

## Appendix A

### **RECORD LAYOUTS AND REQUIREMENTS**

The electronic income withholding order (e-IWO) project relies on standardized electronic record layouts in order that:

- states can send income withholding orders electronically to employers
- employers can efficiently and effectively receive income withholding orders, as well as communicate information regarding the income withholding orders (e.g., was it received, processed, etc.) to the state sending the e-IWO
- employers can electronically notify a state, tribe or territory that an NCP has been terminated or that a “Lump Sum” or “Bonus” payment will be made to the NCP

This section of the Users Guide details the record layouts used by the e-IWO process. It also explains the data contained within them can or should be used by states and employers.

#### **FLAT FILE RECORD LAYOUTS**

There are three basic record layouts used in the e-IWO process. These layouts are:

**e-IWO Detail Record** - used to transmit original, amended, termination or “Lump Sum” e-IWO documents to employers. This record includes a Header, the Detail Record and a Trailer Record.

**e-IWO Acknowledgement Record** – used by employers to advise a state, tribe or territory that an e-IWO has been accepted or rejected and when an NCP is no longer in their employ or that a “Lump Sum” payment will be paid in the near future.

**e-IWO Read Receipt Record** – used by an employer to advise a state, tribe or territory that a file has been accepted (no information about each individual IWO is included in this record).

The following “rules” apply to ALL the flat file record layouts below:

- All fields, except those containing a dollar amount, are left justified. For example, a last name of Smith would be filled as Smithbbbbbbbbbbbbb (b=space).

- All date fields are in the Y2K format - CCYYMMDD
- Initialize elements in all records to spaces – NOT low or null values.
- Dollar fields are 11 characters and all are **right** justified. For example, \$100.50 would be 00000010050. The decimal is assumed for all dollar amounts. All dollar amounts are assumed to be positive.
- Any field that has an “R” in the “Required/Optional” column must have a valid value present. Any field that has a “CR” in the “Required/Optional” column must be filled if the condition in the “Data Element Rules” column is met.

The “workflow” for transmitting income withholding orders from a state to an employer is as follows:

State, tribe or territory identifies a case in which an income withholding order must be sent. They then must generate an “Initial,” “Amended,” “Termination” or “Lump Sum” income withholding order, depending on the circumstances in the case. The first step in generating an electronic income withholding order is to create an “e-IWO Detail Record” for each income withholding order.

For each employer either:

Create an “e-IWO Header”, “e-IWO Detail Record” and “e-IWO Trailer Record” for **each** IWO individually (this means one employer could receive multiple e-IWO Headers, Detail and Trailer records from a state, tribe or territory in a given day if more than one e-IWO was generated)

Create an “e-IWO Header”, “e-IWO Detail Record” and “e-IWO Trailer Record” for all IWO’s intended for a single employer (e.g., unique Federal Employer Identification Number (FEIN)) for a particular employer. This means that an employer will receive all e-IWO’s intended for them in one file, rather than multiple, as described in the previous paragraph.

After the income withholding orders have been generated, the state, tribe or territory should annotate/update their child support automated system that an IWO has been issued (what is posted to a state, tribe or territory’s system will vary depending on state practice and procedures).

After these files have been created, arrange for these files/records to be transmitted to the appropriate employer(s). See the “Communication Methodologies” section for a description of the alternatives.

After receiving the e-IWO file, the employer will return an “e-IWO File Receipt” record to the state. This will advise the state that the e-IWO file generated by the state has been received by the employer. States may wish to annotate/update their case record or file to reflect that the files, and the records in it, were received by the employer.

After the “e-IWO File Receipt, ” the employer sends an “Acknowledgement” record which tells the state if the e-IWO sent by them was accepted or rejected and other information that the employer may include.

Once the e-IWO has been accepted and processed, almost all communication between an employer and a state, tribe or territory can occur electronically.

