

## E-IWO RECORD LAYOUTS

- Chart D-1 is the Universal Header record layout established for the e-IWO system.
- Chart D-2 is the Universal Trailer record layout established for the e-IWO system.
- Chart D-3 is the e-IWO Detail record layout established for the e-IWO system.
- Chart D-4 is the e-IWO Acknowledgment record layout established for the e-IWO system.
- Chart D-5 is the Summary of Changes for this version.

CHART D-1: UNIVERSAL HEADER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
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 – Acknowledgment: file sent from an employer to a state (FHA, BHA) I – IWO Detail: file sent from a state to an employer (FHI, BHI) K – Acknowledgment Result: file sent from the Portal to an employer (FHK, BHK). Used by the Portal. S – IWO Result: file sent from the Portal to a state (FHS, BHS). Used by the Portal.

<b>CHART D-1: UNIVERSAL HEADER (FILE AND BATCH)</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
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	<p>Required for all headers.</p> <p>A unique, alphanumeric element that identifies a specific file or a batch within a file. You cannot reuse previously submitted control numbers.</p> <p>The file header (FH) will have a unique control number to identify a file.</p> <p>The state must assign a unique control number for each employer batch (BHI) contained in a file.</p> <p>Recommended format:</p> <p>5 Digit FIPS – 21000 (two-digit state FIPS Code number followed by three zeroes)</p> <p>Date – YYMMDD</p> <p>Time – HHMMSS</p> <p>Sequence #– 0000</p> <p>For acknowledgments, employers may enter an identifier of their choosing.</p>
State FIPS Code	The state/tribe/territory FIPS Code.	26-30	5	A/N	CR	<p>Format: 21000 (two-digit state FIPS Code number followed by three zeroes)</p> <p>IWO detail sent by states:</p> <p>FHI – Required – Input own FIPS Code</p> <p>BHI – Required – Input own FIPS Code</p> <p>Acknowledgment sent by an employer or its payroll processor:</p> <p>FHA – Fill with spaces</p> <p>BHA – Required – Input state, tribe, or territory for which the batch is intended.</p>

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
EIN Text	The Employer's Identification Number (EIN).	31-39	9	A/N	CR	IWO Detail sent by states: FHI – Fill with spaces BHI – Required – Employer FEIN Acknowledgment sent by employers: FHA – Required – Employer FEIN BHA – Required – Employer FEIN Acknowledgment sent by the primary employer with multiple FEINs or third party: FHA – Fill with spaces BHA – Optional – Can input primary FEIN Acknowledgment sent to states: FHA – Fill with spaces BHA – Employer FEIN
Primary EIN Text	The federal EIN of the parent company processing IWOs for its subsidiaries or a third party processing IWOs for an employer.	40-48	9	A/N	CR	Acknowledgment sent by an employer with one FEIN: FHA – Fill with spaces BHA – Fill with spaces Acknowledgment sent by the primary employer with multiple FEINs or a third party processor: FHA – Required – Input primary FEIN BHA – Required – Input primary FEIN IWO Detail sent by states: FHI – Fill with spaces BHI – Fill with spaces Acknowledgment sent to states: FHA – Fill with spaces BHA – Fill with spaces

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OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
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.
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	Used only by the Portal to return the abbreviated version of field names in error. Each code will be separated by a comma. Valid values: CDT – Creation date CNM – Control number CTM – Creation time DOC – Document code DUP – File already received EIN – EIN text FPS – State FIPS Code PPE – Payroll processor EIN text
Filler FHI and BHI FHA and BHA FHS and BHS FHK and BHK	IWO Detail Acknowledgment IWO Result Acknowledgment Result	81	Varies 2326 493 2326 493	A/N	O	The filler length varies based on the file it is associated with.

