Federal Parent Locator Service

Electronic Income Withholding Order

Release 08-01 – Major
April 4, 2008

Release Specifications

Document Version 2.0
January 4, 2008

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1.   ENHANCE e-IWO SYSTEM (OCSE REF #2333)

The Electronic Income Withholding Order (e-IWO) Detail file layout is being modified from the original e-IWO pilot project to support the revised IWO Form and to accommodate the batching of orders, editing and reporting errors, and mapping electronic records to forms transmitted through the OCSE Network host.

1.1   Summary of Changes

Several new elements have been added to the e-IWO Detail flat file layout, and the XML schema has been redesigned to accommodate file and batch header information. A new Universal File Header and Trailer have been added to be used with both e-IWO Detail and Acknowledgement Files.

1.2   Background

The Federal Office of Child Support Enforcement (OCSE), in partnership with States, public- and private-sector employers, payroll processors and other payroll-related organizations, formed an e-IWO Workgroup in August 2004 to develop an electronic version of the Federal, standardized paper forms titled, *Order/Notice to Withhold Income for Child Support*. This workgroup developed electronic formats (flat file and XML schema) so that:

- States can transmit income withholding orders electronically; and
- Employers can electronically notify States regarding the status of IWOs, including terminations and lump sum payments.

The e-IWO Pilot Project has resulted in:

- increased child support collections,
- reduced administrative expenditures for States (for example, in postage, paper, and handling),
- reduced processing and handling costs for employers,
- improved communication between child support agencies and employers, and
- consistent and uniform format for withholding information.

In order to assist with the exchange of IWOs between States and employers, OCSE has undertaken an initiative to develop a portal that will provide a single point of access for both parties to send and receive data.

1.3   Description of Changes

The changes outlined in this specification are modifications made to the existing flat file e-IWO record layouts used by States and the Defense Finance Accounting Service (DFAS). There are several new elements being added to the e-IWO detail record in order to conform to

the Office of Management and Budget's (OMB) new Income Withholding Form. Additionally, new header and trailer records are being added to allow for batching and editing by the OCSE Network host. The new elements added to the e-IWO Detail Record are:

- Lump Sum Payment Amount,
- Remittance Identifier,
- Document Image Text,
- First Error Field Name,
- Second Error Field Name, and
- Multiple Error Indicator.

The e-IWO XML schema has been modified to add the elements above and to incorporate the use of headers and trailers to allow for multiple batches being sent in an XML document.

1.4   Impact on States

At the time of implementation, OCSE will convert to the new record layout for processing State e-IWO files through the OCSE Network host. All States that currently send electronic IWOs to DFAS will be required to send their files in the new format.

States that do not currently send to DFAS, but that elect to begin to use the OCSE Network host to send to employers, should request the *e-IWO Software Interface Specification for States and Employers*. This documentation provides the entire specifications for startup and using the OCSE Network host. This document can be requested by contacting Bill Stuart at William.K.Stuart@lmco.com. This change does not impact States that send Kids 1st data files to DFAS.

1.5   Record Specifications

See Appendix A, "e-IWO Detail Record Layout", Chart A-1, "e-IWO Detail Record".

See Appendix B, "Acknowledgement Record Layout", Chart B-1, "Acknowledgement Record".

See Appendix C, "e-IWO Universal Headers and Trailers", for new records shown in Chart C-1, "Universal Header (File and Batch)" and Chart C-2, "Universal Trailer (File and Batch)".

A.   e-IWO RECORD LAYOUT

This appendix contains the record specifications for the record that is affected by the changes made for this release.

Chart A-1 presents the e-IWO Detail Record with changes highlighted in turquoise.

| CHART A-1 e-IWO DETAIL RECORD | | | | | | | |
| OMB Control No: 0970-0154   Expiration Date: 10/31/2010 | | | | | | | |
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Document Code	A code that indicates the primary e-IWO record follows.	1-3	3	A/N	R	Value must always be 'DTL'	N/A
Filler	For future use	4-6	3	A/N	O		N/A
Document Action Code	A code that indicates the type of IWO document.	7-9	3	A/N	R	Valid Values: AMD – Amended: Any change for the submitted case number/identifier by the submitting State, except termination to the original order. LUM – Lump Sum: Sent when a State, Tribe or Territory is notified, or made aware, that a "Lump Sum" payment will be made and they are requesting a deduction be made from this "Lump Sum". ORG – Original: New order for the submitted case number/identifier by the submitting State. TRM – Termination: Closure of an order, stoppage of wage withholding for the submitted case number/ identifier by the submitting State.	1a 1b 1a 1c
Document Date	The date the record was generated.	10-17	8	A/N	R	Must be a valid date in CCYYMMDD format.	1d