The record layouts, described below, support the electronic transmission and receipt of income withholding orders and any subsequent updates to these documents.

The section below deals with the “Flat File” record formats and the subsequent section with the XML schemas and test documents.

### **The “e-IWO Detail Record”**

The primary record that is used by a state, tribe or territory to transmit an income withholding order electronically is titled the “e-IWO Detail Record.” This record layout is based on the “ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT” – i.e., the record layout elements correspond to the information that is required to be completed when sending an income withholding to an employer. In fact, the record layout has a column that indicates every data element in the layout and where this data element can be

found on the “ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT”. This “Detail” record contains a “Detail Header”, the “Detail Record” itself and a “Detail Trailer Record.” These record layouts can be found below:

**e-IWO Detail Header Record**

Field Name	Location	Length	Type	Required/Optional	Comments
Header Document Code	1-3	3	A	R	Value must be HDR
Record Control Number	4-12	9	A/N	R	Value, assigned by the state, tribe or territory that uniquely identifies the records in this “batch” or “file”
State FIPS Code	13-14	2	N	R	Use two digit state/territory state FIPS Code
Employer Name	15-71	57	A/N	R	Name of the employer/withholder to whom the withholding order is being sent
EIN Text	72-80	9	N	R	The employer/withholder’s FEIN

Payroll Processor EIN Text	81-89	9	N	O	The Payroll Processor FEIN
File Creation Date	90-97	8	N	R	Must be in Y2K format - CCYYMMDD
File Creation Time	98-103	6	N	R	Must be in HHMMSS format.
Filler	104- 2245	2142	A/N	O	Filler

## e-IWO Detail Record

Data Element Name	Definition	Location	Length	Type	Required/Optional	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
Document Title Code	A code that indicates the title of the document.	4-6	3	A/N	R	Valid Values: IW1=Order/Notice To Withhold Income For Child Support Default IW2=Notice of an Order to Withhold Income for Child Support	1a
Document Action Code	A code that indicates the action for the document.	7-9	3	A/N	R	Valid Values: ORG =Original – New order for the submitted case number/identifier by the submitting state. AMD =Amended – Any change for the submitted case number/identifier by the submitting state, except termination to the original order. TRM =Termination – Closure of an order, stoppage of wage withholding for the submitted case number/identifier by the submitting state. 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”.	1b

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Document Date	The date the record was generated.	10-17	8	N	R	Format – CCYYMMDD	1c, 24c-1
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.	1d
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, must be a full name.	1e
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, 3c, 21-1
Employer Name	Name of the employer/withholder to whom the withholding order is being sent.	103-159	57	A/N	R		2a
Employer Address Line 1 Text	Line 1 of the employer/withholder's address.	160-184	25	A/N	R		2b
Employer Address Line 2 Text	Line 2 of the employer/withholder's address.	185-209	25	A/N	O		2c
Employer Address City Name	Employer/withholder's City Address.	210-231	22	A/N	R		2c-1
Employer Address State Code	Employer/withholder's State Code.	232-233	2	A	R	Valid 2 alpha State Code.	2c-2
Employer Address Zip Code	Employer/withholder's Zip Code.	234-238	5	A/N	R		2c-3
Employer Address Ext Zip Code	Employer/withholder's Extension Zip Code.	239-242	4	N	O		2c-4
EIN Text	The employer/withholder's FEIN.	243-251	9	N	R		2d
Employee Last Name	The Obligor's Last Name.	252- 271	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot	3a