<b>CHART D-2: UNIVERSAL TRAILER (FILE AND BATCH)</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
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 records.	1-3	3	A	R	Required for all trailers. First two characters indicate trailer type. FT always indicates a file trailer; BT always indicates a batch trailer. The third character indicates the record type. The record types are: A – Acknowledgment: file sent from an employer to a state (FTA, BTA). I – IWO Detail: file sent from a state to an employer (FTI, BTI). K – Acknowledgment Result: file sent from the Portal to an employer (FTK, BTK). Used by the Portal. S – IWO Result: file sent from the Portal to a 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 (FTA, FTI, FTK, and FTS). Zero fill if batch trailers (BTA, BTI, BTK, and BTS).
Record Count	Indicates the number of records contained in a batch.	31-35	5	N	R	Used with batch trailers (BTA, BTI, BTK and BTS). Zero fill if file trailers (FTA, FTI, FTK, and FTS).

<b>CHART D-2: UNIVERSAL TRAILER (FILE AND BATCH)</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Employer Sent Count	Indicates the number of valid records sent to an employer after the editing process.	36-40	5	N	CR	Used for the 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 the Acknowledgment 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	Used only by the Portal to return the abbreviated version of field names in error. Each code will be separated by a comma. Valid Values: BCT – Batch Count field CNM – Control Number field DOC – Document Code field RCT – Record Count field REC – Invalid file structure
Filler FTI and BTI FTA and BTA FTS and BTS FTK and BTK	IWO Detail Acknowledgment IWO Result Acknowledgment Result	64	Varies 2343 510 2343 510	A/N	O	The filler length varies based on the file that it is associated with.

CHART D-3: E-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
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 be DTL.	N/A
Filler	For future use.	4-6	3	A/N	O	For future use.	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 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 1c 1d
Document Date	The date the record was generated.	10-17	8	A/N	R	Must be a valid date in CCYYMMDD format.	1e
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.	1g

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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 issuing the document.	53-87	35	A/N	O	If entered, should be a full name.	1i
Case Identifier	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.	1l
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
Employer Address City Name	Employer/withholder's city name.	210-231	22	A/N	R	The first character must not be a space.	2b
Employer Address State Code	Employer/withholder's state code.	232-233	2	A	R	Valid, two-character, alphabetic state or territory code.	2b

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Employer Address ZIP Code	Employer/withholder's ZIP Code.	234-238	5	N	R		2b
Employer Address Ext ZIP Code	Employer/withholder's extension ZIP Code.	239-242	4	A/N	O		2b
EIN Text	Employer/withholder's FEIN.	243-251	9	N	R	Must contain the 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 periods (.), hyphens (-), apostrophes ('), or 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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3a
Employee Middle Name	Obligor's middle name or initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3a
Employee Suffix	Obligor's name suffix.	302-305	4	A/N	O		3a
Employee SSN	Obligor's Social Security number.	306-314	9	N	R		3b

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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.	33
Obligee Last Name	Obligee's last name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3c
Obligee Middle Name	Obligee's middle name or initial.	395-409	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3c
Obligee Name Suffix	Obligee's name suffix.	410-413	4	A/N	O		3c
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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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	The interval the current support amount is required to be paid.	460	1	A/N	CR	If there is a dollar amount other than zero in the Support Current Child Amount field (pos. 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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Support Past Due Child Frequency Code	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 the Support Past Due Child Amount field (pos. 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

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Current Medical Frequency Code	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 the Support Current Medical Amount field (pos. 473-483), 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	7b
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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Support Past Due Medical Frequency Code	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 the Support Past Due Medical Amount field (pos. 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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Support Current Spousal Frequency Code	The interval the spousal support is required to be paid.	508	1	A/N	CR	If there is a dollar amount other than zero in the Support Current Spousal Amount field (pos. 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	9b
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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Support Past Due Spousal Frequency Code	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 the Support Past Due Spousal Amount field (pos. 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 Space fill if N/A	10b
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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Obligation Other Frequency Code	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 the Obligation Other Amount field (pos. 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 the Obligation Other Amount field (pos. 521-531), this field is required.	11c
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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Obligation Total Frequency Code	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 the 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 – Arrears greater than 12 weeks N – Arrears less than 12 weeks Spaces allowed.	6c
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