					Req/		Form
CHART A-1 e-IWO DETAIL RECORD							
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Issuing State-Tribe-Territory Name	The name of the jurisdiction (State, Tribe, Territory, etc.) issuing the document.	18-52	35	A/N	R	State, Tribe or Territory full name. The first character must not be a space.	1f
Issuing Jurisdiction Name	The name of the county, city, district or Tribe that is issuing the document.	53-87	35	A/N	O	If entered, should be a full name.	1h
Case Identifier	A case identifier is a value assigned by a State to uniquely identify each IV-D case in the State.	88-102	15	A/N	R	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc.	1g
Employer Name	Name of the employer/withholder to whom the withholding order is being sent.	103-159	57	A/N	R	The first character must not be a space.	2a
Employer Address Line 1 Text	Line 1 of the employer/withholder's address.	160-184	25	A/N	R	The first character must not be a space.	2b
Employer Address Line 2 Text	Line 2 of the employer/withholder's address.	185-209	25	A/N	O		2b-1
Employer Address City Name	Employer/withholder's city address.	210-231	22	A/N	R	The first character must not be a space.	2b-1

CHART A-1 e-IWO DETAIL RECORD							
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Employer Address State Code	Employer/withholder's State Code.	232-233	2	A	R	Valid two-character alphabetic State/ Territory Code. Must be equal to one of the following State codes: AL;AK;AZ;AR;AS;CA;CO;CT;DE;DC;FL; GA;GU;HI;ID;IL;IN;IA;KS;KY;LA;ME; MD;MA;MH;MI;MN;MS;MO;MT;NE;NV; NH;NJ;NM;NY;NC;ND;OH;OK;OR;PA; PR;RI;SC;SD;TN;TX;UT;VT;VA;VI;WA; WV;WI;WY	2b-2
Employer Address ZIP Code	Employer/withholder's ZIP Code.	234-238	5	N	R		2b-3
Employer Address Ext ZIP Code	Employer/withholder's extension ZIP Code.	239-242	4	A/N	O		2b-4
EIN Text	Employer/withholder's FEIN.	243-251	9	N	R	Must contain an FEIN of an employer that participates in the e-IWO project.	2c
Employee Last Name	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. 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 or imbedded spaces. Hyphens and apostrophes are allowed.	3a-1

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Employee Middle Name	Obligor's middle name or initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-2
Employee Suffix	Obligor's name suffix.	302-305	4	A/N	O		3a-3
Employee SSN	Obligor's Social Security number.	306-314	9	N	R		3b
Employee Birth Date	Obligor's date of birth.	315-322	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill with spaces.	31
Obligee Last Name	Obligee's last name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. The first character must not be a space.	3c
Obligee First Name	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.	3c-1
Obligee Middle Name	Obligee's middle name or initial.	395-409	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3c-2
Obligee Name Suffix	Obligee's name suffix.	410-413	4	A/N	O		3c-3
Issuing Tribunal Name	The name of the State, Tribe or Territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain full name.	4

CHART A-1 e-IWO DETAIL RECORD

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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	Indicates the interval the support current amount is required to be paid.	460	1	A/N	CR	If there is a dollar amount other than zero in Support Current Child Amount field (449-459), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space fill if not applicable.	5b
Support Past Due Child Amount	The dollar amount to be withheld for payment of past-due child support.	461-471	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	6a

CHART A-1 e-IWO DETAIL RECORD

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Support Past Due Child Frequency Code	Indicates the interval the past-due child support amount is required to be paid.	472	1	A/N	CR	If there is a dollar amount other than zero in Support Past Due Child Amount field (461-471), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space fill if not applicable.	6b
Support Current Medical Amount	The dollar amount to be withheld for payment of current medical support.	473-483	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	7a
Support Current Medical Frequency Code	Indicates the interval the current medical support amount is required to be paid.	484	1	A/N	CR	If there is a dollar amount other than zero in Support Current Medical Amount field (473-483), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly	7b