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
						be all spaces or blanks	
Employee First Name	The Obligor's First Name.	272-286	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-1
Employee Middle Name	The Obligor's Middle Name or Initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	3a-2
Employee Suffix	The Obligor's Name Suffix	302-305	4	A/N	O		3a-3
Employee SSN	The Obligor's Social Security number.	306-314	9	N	R		3b
Employee Birth Date	The Obligor's date of birth.	315-322	8	N	O		29
Obligee Last Name	The Obligee's Last Name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks	3d
Obligee First Name	The Obligee's First Name.	380-394	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3d-1
Obligee Middle Name	The Obligee's Middle Name or Initial.	395-409	15	A/N	O	Letters A-Z or space. No special characters. Hyphens and apostrophes are allowed.	3d-2
Obligee Name Suffix	The Obligee's Name Suffix	410-413	4	A/N	O		3d-3
Issuing Tribunal Name	The name of state, tribe or territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain full name.	4
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	5a

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
						No Rounding Right Justify Zero Fill to left Zero Fill if N/A	
Support Current Child Frequency Code	Indicates the interval the support current amount is required to be paid.	460-460	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually  Required if there is a dollar amount other than zero in Support Current Amount.	5b
Support Past Due Child Amount	The dollar amount to be withheld for payment of past-due child support.	461-471	11	N	R	Same as Support Current Amount	6a
Support Past Due Child Frequency Code	Indicates the interval the past-due child support amount is required to be paid.	472-472	1	A/N	CR	Same as Support Current Frequency Code  Required if there is a dollar amount other than zero in Support Past Due Child Amount.	6b
Support Current Medical Amount	The dollar amount to be withheld for payment of current medical support.	473-483	11	N	R	Same as Support Current Amount	7a
Support Current Medical Frequency Code	Indicates the interval the current medical support amount is required to be paid.	484-484	1	A/N	CR	Same as Support Current Frequency Code  Required if there is a dollar amount other than zero in	7b

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
						Support Current Medical Amount.	
Support Past Due Medical Amount	The dollar amount to be withheld for payment of past-due medical support.	485-495	11	N	R	Same as Support Current Amount	8a
Support Past Due Medical Frequency Code	Indicates the interval the past-due medical support amount is required to be paid.	496-496	1	A/N	CR	Same as Support Current Frequency Code  Required if there is a dollar amount other than zero in Support Past Medical Amount.	8b
Support Current Spousal Amount	The dollar amount to be withheld for payment of current spousal support.	497-507	11	N	R	Same as Support Current Amount	9a
Support Current Spousal Frequency Code	Indicates the interval the spousal support is required to be paid.	508-508	1	A/N	CR	Same as Support Current Frequency Code  Required if there is a dollar amount other than zero in Support Spousal Amount.	9b
Support Past Due Spousal Amount	The dollar amount to be withheld for payment of past-due spousal support.	509-519	11	N	R	Same as Support Current Amount	10a
Support Past Due Spousal Frequency Code	Indicates the interval the past-due spousal support amount is required to be paid.	520-520	1	A/N	CR	Same as Support Current Frequency Code  Required if there is a dollar amount other than zero in Support Past Spousal Amount.	10b
Obligation Other Amount	The dollar amount to be withheld for payment of miscellaneous obligations.	521-531	11	N	R	Same as Support Current Amount	11a
Obligation Other Frequency Code	Indicates the interval the miscellaneous obligations amount is required to be paid.	532-532	1	A/N	CR	Same as Support Current Frequency Code	11b
Obligation Other	Description of the	533-567	35	A/N	CR	Required if there is a dollar	11c

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Description Text	miscellaneous obligations.					amount other than zero in Obligation Other Amount.	
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	Same as Support Current Amount	12a
Obligation Total Frequency Code	Indicates the interval the total obligation is required to be paid.	579-579	1	A/N	R	Same as Support Current Frequency Code	12b
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580-580	1	A/N	O	Valid values: Y=Greater than 12 weeks N= Not Greater than 12 weeks Blank allowed	13
Income Withholding Deduction Weekly Amount	The amount the employer should withhold if the employee is paid weekly.	581-591	11	N	R	Same as Support Current Amount	14a
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	Same as Support Current Amount	14b
Income Withholding Semimonthly Amount	The amount the employer should withhold if the employee is paid twice a month.	603-613	11	N	R	Same as Support Current Amount	14c
Income Withholding Monthly Amount	The amount the employer should withhold if the employee is paid once a month.	614-624	11	N	R	Same as Support Current Amount	14d

