

Federal Parent Locator Service

**Federally Assisted State Transmitted
(FAST) Levy System**
Release 13-02 – Minor
October 4, 2013

Release Specifications

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Administration for Children and Families
Office of Child Support Enforcement
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Washington, DC 20447

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1. IMPLEMENT FAST LEVY (OCSE REF #4257)

1.1 Summary of Changes

We are supplying a new file transfer process, allowing states and multistate financial institutions (MSFI) to exchange information about levy actions electronically through a single, centralized location. The process will supply a batch exchange for the states and MSFIs to send and receive the new freeze and seize record.

1.2 Background

States send paper lein and levy requests to MSFIs to freeze and seize assets held in financial accounts; this process is primarily manual. States and MSFIs requested assistance in developing an electronic transmission for issuing levies. For states to connect to each MSFI individually would be costly and resource intensive.

1.3 Description of Changes

Using the new Federally Assisted State Transmitted (FAST) Levy Request Withhold standard record layout, states can send MSFI batches to the FAST Levy Portal for processing and forwarding to MSFIs. Any record not passing portal edits will be returned to the state for correction and resubmission. The FAST Levy Response Withhold record layout supplies the response information sent from the MSFI to the state, which gives the disposition status of the state's request. Full specifications are available in the *FAST Levy Software Interface Specification*.

1.4 Impact on States

To use FAST Levy, you must use the standard record developed by the OCSE that requests an MSFI to freeze and seize an account. You must also develop a procedure for processing the financial acknowledgement to the request sent for freeze and seize action.

1.5 State Testing

Your state may participate in testing with the FAST Levy Portal starting in August 2013. You will be able to send in a request withholding file to the portal to have your file validated against the FAST Levy Portal edits. Any records not passing portal edits will be returned to you in a reject file.

1.6 Input Record Changes

Refer to Appendix A, FAST Levy Input Records.

1.7 Output Record Changes

Refer to Appendix B, FAST Levy Output Records.

1.8 End User Support Contact Information

For assistance with testing or questions about this change, contact Renee Higgs at 443-436-6476 or renee.higgs@ssa.gov.

A. FAST LEVY INPUT RECORDS

The following are the new Electronic Withhold Request Records (state to financial institution) for FAST Levy.

Chart A-1: Electronic Withhold Request Header Record

Chart A-2: Electronic Withhold Request Detail Record

Chart A-3: Electronic Withhold Request Trailer Record

Chart A-4: Electronic Withhold Request Notice Record

CHART A-1: ELECTRONIC WITHHOLD REQUEST HEADER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field must contain the characters 'RH' to identify the record as a Request Header.
2	FEIN	9	3-11	N	Required This field must contain the financial institution's Federal Employer Identification Number (FEIN).
3	Filler	1	12	A/N	This field is for future versions. For this version, fill with a space.
4	FIPS Code	2	13-14	N	Required This field must contain the two-digit numeric Federal Information Processing Standard (FIPS) Code of the requesting state.
5	Local County Code	3	15-17	A/N	Optional This field may contain a three-digit local county code or be filled with spaces.
6	Processing Date	8	18-25	N	Required This field must contain the run date for the batch. This must be in YYYYMMDD format.
7	Batch ID	6	26-31	A/N	Required This field must be a unique identifier for each batch sent to the portal. Batch ID must be used one time only.

CHART A-1: ELECTRONIC WITHHOLD REQUEST HEADER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
8	Batch Type Code	2	32-33	A	<p>Required</p> <p>This field must contain the type of request for the batch. Valid values are:</p> <p>CL – Customer level request – all requests contained in the batch will be handled by the financial institution at a customer level and not by specific account for the customer.</p> <p>AS – Single account request – all requests contained in the batch are single account requests and will be handled by the financial institution at the account level. Each request will be for one SSN and one account number.</p> <p>AG – Group account request – all requests contained in the batch will have the same SSN for different account numbers. Financial institutions will handle a group account request as a single request and one fee will apply to the group account request.</p>

CHART A-1: ELECTRONIC WITHHOLD REQUEST HEADER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
9	Filler	30	34-63	A/N	<p>This field must contain spaces for requests submitted by a state.</p> <p>If errors are found in the file, this field will contain the portal error message text.</p> <p>Portal Use This field contains the field number in error, along with the error code, when the portal performed its validation. Header records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned. The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, where 'NN' is equal to the field number and 'CD' is equal to the error code. Valid CD values are: IN – Invalid data RQ – Missing required data NU – Not numeric</p>
10	Filler	537	64-600	A/N	This field is for future versions. For this version, fill with spaces.