CHART A-1 e-IWO DETAIL RECORD

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
						S – Semi-Monthly W – Weekly X – Semi-Annually <mark>Space fill if not applicable.</mark>	
Support Past Due Medical Amount	The dollar amount to be withheld for payment of past-due medical support.	485-495	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	8a
Support Past Due Medical Frequency Code	Indicates the interval the past-due medical support amount is required to be paid.	496	1	A/N	CR	If there is a dollar amount other than zero in Support Past Due Medical Amount field (485-495), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually <mark>Space fill if not applicable.</mark>	8b
Support Current Spousal	The dollar amount to be withheld for payment of current	497-507	11	N	R	• Numeric • Decimal Assumed • Unsigned	9a

| | | | | | **CHART A-1 e-IWO DETAIL RECORD** | | |
| | | | | | OMB Control No: 0970-0154   Expiration Date: 10/31/2010 | | |
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Amount	spousal support.					• No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	
Support Current Spousal Frequency Code	Indicates 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 Support Current Spousal Amount field (497-507), this field is required. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually Space fill if not applicable.	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
Support Past Due Spousal Frequency	Indicates the interval the past-due spousal support amount is	520	1	A/N	CR	If there is a dollar amount other than zero in Support Past Due Spousal Amount field (509-519), this field is required.	10b

					Req/		Form
Element Name	Definition	Location	Length	Type	Opt	Data Element Rules	XRef
Code	required to be paid.					Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually <mark>Space fill if not applicable.</mark>	
Obligation Other Amount	The dollar amount to be withheld for payment of miscellaneous obligations.	521-531	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	11a
Obligation Other Frequency Code	Indicates the interval the miscellaneous obligations amount is required to be paid.	532	1	A/N	CR	If there is a dollar amount other than zero in Obligation Other Amount field (521-531), this field is required. Valid Values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly	11b

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
						X – Semi-Annually <mark>Space fill if not applicable.</mark>	
Obligation Other Description Text	Description of the miscellaneous obligations.	533-567	35	A/N	CR	If there is a dollar amount other than zero in Obligation Other Amount field (521-531), this field is required.	11c
Obligation Total Amount	The sum of the current child support, the past-due child support, the current cash medical support, the past-due cash medical support, the current spousal support, the past-due spousal support, and the miscellaneous obligations.	568-578	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	12a
Obligation Total Frequency Code	Indicates the interval the total obligation is required to be paid.	579	1	A/N	CR	If there is a dollar amount other than zero in Obligation Total Amount field (pos. 568-578), this field is required. Valid Values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly	12b

| | | | | | | CHART A-1 e-IWO DETAIL RECORD | |
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
						X – Semi-Annually Space fill if not applicable.	
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580	1	A/N	O	Valid values: Y – Greater than 12 weeks N – Not Greater than 12 weeks Space allowed.	6c
Income Withholding Deduction Weekly Amount	The amount the employer should withhold if the employee is paid weekly.	581-591	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	13a
Income Withholding Deduction Bi-Weekly Amount	The amount the employer should withhold if the employee is paid every two weeks.	592-602	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A	13b

CHART A-1 e-IWO DETAIL RECORD							
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
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
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
Begin Withholding Within Days Number	The number of days within which the employer must commence income withholding.	660-661	2	N	R		16

CHART A-1 e-IWO DETAIL RECORD						
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Income Withholding Start Date	The effective date of the income withholding.	662-669	8	A/N	R	Must be a valid date in CCYYMMDD format.	17
Send Payment Within Days Number	Number of days within which an employer or other withholder of income must remit amounts withheld pursuant to the issuing State's law.	670-671	2	N	R		18
Income Withholding CCPA Percent Rate	The highest percentage of income that can be withheld from the employee or obligor's wages.	672-673	2	N	R		20
Payee Name	The name of the State Disbursement Unit, individual, tribunal/court, or Tribal child support enforcement agency to which payments are required to be sent.	674-730	57	A/N	R	The first character must not be a space.	21
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	O		23