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Employment Place Name	The state, tribe or territory where the NCP is employed – used to advise the employer about withholding limitations, requirements, etc.	625-659	35	A/N	O		15, 20
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	N	R	Format – CCYYMMDD	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		19
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		21
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	O		22
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O		22-1
Payee Address City Name	Payee's City Address.	781-802	22	A/N	O		22-2
Payee Address State Code	Payee's State Code.	803-804	2	A	O	Valid 2 alpha State Code	22-3
Payee Address Zip	Payee's Zip Code.	805-809	5	N	O		22-4

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Code							
Payee Address Ext Zip Code	Payee's extension Zip Code.	810-813	4	N	O		22-5
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	23b
Government Official Name	Name of Government official authorizing the document.	821-890	70	A/N	R		24a
Issuing Official Title Text	Title of Governmental official authorizing the document.	891-940	50	A/N	R		24b
Government Issuing Type Code	Indicates if the document is issued by a court or IV-D agency.	941-941	1	A/N	R	Default to 'D'. D=IV-D N=Non-IV-D	24d
Send Employee Copy Indicator	Indicates if employer is required to provide a copy of the notice to the employee.	942-942	1	A/N	R	Valid values: Y=Yes N=No	26
Penalty Liability Info Text	Describes additional/specific state or tribal 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.	27
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.	28
Specific Payee Withholding Limits Text	Additional information regarding withholding limitations	1263-1422	160	A/N	O		29
Employee State	Contact Name.	1423-1479	57	A/N	O		30a

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Contact Name							
Employee State Contact Phone Number	Contact Phone Number.	1480-1489	10	N	O		30b
Employee State Contact Fax Number	Contact Fax Number.	1490-1499	10	N	O		30c
Employee State Contact Email Address Text	Contact E-Mail Address.	1500-1547	48	A/N	O		30d
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	O	First 2 digits must begin with numeric FIPS State Code.	29
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	1578-1607	30	A/N	O		29
Employer State Contact Name	Employer Outreach or Customer Service Contact's Name.	1608-1664	57	A/N	O		
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		
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		
Employer State Contact Address City Name	Employer Outreach or Customer Service Contact's City Address.	1715-1736	22	A/N	O		
Employer State Contact Address State Code	Employer Outreach or Customer Service Contact's State Code.	1737-1738	2	A	O	Valid 2 alpha State Code	
Employer State	Employer Outreach or	1739-1743	5	N	O		

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Contact Address Zip Code	Customer Service Zip Code.						
Employer State Contact Address Ext Zip Code	Employer Outreach or Customer Service Contact's Extension Zip Code.	1744-1747	4	N	O		
Employer State Contact Phone Number	Employer Outreach or Customer Service Contact Phone Number.	1748-1757	10	N	O		
Employer State Contact Fax Number	Employer Outreach or Customer Service Contact Fax Number.	1758-1767	10	N	O		
Employer State Contact Email Address Text	Employer Outreach or Customer Service Contact E-Mail Address.	1768-1815	48	A/N	O		
Child1 Last Name	Child's Last Name.	1816-1835	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child1 First Name	Child's First Name.	1836-1850	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled	29
Child1 Middle Name	Child's Middle Name or Initial.	1851-1865	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	29
Child 1 Name Suffix	Child's Name Suffix.	1866-1869	4	A/N	O		29
Child1 Birth Date	Child's date of birth.	1870-1877	8	Date	O		29
Child2 Last Name	Child's Last Name.	1878-1897	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child2 First Name	Child's First Name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special	29