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field must contain the characters 'RD' that identifies the record as a Request Detail.
2	Action Code	2	3-4	N	Required This field must contain the code of the action to be taken. Valid values are: 01 – Execute lien and levy, used for one-step process 02 – Release withhold 03 – Execute lien, used for two-step process 04 – Amend levy amount 05 – Execute levy, used for two-step process 06 – Extend freeze number of days
3	SSN	9	5-13	N	Required This field must contain the Social Security number (SSN) of the obligor.
4	Last Name	20	14-33	A/N	Required This field must contain the obligor's last name. Valid special characters are: <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) The first character must not be a space.

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
5	First Name	15	34-48	A/N	<p>Required This field must contain the obligor's first name. Valid special characters are:</p> <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) <p>The first character must not be a space.</p>
6	Middle Name	15	49-63	A/N	<p>Optional This field contains the obligor's middle name. Valid special characters are:</p> <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) <p>The first character must not be a space if the middle name is populated. Fill with spaces if no middle name is available.</p>
7	Name Suffix	4	64-67	A/N	<p>Optional This field contains the obligor's suffix name. Example: Jr., Sr., III. Valid special characters are:</p> <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) <p>The first character must not be a space. Fill with spaces if no suffix name is available.</p>

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
8	DOB	8	68-75	N	Optional This field contains the obligor's date of birth (DOB), in YYYYMMDD format. Fill with spaces if no DOB is available.
9	Account Type Code	2	76-77	A/N	Conditionally Required This field must contain the type of account for the withhold request. This field is required when the Batch Type Code is 'AS' or 'AG.' Valid values are: 01 – Savings account 04 – Checking or demand deposit account 05 – Term deposit certificate 06 – Collateral account 11 – Money market account 12 – IRA/KEOGH 14 – ERISA plan account 16 – Cash balances 17 – Compound account 18 – Other Fill with spaces if Batch Type Code is 'CL.'
10	Account Number	20	78-97	A/N	Conditionally Required This field must contain the account number that the state is requesting funds to be withheld from, if the Batch Type Code is 'AS' or 'AG.' Fill with spaces if Batch Type Code is 'CL.'

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
11	Withhold Amount	10	98-107	N	<p>Required</p> <p>This field must contain the maximum dollar amount and cents to withhold. Two-digit decimal is assumed. The amount must contain a value greater than 0.</p> <p>The field must be formatted as follows:</p> <ul style="list-style-type: none"> • Numeric • Decimal assumed • Unsigned • Right justify • Zero fill to left • Zero fill if N/A

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
12	Threshold Amount	6	108-113	N	<p>Required</p> <p>This field contains the minimum dollar amount and cents that must be in the accounts after the fees and exemptions are deducted. Two-digit decimal is assumed. Fill with zeroes when there is no threshold amount. For example, the account balance is \$500, the financial institution fee is \$50, the amount in the account after fees and exemptions is \$450, the state threshold amount is \$500; this would not meet the threshold amount the state submitted for the request.</p> <p>The field must be formatted as follows:</p> <ul style="list-style-type: none"> • Numeric • Decimal assumed • Unsigned • Right justify • Zero fill to left • Zero fill if N/A
13	Request Date	8	114-121	N	<p>Required</p> <p>This field must contain the date the withhold was requested, in YYYYMMDD format.</p>
14	Passback Text	40	122-161	A/N	<p>Optional</p> <p>This field must contain data that is returned to the requestor. Fill this field with spaces if no passback information is needed by the requestor.</p>