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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
State Tribe Territory Name	The state, tribe, or territory sending the document.	625-659	35	A/N	O		15, 20

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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	CR	Must be a valid date in CCYYMMDD format. This field is only required for Document Action Code AMD, LUM, and ORG. If Document Action Code is TRM, fill with spaces.	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	If Document Action Code is TRM, fill with zeroes.	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	If Document Action Code is TRM, fill with zeroes.	19

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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.	23
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	O		24
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O		24
Payee Address City Name	Payee's city address.	781-802	22	A/N	O		24
Payee Address State Code	Payee's state code.	803-804	2	A	O	Valid, two-character, alphabetic state or territory code.	24
Payee Address ZIP Code	Payee's ZIP Code.	805-809	5	N	O		24
Payee Address Ext ZIP Code	Payee's extension ZIP Code.	810-813	4	A/N	O		24

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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 and county code) are required.	22
Government Official Name	Name of government official authorizing the document.	821-890	70	A/N	R	The first character must not be a space.	27
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.	28
Filler	For future use.	941	1	A/N	O	For 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	30
Penalty Liability Info Text	Describes additional/specific state, tribal, or territory penalties or liabilities about 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 state law.	31

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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 state law.	32
Specific Payee Withholding Limits Text	Additional information about withholding limitations.	1263-1422	160	A/N	O		33
Employee State Contact Name	Contact's name.	1423-1479	57	A/N	O		47
Employee State Contact Phone Number	Contact's phone number.	1480-1489	10	A/N	O		48
Employee State Contact Fax Number	Contact's fax number.	1490-1499	10	A/N	O		49
Employee State Contact Email Address Text	Contact's e-mail address.	1500-1547	48	A/N	O		50
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	R	First two digits must begin with the numeric FIPS state code.	21

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Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	1578-1607	30	A/N	O		1j
Employer State Contact Name	Employer outreach or customer service contact's name.	1608-1664	57	A/N	O		42
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		46
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		46
Employer State Contact Address City Name	Employer outreach or customer service contact's city address.	1715-1736	22	A/N	O		46
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.	46
Employer State Contact Address ZIP Code	Employer outreach or customer service contact's ZIP Code.	1739-1743	5	N	O		46

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OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Employer State Contact Address Ext ZIP Code	Employer outreach or customer service contact's ZIP Code extension.	1744-1747	4	A/N	O		46
Employer State Contact Phone Number	Employer outreach or customer service contact's phone number.	1748-1757	10	A/N	O		43
Employer State Contact Fax Number	Employer outreach or customer service contact's fax number.	1758-1767	10	A/N	O		44
Employer State Contact Email Address Text	Employer outreach or customer service contact's e-mail address.	1768-1815	48	A/N	O		45
Child 1 Last Name	Child's last name.	1816-1835	20	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Child 1 Suffix Name	Child's name suffix.	1866-1869	4	A/N	O		3d
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 2 First Name	Child's first name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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.	3d
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 2 Suffix Name	Child's name suffix.	1928-1931	4	A/N	O		3d
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.	3e

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Child 3 Last Name	Child's last name.	1940-1959	20	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 3 First Name	Child's first name.	1960-1974	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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.	3d
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 3 Suffix Name	Child's name suffix.	1990-1993	4	A/N	O		3d
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.	3e
Child 4 Last Name	Child's last name.	2002-2021	20	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
Child 4 First Name	Child's first name.	2022-2036	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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.	3d
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 4 Suffix Name	Child's name suffix.	2052-2055	4	A/N	O		3d
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.	3e
Child 5 Last Name	Child's last name.	2064-2083	20	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 5 First Name	Child's first name.	2084-2098	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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.	3d