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
						characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for child 2.	
Child2 Middle Name	Child's Middle Name or Initial.	1913-1927	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	29
Child 2 Name Suffix	Child's Name Suffix.	1928-1931	4	A/N	O		29
Child2 Birth Date	Child's date of birth.	1932-1939	8	Date	O		29
Child3 Last Name	Child's Last Name.	1940-1959	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child3 First Name	Child's First Name.	1960-1974	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 3.	29
Child3 Middle Name	Child's Middle Name or Initial.	1975-1989	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	29
Child 3 Name Suffix	Child's Name Suffix.	1990-1993	4	A/N	O		29
Child3 Birth Date	Child's date of birth.	1994-2001	8	Date	O		29
Child4 Last Name	Child's Last Name.	2002-2021	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child4 First Name	Child's First Name.	2022-2036	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 4.	29

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Child4 Middle Name	Child's Middle Name or Initial.	2037-2051	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	29
Child 4 Name Suffix	Child's Name Suffix.	2052-2055	4	A/N	O		29
Child4 Birth Date	Child's date of birth.	2056-2063	8	Date	O		29
Child5 Last Name	Child's Last Name.	2064-2083	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child5 First Name	Child's First Name.	2084-2098	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 5.	29
Child5 Middle Name	Child's Middle Name or Initial.	2099-2113	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	29
Child 5 Name Suffix	Child's Name Suffix.	2114-2117	4	A/N	O		29
Child5 Birth Date	Child's date of birth.	2118-2125	8	Date	O		29
Child6 Last Name	Child's Last Name.	2126-2145	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child6 First Name	Child's First Name.	2146-2160	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 6.	29
Child6 Middle Name	Child's Middle Name or Initial.	2161-2175	15	A/N	O	Letters A-Z or spaces. No special characters. Hyphens and apostrophes are allowed.	29
Child 6 Name	Child's Name Suffix.	2176-2179	4	A/N	O		29

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Suffix							
Child6 Birth Date	Child's date of birth.	2180-2187	8	Date	O		29
Filler	Future Use	2188-2245	58	A/N	O		N/A

### e-IWO Detail Trailer Record

Field Name	Location	Length	Type	Required/Optional	Comments
Trailer Document Code	1-3	3	A	R	Must be TRL
Record Identifier	4-7	4	A/N	R	Only value for field: EIWO
Total Record Count	8-13	6	N	R	Total Number of e-IWO Records in this file.
Original Records	14-19	6	N	O	Number of Original Records
Amended Records	20-25	6	N	O	Number of Amended Records
Termination Records	26-31	6	N	O	Number of Termination Records
Filler	32-2245	2214	A/N	O	Filler

The “**e-IWO Read Receipt Record**”

The e-IWO process includes two acknowledgement records. The first record, titled “File Receipt,” is simply an electronic acknowledgement that the employer received the file sent by the child support agency. It does **not** contain any information about the number of records processed, accepted or rejected nor does it contain any information about the individual records, e.g., employee no longer there. This acknowledgement is returned to the child support agency by the employer as soon as possible after receipt of the file. Below is the “File Receipt” record layout:

**e-IWO FILE RECEIPT RECORD**

Field Name	Location	Length	Type	Required/Optional	Comments
Required Acknowledgement Document Code	1-3	3	A	R	Value must be “RCD”
Record Control Number	4-12	9	A/N	R	Value, assigned by the state tribe or territory in their submission that uniquely identifies the records in the “batch” or “file” they submitted.
Employer Name	13-69	57	A/N	R	
EIN Text	70-78	9	N	R	
Payroll Processor EIN Text	79-87	9	N	O	
Receipt Date	88-95	8	N	R	The date the employer/payroll processor retrieved the file

					Must be in Y2K format - CCYYMMDD
State FIPS Code (from State File)	96-97	2	N	R	Use two digit state/territory state FIPS Code
File Creation Date (from State File)	98-105	8	N	R	Must be in Y2K format - CCYYMMDD
File Creation Time (from State File)	106-111	6	N	R	Must be in HHMMSS format.
Filler	112-160	49	A/N	O	Filler

