QW Output Control Matrix Registration Form

To suppress processed Quarterly Wage records and associated error, warning, or information codes, and corrected data, send this registration to FPLSLocateTeam@acf.hhs.gov. Date: _____ Submitting Agency/Federal Agency:_____ Requestor: ______ Phone Number: _____ Email: _____ Address: _____ City: State: ZIP Code: **Output Suppression Options** Select an X to **Error Codes** | Condition Description suppress output Records rejected and returned with error codes SSN and name do not match. 0001 SSN is invalid or out of range. 0002 0011 SSN is non-numeric. 0015 SSN is missing or is not greater than zeros. 0016 Employee Name is missing. Employee Address and Employer Address are missing. 0017 0018 Reporting period is older than the last eight reporting quarters. Duplicated Record rejected. 0019 Record accepted and returned with warning codes 0024 Employee First Name is missing. 0025 Employee Last Name is missing. 0034 Employee Wage Amount is non-numeric. 0039 Employee Wage Amount is zeros. QW Reporting Period is invalid. 0051 QW Reporting Period is all zeros or spaces. 0052 0053 QW Employee Wage Amount is non-numeric.

Employee Wage Amount is all nines.

Employer Name is missing.

0035

0046

QW Output Control Matrix Registration Form Output Suppression Options (cont'd)		
Record accept	ed and returned with warning codes	
0040, 0041, 0044, 0045, 0047, 0048, 0049, 0071, 0072	Employer Address contains errors.	
0042	FEIN is non-numeric.	
0043	FEIN is zeros or missing.	
0065, 0066, 0067, 0068	Employer address was corrected.	
0069	Employer Optional Address was corrected.	
Total number of acknowledgement records returned		Select an X to allow full output
N/A	An X in this box specifies that a submitter wants all errors and warnings returned.	