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
15	Freeze Number Days	4	162-165	N	<p>Conditionally Required</p> <p>This field must contain the additional number of days the accounts must be frozen beyond the submitting state's standard timeframe. If no additional days are needed, fill the field with zeroes. Value cannot be zeroes if action code equals 06. Note: Financial institutions will follow the rules for the state to determine business versus calendar days.</p> <p>The field must be formatted as follows:</p> <ul style="list-style-type: none"> • Numeric • Unsigned • Right justify • Zero fill to left • Zero fill if N/A
16	Exemption Amount	10	166-175	N	<p>Required</p> <p>This field must contain the dollar amount and cents that is to be excluded from the levy action. Any amount over the exemption amount is available for freeze and seize. Two-digit decimal is assumed. Fill with zeros if no exemption amount is required.</p> <p>The field must be formatted as follows:</p> <ul style="list-style-type: none"> • Numeric • Decimal assumed • Unsigned • Right justify • Zero fill to left • Zero fill if N/A

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
17	Legal Attachment Code	2	176-177	A/N	Required This field may contain the type of legal document for the withhold request. Default Value is 'CS' for Child Support Order.
18	Legal Attachment Action Code	2	178-179	A/N	Optional This field may contain the type of attachment for the withhold request. Fill this field with spaces if not needed. Valid values are: OL – Continuous or ongoing levy PT – Point in time levy
19	Contact Name	50	180-229	A/N	Required This field must contain the first and last name of the person or a point of contact (POC) who the financial institution will refer the customer to for additional information.
20	Contact Phone Number	10	230-239	A/N	Required This field must contain the phone number of the person or a POC for which the financial institution will refer the customer to for additional information.
21	Contact Phone Extension Text	5	240-244	A/N	Optional This field contains a phone extension for the person or a POC the financial institution should contact for additional information. Fill with spaces if no extension is available.
22	Contact E-mail Text	50	245-294	A/N	Optional This field may contain an e-mail address for the person or a POC the financial institution should contact for additional. Fill with spaces if no e-mail is available.

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
23	Agency Name	50	295-344	A/N	Required This field must contain the name of the child support agency.
24	Payment Type Code	1	345	A	Required This field must contain the method the state would prefer to receive the payment from the financial institution if the financial institution has the capability to send per the states' request. Valid values are: E – Electronic request M – Check request
25	Address Line 1 Text	50	346-395	A/N	Required This field must contain the street address of the child support agency where the financial institution should mail the payment.
26	Address Line 2 Text	50	396-445	A/N	Optional This field contains the street address of the child support agency where the financial institution should mail the payment.
27	Address Line 3 Text	50	446-495	A/N	Required This field must contain the city, state, and ZIP code of the child support agency where the financial institution should mail the payment.
28	Portal Request Timestamp	12	496-507	A/N	Required This field must contain spaces. The FAST Levy Portal will populate this field. The timestamp format is HH:MM:SS:SSS.

CHART A-2: ELECTRONIC WITHHOLD REQUEST DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
29	Filler	30	508-537	A/N	<p>This field must contain spaces for requests submitted by a state.</p> <p>If errors are found in the file this field will contain the portal error message text.</p> <p>Portal Use This field contains the field number that was in error, along with the error code, when the portal performed its validation. Requested records with errors will be returned in their original batch if a request did not pass validation. The returned batch will only contain requests that did not pass validation. All requests that pass validation will be sent to the financial institution. This field is filled with spaces by the requestor. Up to six errors are returned. The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code. Valid CD values are: IN – Invalid data RQ – Missing required data NU – Not numeric</p>
30	Agency Identifier	20	538-557	A/N	<p>Required This field must contain a unique identifier assigned by the agency.</p>
31	Filler	43	558-600	A/N	<p>This field is for future versions. For this version, fill field with spaces.</p>