**The “e-IWO Acknowledgement Record”**

The second notification from an employer to a state, tribe or territory is the “Acknowledgement” record. This is used by employers to transmit information about the disposition of every income withholding order sent by a state to an employer. This record contains the information necessary to advise the child support agency if the income withholding were implemented or rejected. This record is also used by employers to notify a state tribe or territory that an NCP is no longer in their employ or that a “Lump Sum” or “Bonus” payment will be made shortly. This acknowledgement significantly reduces the need for the child support agency to communicate with the employer to inquire as to the status of a recently sent e-IWO, for the employer to generate and mail paper notification of a termination or a “Lump Sum” payment. It is a time saver for employers and states alike.

Below is the Flat File “Acknowledgement” record (including the Header and Trailer).

**e-IWO Acknowledgement Header Record**

Field Name	Location	Length	Type	Required/Optional	Comments
Header Document Code	1-3	3	A	R	Must be HDR
Record Control Number	4-12	9	A/N	R	Value, assigned by the state, tribe or territory that uniquely identifies the records in this “batch” or “file”. If the employer is initiating an Acknowledgement without having received an e-IWO document

					from a state, tribe or territory, e.g., they are advising the state, tribe or territory about a “Lump Sum” notification, NCP was terminated etc., enter 0970-0154
State FIPS Code	13-14	2	N	R	Use two digit state/territory state FIPS Code
Employer Name	15-71	57	A/N	R	
EIN Text	72-80	9	N	R	
Payroll Processor EIN Text	81-89	9	N	O	
File Creation Date	90-97	8	N	R	Must be in Y2K format - CCYYMMDD
File Creation Time	98-103	6	N	R	Must be in HHMMSS format.
Filler	104-485	382	A/N	O	Filler

## e-IWO Acknowledgement Record

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
Document Code	A code that indicates the acknowledgement record follows.	1-3	3	A/N	R	Value must be "ACK"	N/A
Document Action Code	A code that indicates the action for the document.	4-6	3	A/N	R	Valid Values: ORG =Original – The value input by the state, tribe or territory in the "Order/Notice". AMD =Amended – The value input by the state, tribe or territory in the "Order/Notice". TRM =Termination – The value input by the state, tribe or territory in the "Order/Notice". LUM = Lump Sum – The value input by the state, tribe or territory in the "Order/Notice". EMP = Action initiated by an employer. For example, if the NCP is no longer employed at this employer, EMP would be input and a value of "T" would be placed in the "Record Disposition Code" – positions 154-155. Also 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", positions 154-155.	1b

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
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	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc.	1g, 3c, 21-1
EIN Text	The employer/ withholder's FEIN.	22-30	9	N	R		2d
Employee Last Name	The Obligor's Last Name.	31-50	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks.	3a
Employee First Name	The Obligor's First Name.	51-65	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled.	3a-1
Employee Middle Name	The Obligor's Middle Name or Initial.	66-80	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-2
Employee Name Suffix	The Obligor's Name Suffix.	81-84	4	A/N	O		3a-3
Employee SSN	The Obligor's Social Security number.	85-93	9	N	R		3b
Document Tracking Number	An identifier assigned by the entity sending the document that uniquely identifies the document.	94-123	30	A/N	O	First 2 digits must begin with numeric FIPS State Code.	29
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	124-153	30	A/N	O		29

