270-326	57	A/N	O	
New Employer Address Line 1 Text	Line 1 of New Employer's Address.	327-351	25	A/N	O	
New Employer Address Line 2 Text	Line 2 of New Employer's Address.	352-376	25	A/N	O	
New Employer Address City Name	New Employer's City	377-398	22	A/N	O	
New Employer State Code	New Employer's State code.	399-400	2	A	O	Valid two-character alphabetic State or Territory Code
New Employer Address ZIP Code	New Employer's five-digit ZIP Code.	401-405	5	N	O	
New Employer Address Ext ZIP Code	New Employer's four-character ZIP Code.	406-409	4	A/N	O	
Payment Lump Sum Date	The date an employer anticipates that a Lump Sum Payment will be disbursed to an employee.	410-417	8	A/N	O	Must be a valid date in CCYYMMDD format. If there is a dollar amount other than zero in the Payment Lump Sum Amount field (418-428), this field should be filled. If the Document Action Code (pos. 7-9) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', this field must be blank. If unknown or not applicable, fill this field with

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						spaces.
Payment Lump Sum Amount	An amount the employer intends to issue as a Lump Sum Payment to the employee.	418-428	11	N	R	Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A If the Document Action Code (pos. 7-9) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'L', the dollar amount in this field must be filled with an amount greater than $0.00. If the Document Action Code (pos. 7-9) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', this field must be zero filled.
Payment Lump Sum Type Text	The type of Lump Sum Payment that will be disbursed to an employee. Examples	429-463	35	A/N	O	Possible values are "bonus", "severance" or other unique identifiers. If the Document Action Code (pos. 7-9) is 'EMP' and the Record Disposition Status Code

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD						
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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
	of a Lump Sum Payment include bonus, severance, commission, etc.					(pos. 154-155) equals 'L', this field must be filled. If the Document Action Code (pos. 7-9) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', this field must be blank.
NCP Last Known Phone Number	Last known phone number for the NCP.	464-473	10	A/N	O	
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	474-505	32	A/N	O	FOR USE BY PORTAL ONLY: Used by the portal to return the first element that did not pass the portal edits.
Second Error Field Name	Name of the second field that did not pass the e-IWO edits.	506-537	32	A/N	O	FOR USE BY PORTAL ONLY: Used by the portal to return the second element that did not pass the portal edits.
Multiple Error Indicator	Indicates that a record has more than 2 errors.	538	1	A/N	O	FOR USE BY PORTAL ONLY: Valid Values: T – True F – False If more than two errors exist in the record, this field will be set to 'T'. If less than two errors exist, this field will be set to 'F'.
Filler	Future Use	539-573	35	A/N	O	