CHART A-3: ELECTRONIC WITHHOLD REQUEST TRAILER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field must contain the characters 'RT' that identifies the record as a Request Trailer.
2	FEIN	9	3-11	N	Required This field must contain the financial institution's Federal Employer Identification Number (FEIN).
3	Filler	1	12	A/N	This field is for future versions. For this version, fill with spaces.
4	FIPS Code	2	13-14	N	Required This field must contain the two-digit numeric FIPS Code of the requesting state.
5	Local County Code	3	15-17	A/N	Optional This field may contain a three-digit local county code or be filled with spaces.
6	Record Count	6	18-23	N	Required This field must contain the total number of records submitted in this batch. The field must be formatted as follows: <ul style="list-style-type: none"> • Numeric • Unsigned • Right justify • Zero fill to left • Zero fill if N/A

CHART A-3: ELECTRONIC WITHHOLD REQUEST TRAILER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
7	Filler	30	24-53	A/N	<p>This field must contain spaces for requests submitted by a state.</p> <p>If errors are found in the file, this field will contain the portal error message text.</p> <p>Portal Use This field contains the field number that was in error, along with the error code, when the portal performed its validation. Trailer records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned. The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code. Valid CD values are: IN – Invalid data RQ – Missing required data NU – Not numeric</p>
8	Filler	547	54-600	A/N	This field is for future versions. For this version, fill with spaces.

CHART A-4: ELECTRONIC WITHHOLD REQUEST NOTICE RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field contains the characters 'RN' that identifies the record as a Request Notice.
2	Notice of Right to Garnish Federal Benefits Text	598	3-600	A/N	Required This field will contain the Notice of Right to Garnish Federal Benefits text. The Notice of Right to Garnish Federal Benefits is created by the FAST Levy Portal. Each file will have one Notice Record at the end of the file. Proposed Notice of Right to Garnish Federal Benefits State child support agencies (CSA) issued these orders pursuant to authority to attach or seize obligors assets in financial institutions [42 USC §666]. The garnishee is notified that procedures established by 31 CFR 212 to identify and protect federal benefits deposited to financial institution accounts do not apply to these orders. The garnishee must comply with the terms of these orders including instructions for withholding and retaining funds in any accounts covered by these orders pending further state CSA notice.

Note: The portal creates Chart A-4, 'Request Notification Record (RN).' The record layout is included with the release specifications for an FYI to the states. The verbiage was created to cover the states' requirement to include a letter of notification to the financial institution. One notification will cover all of the requests in the file.

B. FAST LEVY OUTPUT RECORDS

The following are the new Electronic Withhold Response Records (financial institution to state) for FAST Levy.

Chart B-1: Electronic Withhold Response Header Record

Chart B-2: Electronic Withhold Response Detail Record

Chart B-3: Electronic Withhold Response Trailer Record

CHART B-1: ELECTRONIC WITHHOLD RESPONSE HEADER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field must contain the characters 'AH' to identify the record as a Response Header.
2	FEIN	9	3-11	N	Required This field must contain the financial institution's Federal Employer Identification Number (FEIN).
3	Filler	1	12	A/N	This field is for future versions. For this version, fill with a space.
4	FIPS Code	2	13-14	N	Required This field must contain the two-digit numeric FIPS Code of the requesting state.
5	Local County Code	3	15-17	A/N	Optional This field may contain a three-digit local county code or be filled with spaces.
6	Processing Date	8	18-25	N	Required This field must contain the run date for the batch in YYYYMMDD format.
7	Batch ID	6	26-31	A/N	Required This field must contain the state's unique identifier submitted for this batch of records. Return the state's Batch ID sent in the Withhold Request file.
8	Batch Type Code	2	32-33	A	Required This field must contain the type of request submitted for this batch of records. Return the state's Batch Type Code sent in the Withhold Request file.
9	Contact Name	50	34-83	A/N	Optional This field contains the first and last name of the person the state should contact for additional information. Fill with spaces if no contact name is available.