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
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 R = Record Rejected T = Termination L = Lump Sum	N/A
Rejected Reason Code	Reason that an employer rejected an e-IWO record.	156-158	3	A/N	CR	Only required to be completed if the value in "Record Disposition Status" equals "R"  Values are: N=NCP no longer at the employer U=NCP not known to employer D= Duplicate IWO Z= Termination cannot be processed – no current IWO in place O=Other Reason	N/A
Filler	Reserved for future use.	159-159	1	A/N	O		N/A
Termination Date	Date that an employee left or was terminated by an employer.	160-167	8	N	O	Must be in CCYYMMDD format	N/A
NCP Last Known Address Line 1 Text	Line 1 of the NCP's last known Address.	168-192	25	A/N	O		N/A
NCP Last Known Address Line 2 Text	Line 2 of the NCP's last known Address.	193-217	25	A/N	O		N/A
NCP Last Known Address City Name	NCP's last known city Address.	218-239	22	A/N	O		N/A
NCP Last Known Address State Code	NCP's last known State Code.	240-241	2	A	O	Valid 2 alpha State Code	N/A
NCP Last Known Address Zip Code	NCP's last known address five digit Zip Code.	242-246	5	N	O		N/A

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
NCP Last Known Address Ext Zip Code	NCP's last known four character Zip Code	247-250	4	A/N	O		N/A
Final Payment Made Date	Date of the final payment sent to the SDU.	251-258	8	N	O	Must be in CCYYMMDD format	N/A
Final Payment Amount	Amount of the final payment sent to the SDU – 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 Only required when an employee has been terminated or left his/her employer	N/A
New Employer Name	Name of NCP's New Employer.	270-326	57	A/N	O		N/A
New Employer Address Line 1 Text	Line 1 of New Employer's Address.	327-351	25	A/N	O		N/A
New Employer Address Line 2 Text	Line 2 of New Employer's Address.	352-376	25	A/N	O		N/A
New Employer City Name	New Employer's City Address.	377-398	22	A/N	O		N/A
New Employer State Code	New Employer's State Code.	399-400	2	A	O	Valid 2 alpha State Code	N/A
New Employer Address Zip Code	New Employer's five character Zip Code.	401-405	5	N	O		N/A
New Employer Address Ext Zip Code	New Employer's four character Zip Code.	406-409	4	A/N	O		N/A
Payment "Lump Sum" Date	The date an employer anticipates that a "Lump" Sum Payment will be disbursed	410-417	8	N	O	Must be in CCYYMMDD format NOTE: If the "Document Action Code" (positions 4-6) is "EMP"	#6 on the back of

Data Element Name	Definition	Location	Length	Type	Required/Optional	Data Element Rules	Form XRef
	to an employee.					and the "Record Disposition Status Code" (positions 154-155) equals "T", this field must be blank	the "Order/Notice" form
Payment "Lump Sum" Amount	An amount the employer intends to issue as a Lump Sum Payment to the employee.	418-428	11	N	O	Numeric Decimal assumed Unsigned No Rounding Right Justify Zero Fill to left Zero Fill if N/A NOTE: If the "Document Action Code" (positions 4-6) is "EMP" and the "Record Disposition Status Code" (positions 154-155) equals "T", the dollar amounts in this field must be zero filled.	#6 on the back of the "Order/Notice" form
Payment "Lump Sum" Type Text	The type of Lump Sum Payment that will be disbursed to an employee. Examples of a Lump Sum Payment include bonus, severance, commission, etc.	429-463	35	A/N	O	Possible values are "bonus", "severance" or other unique identifiers. NOTE: If the "Document Action Code" (positions 4-6) is "EMP" and the "Record Disposition Status Code" (positions 154-155) equals "T", this field must be blank	#6 on the back of the "Order/Notice" form
Filler	Future Use	464-485	22	A/N	O		N/A

O=Optional

R=Required

CR= Conditionally Required – Explanation in the Data Element Rules column

### e-IWO Acknowledgement Trailer Record

Field Name	Location	Length	Type	Required/Optional	Comments
Trailer Document Code	1-3	3	A	R	Must be TRL
Record Identifier	4-7	4	A/N	R	Only value for field: EIWO
Record Count	8-13	6	N	R	Number of e-IWO Records in this file.
Filler	14-485	472	N	O	Filler