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 5 Suffix Name	Child's name suffix.	2114-2117	4	A/N	O		3d
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.	3e
Child 6 Last Name	Child's last name.	2126-2145	20	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 6 First Name	Child's first name.	2146-2160	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or 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.	3d
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 periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3d
Child 6 Suffix Name	Child's name suffix.	2176-2179	4	A/N	O		3d

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
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.	3e
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 'AMD,' 'ORG,' or 'TRM,' 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.	1h
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

<b>CHART D-3: E-IWO DETAIL RECORD</b>							
OMB Control No: 0970-0154 Expiration Date: 07/31/2017							
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules	Form XRef
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	2253-2284	32	A/N	O	Used only 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	Used only 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	Valid values used only by the Portal: T – True F – False If more than two errors exist in the record, set to ‘T.’ If less than two errors exist, set to ‘F.’	
Filler	For future use.	2318-2404	87	A/N	O	For future use.	N/A
FIPS Code	Two-digit numeric code for the state sending the order.	2405-2406	2	N	R	The Portal will fill in the state two-digit numeric code.	

CHART D-4: E-IWO ACKNOWLEDGMENT RECORD						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
Document Code	Indicates the acknowledgment record follows.	1-3	3	A/N	R	Value must be 'ACK.'
Document Action Code	Indicates the type of document.	4-6	3	A/N	R	<p>Valid Values:</p> <p>AMD – Amended: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).</p> <p>EMP – Employer Initiated: The value input by the employer to inform the state, tribe, or territory about an action that has or will be initiated by them. Use 'EMP' with the following values in the Record Disposition Status Code (pos. 154-155). If you notify a state, tribe, or territory about a pending Lump Sum, use 'L'. If you notify a state, tribe, or territory that an employee is in a suspended payment status, use 'S'. If the employee is no longer employed, use 'T'.</p> <p>LUM – Lump Sum: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).</p> <p>ORG – Original: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).</p> <p>TRM – Termination: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).</p>

<b>CHART D-4: E-IWO ACKNOWLEDGMENT RECORD</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
Case Identifier	A value assigned by a state to uniquely identify each IV-D case in the state.	7-21	15	A/N	R	The Case Identifier input by the state (pos. 88-102 in the Detail Record).
EIN Text	The employer/withholder's FEIN.	22-30	9	N	R	
Employee Last Name	Obligor's last name.	31-50	20	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.
Employee First Name	Obligor's first name.	51-65	15	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.
Employee Middle Name	Obligor's middle name or initial.	66-80	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.
Employee Name Suffix	Obligor's name suffix.	81-84	4	A/N	O	
Employee SSN	Obligor's Social Security number.	85-93	9	N	R	

<b>CHART D-4: E-IWO ACKNOWLEDGMENT RECORD</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
Document Tracking Number	Assigned by the entity sending the document that uniquely identifies the document.	94-123	30	A/N	CR	The Document Tracking Number input by the state (pos. 1548-1577 in the Detail Record). The Document Tracking Number is not used for an Employer Initiated Acknowledgment (EMP).
Order Identifier	A unique identifier associated with a specific child support obligation within a case.	124-153	30	A/N	O	The Order Identifier input by the state (pos. 1578-1607 in the Detail Record).
Record Disposition Status Code	Indicates whether a record was accepted or rejected by the employer.	154-155	2	A/N	R	<p>Values are:</p> <p>A – Record accepted R – Record rejected</p> <p>The following codes are used only with an Employer Initiated Acknowledgment Document Action Code (EMP) (pos. 4-6 in the Acknowledgment Record).</p> <p>L – Lump Sum S – Suspension T – Termination</p>