CHART B-1: ELECTRONIC WITHHOLD RESPONSE HEADER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
10	Contact Phone Number	10	84-93	A/N	Required This field must contain the phone number for the person the state should contact for additional information.
11	Contact Phone Extension Number	5	94-98	A/N	Optional This field contains a phone extension for the person the state should contact for additional information. Fill with spaces if no extension is available.
12	Contact e-mail text	50	99-148	A/N	Optional This field contains an e-mail address for the person the state should contact for additional information. Fill with spaces if no e-mail address is available.
13	Filler	30	149-178	A/N	This field must contain spaces for requests submitted by a state. If errors are found in the file, this field will contain the portal error message text. Portal Use This field contains the field number that was in error, along with the error code, when the portal performed its validation. Header records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned. The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where 'NN' is equal to the field number and 'CD' is equal to the error code. Valid CD values are: IN – Invalid data RQ – Missing required data NU – Not numeric

CHART B-1: ELECTRONIC WITHHOLD RESPONSE HEADER RECORD

OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016

No.	Field Name	Length	Location	A/N	Comments
14	Filler	222	179-400	A/N	This field is for future versions. For this version, fill with spaces.

CHART B-2: ELECTRONIC WITHHOLD RESPONSE DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field must contain the characters 'AD' that identifies the record as a Response Detail.
2	Response Code	2	3-4	N	Required This field must contain the response type code. Valid values are: 04 – Bypassed acct/accts did not meet minimum balance requirement 05 – Account satisfies part or all of the levy and account is frozen 06 – Match is good but no attachable accounts 07 – Manual review 10 – Customer not found 12 – Match good, closed account 20 – Full or partial amount released from withhold (in response to Action Code '02' from Request Record) 50 – Reject, financial institution could not process request
3	SSN	9	5-13	N	Required This field must contain the Social Security number (SSN) of the obligor for the financial institution to initiate an action to withhold.
4	Last Name	20	14-33	A/N	Required This field must contain the obligor's last name. Valid special characters are: <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) The first character must not be a space.

CHART B-2: ELECTRONIC WITHHOLD RESPONSE DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
5	First Name	15	34-48	A/N	<p>Required This field must contain the obligor's first name. Valid special characters are:</p> <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) <p>The first character must not be a space.</p>
6	Middle Name	15	49-63	A/N	<p>Optional This field contains the obligor's middle name. Valid special characters are:</p> <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) <p>The first character must not be a space if the middle name is populated. Fill with spaces if no middle name is available.</p>
7	Name Suffix	4	64-67	A/N	<p>Optional This field contains the obligor's suffix name. Example: Jr., Sr., III. Valid special characters are:</p> <ul style="list-style-type: none"> • Hyphens (-) • Apostrophes (') • Periods (.) <p>Fill with spaces if no suffix name is available.</p>

CHART B-2: ELECTRONIC WITHHOLD RESPONSE DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
8	DOB	8	68-75	N	Optional This field contains the obligor's date of birth (DOB), in YYYYMMDD format. Fill with spaces if no DOB is available.
9	Filler	2	76-77	A/N	This field is for future versions. For this version, fill with spaces.
10	Account Number	20	78-97	A/N	Conditionally Required This field contains any account number that the financial institution attached or froze. Fill with spaces if the account number is not available. If the state submitted an Account Level request, 'AS' or 'AG' in the Batch Type Code, this field must be populated. Fill with spaces if Batch Type Code is 'CL.'
11	Freeze Amount	10	98-107	N	Conditionally Required This field must contain the dollar amount and cents attached or frozen before fees and penalties are deducted. Two-digit decimal is assumed. If no amount is attached or frozen, fill with zeroes. The field is required when the financial institution returns a '05' in the Response Code. The field must be formatted as follows: <ul style="list-style-type: none"> • Numeric • Decimal assumed • Unsigned • Right justify • Zero fill to left • Zero fill if N/A
12	Filler	4	108-111	A/N	This field is for future versions. For this version, fill with spaces.

CHART B-2: ELECTRONIC WITHHOLD RESPONSE DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
13	Withheld Date	8	112-119	N	Required This field must contain the date the financial institution attached or froze the accounts, in YYYYMMDD format. Fill with spaces if no funds attached or frozen.
14	Passback Text	40	120-159	A/N	Conditionally Required This field must contains the data provided in the withhold request record that must be returned to the requestor. Fill with spaces if no passback text is available.
15	Filler	3	160-162	A/N	This field is for future versions. For this version, fill with spaces.
16	Fee Amount	6	163-168	N	Required This field must contain the dollar amount and cents of the fees and penalties charged by the financial institution for the withheld amount. Two-digit decimal is assumed. Fill with zeroes if no fee applies. The field must be formatted as follows: <ul style="list-style-type: none"> • Numeric • Decimal assumed • Unsigned • Right justify • Zero fill to left • Zero fill if N/A

CHART B-2: ELECTRONIC WITHHOLD RESPONSE DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
17	Account Relationship Code	1	169	A	<p>Required</p> <p>This field must contain information regarding the obligor’s ownership of the accounts. Valid values are:</p> <ul style="list-style-type: none"> 0 – Sole owner of the matched account 1 – Secondary owner of the matched account 2 – Primary owner with secondary owners listed to matched account 3 – At least one of the accounts is a joint account. Use this code when the state submits the request at the customer level.
18	Safe Deposit Box Indicator	1	170	A	<p>Required</p> <p>This field must indicate whether the account holder has a safe deposit box at the FI. Valid values are:</p> <ul style="list-style-type: none"> Y – Yes N – No
19	Returned Timestamp	12	171-182	A/N	<p>Required</p> <p>This field must contain the timestamp for the record sent by the state. FIs use this field to determine “first come, first serve.” The timestamp format is HH:MM:SS:SSS. Return the Request Timestamp in this field.</p>

CHART B-2: ELECTRONIC WITHHOLD RESPONSE DETAIL RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
20	Filler	30	183-212	A/N	<p>This field must contain spaces for request submitted by a state.</p> <p>If errors are found in the file, this field will contain the portal error message text.</p> <p>Portal Use This field contains the field number that was in error, along with the error code, when the portal performed its validation. Response records with errors will be returned in their original batch if a response did not pass validation. The returned batch will only contain responses that did not pass validation. All responses that passed validation records will be passed to the state. This field is filled with spaces by the responder. Up to six errors are returned. The format is: NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD Valid CD values are: IN – Invalid data RQ – Missing required data NU – Not numeric</p>
21	FI Message Text	100	213-312	A/N	<p>Conditionally Required This field is for a text message that provides a reason for which the financial institution rejected the withhold request. If the financial institution uses code 50 for the Response Code this field must contain a reason.</p>
22	Agency Identifier	20	313-332	A/N	<p>This field must contain the agency identifier provided in the state’s levy request record.</p>
23	Filler	68	333-400	A/N	<p>This field is for future versions. For this version, fill with spaces.</p>

CHART B-3: ELECTRONIC WITHHOLD RESPONSE TRAILER RECORD					
OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	2	1-2	A	Required This field must contain the characters 'AT' that identifies the record as a Response Trailer.
2	FEIN	9	3-11	N	Required This field must contain the financial institution's Federal Employer Identification Number (FEIN).
3	Filler	1	12	A/N	This field is for future versions. For this version, fill with a space.
4	FIPS Code	2	13-14	N	Required This field must contain the two-digit numeric FIPS Code of the requesting state.
5	Local County Code	3	15-17	A/N	Optional This field may contain a three-digit local county code or be filled with spaces.
6	Record Count	6	18-23	N	Required This field must contain the total number of records submitted in this batch.

CHART B-3: ELECTRONIC WITHHOLD RESPONSE TRAILER RECORD

OMB CONTROL NO: 0970-0441 EXPIRATION DATE: 12/31/2016

No.	Field Name	Length	Location	A/N	Comments
7	Filler	30	24-53	A/N	<p>This field must contain spaces for requests submitted by a state.</p> <p>If errors are found in the file, this field will contain the portal error message text.</p> <p>Portal Use This field contains the field number in error, along with the error code, when the portal performed its validation. Trailer records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned. The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where 'NN' is equal to the field number and 'CD' is equal to the error code.</p> <p>Valid CD values are: IN – Invalid data RQ – Missing required data NU – Not numeric</p>
8	Filler	347	54-400	A/N	This field is for future versions. For this version, fill with spaces.