<b>CHART D-4: E-IWO ACKNOWLEDGMENT RECORD</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
Disposition Reason Code	The reason an e-IWO record is being accepted or rejected by an employer.	156-158	3	A/N	CR	If the value in the Record Disposition Status (pos. 154-155) equals 'A,' a reason code is required. Accepted values are: B – Name mismatch S – Employee is in a suspense status at employer W – Incorrect FEIN received for employee If the value in the Record Disposition Status (pos. 154-155) equals 'R,' a reason code is required. Rejected values are: B – Name mismatch D – Duplicate IWO M – IWO received from multiple states N – NCP no longer at the employer O – Other reason S – Employee is in a suspense status at employer U – NCP not known to employer W – Incorrect FEIN received for employee X – Employer could not electronically process this record Z – Termination cannot be processed; no current IWO in place
Filler	For future use.	159	1	A/N	O	For future use.
Termination Date	Date 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 Address Line 1 Text	Line 1 of the NCP's last known address.	168-192	25	A/N	O	

<b>CHART D-4: E-IWO ACKNOWLEDGMENT RECORD</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
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 five-digit ZIP Code.	242-246	5	N	O	
NCP Last Known Address Ext ZIP Code	NCP's last known four-digit ZIP Code extension.	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 paid to an NCP that has left or been terminated.

<b>CHART D-4: E-IWO ACKNOWLEDGMENT RECORD</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
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 name.	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-digit ZIP Code extension.	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	CR	Must be a valid date in CCYYMMDD format. If the Document Action Code (pos. 7-9 in the Detail Record) is 'EMP,' and the Record Disposition Status Code (pos. 154-155) equals 'L,' this field must be filled with a valid future date. If the Document Action Code (pos. 7-9 in the Detail Record) is 'EMP,' and the Record Disposition Status Code (pos. 154-155) equals 'T,' this field must be filled with spaces.

CHART D-4: E-IWO ACKNOWLEDGMENT RECORD						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
Payment Lump Sum Amount	The amount an 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 in the Detail Record) is 'EMP,' and the Record Disposition Status Code (pos. 154-155) equals 'L,' the dollar amount in this field must be filled with zeroes or an amount greater than \$0.00. If the Document Action Code (pos. 7-9 in the Detail Record) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T,' this field must be filled with zeroes.
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. If the Document Action Code (pos. 7-9 in the Detail Record) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'L,' this field must be filled. If the Document Action Code (pos. 7-9 in the Detail Record) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T,' this field must be blank.

<b>CHART D-4: E-IWO ACKNOWLEDGMENT RECORD</b>						
OMB Control No: 0970-0154 Expiration Date: 07/31/2017						
Element Name	Definition	Location	Length	Type	Req./Opt.	Data Element Rules
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	Used only 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	Used only 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 two errors.	538	1	A/N	O	Valid values used only by the Portal: T – True F – False If more than two errors exist in the record, set to ‘T.’ If less than two errors exist, set to ‘F.’
Correct FEIN	The actual FEIN under which the employee is working.	539-547	9	N	CR	If the Record Disposition Code is “W,” this field is required.
Multi IWO State Code	The state code for which an employer already has an IWO in place for the employee and the IWO just received is a duplicate.	548-549	2	A	CR	If the Record Disposition Code is “M,” this field is required.
Filler	For future use.	550-573	24	A/N	O	For future use.

**Chart D-5: Summary of Changes**

OMB Control No: 0970-0154 Expiration Date: 07/31/2017

Location	Change
Chart D-2, Error Field Name Text, Location 46-63	Removed Valid Values: ECT – Employer Sent Count field SCT – State Sent Count field
Chart D-4, Document Action Code, Location 4-6	Clarified Data Element Rules for the value ‘EMP,’ and added a rule for an employee in a suspended payment status.
Chart D-4, Document Tracking Number, Location 94-123	Added a statement to not use this field for an Employer Initiated Acknowledgment.
Chart D-4, Record Disposition Status Code, Location 154-155	Clarified Data Element Rules for values associated only with Employer Initiated Acknowledgments.
Chart D-4, Payment Lump Sum Date, Location 410-417	Clarified Data Element Rules if the Record Disposition Status Code equals ‘L’ or ‘T.’
Chart D-4, Payment Lump Sum Amount, Location 418-428	Clarified Data Element Rules that the dollar amount field “...must be filled with zeroes or an amount greater than...”