	CHART A-1 e-IWO DETAIL RECORD						
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O		23-1
Payee Address City Name	Payee's city address.	781-802	22	A/N	O		23-2
Payee Address State Code	Payee's State code.	803-804	2	A	O	Valid two-character alphabetic State or Territory Code.	23-3
Payee Address ZIP Code	Payee's ZIP Code.	805-809	5	N	O		23-4
Payee Address Ext ZIP Code	Payee's extension ZIP Code.	810-813	4	A/N	O		23-5
Payee Remittance FIPS Code	State and County FIPS Code for remitting payments via EFT/EDI.	814-820	7	N	R	Either State and County FIPS or Tribal Place Code. The first two characters are the State Code. The next three are the County Code. The last two are filled by the user. Only the first five characters (State Code and County Code) are required.	24
Government Official Name	Name of government official authorizing the document.	821-890	70	A/N	R	The first character must not be a space.	26

CHART A-1 e-IWO DETAIL RECORD							
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Issuing Official Title Text	Title of governmental official authorizing the document.	891-940	50	A/N	R	The first character must not be a space.	27
Filler	Future Use	941	1	A/N	O	Future use	
Send Employee Copy Indicator	Indicates if employer is required to provide a copy of the notice to the employee.	942	1	A/N	R	Valid values: Y – Yes N – No	28
Penalty Liability Info Text	Describes additional/specific State, Tribal, or Territory penalties or liabilities regarding the employer's failure to obey the notice.	943-1102	160	A/N	O	States should insert the citation for the appropriate "Penalty Liability" text from their State law.	29
Anti discrimination Provisions Text	Describes additional/specific information if the employer discharges, fails to employ, or disciplines the employee as a result of the notice.	1103-1262	160	A/N	O	States should insert the citation for the appropriate "Anti-discrimination" text from their State law.	30

					Req/		Form
CHART A-1 e-IWO DETAIL RECORD							
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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Specific Payee Withholding Limits Text	Additional Information regarding withholding limitations	1263-1422	160	A/N	O		31
Employee State Contact Name	Contact name.	1423-1479	57	A/N	O		37
Employee State Contact Phone Number	Contact phone number.	1480-1489	10	A/N	O		38
Employee State Contact Fax Number	Contact fax number.	1490-1499	10	A/N	O		39
Employee State Contact Email Address Text	Contact e-Mail address.	1500-1547	48	A/N	O		40
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	O	First two digits must begin with numeric FIPS State Code.	19

						CHART A-1 e-IWO DETAIL RECORD	
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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		1i
Employer State Contact Name	Employer outreach or customer service contact name.	1608-1664	57	A/N	O		32
Employer State Contact Address Line 1 Text	Line 1 of the employer outreach or customer service contact's address.	1665-1689	25	A/N	O		36-1
Employer State Contact Address Line 2 Text	Line 2 of the employer outreach or customer service contact's address.	1690-1714	25	A/N	O		36-2
Employer State Contact Address City Name	Employer outreach or customer service contact's city address.	1715-1736	22	A/N	O		36-3
Employer State Contact Address State Code	Employer outreach or customer service contact's State code.	1737-1738	2	A	O	Valid two-character alphabetic State or Territory Code.	36-4

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

CHART A-1 e-IWO DETAIL RECORD

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Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 1 Middle Name	Child's middle name or initial.	1851-1865	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces Hyphens and apostrophes are allowed.	3d-2
Child 1 Suffix Name	Child's name suffix.	1866-1869	4	A/N	O		3d-3
Child 1 Birth Date	Child's date of birth.	1870-1877	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3e
Child 2 Last Name	Child's last name.	1878-1897	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3f
Child 2 First Name	Child's first name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. If there is any other data present for Child 2, this field is required.	3f-1
Child 2 Middle Name	Child's middle name or initial.	1913-1927	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3f-2
Child 2 Suffix Name	Child's name suffix.	1928-1931	4	A/N	O		3f-3
Child 2 Birth Date	Child's date of birth.	1932-1939	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3g

| | | | | | | CHART A-1 e-IWO DETAIL RECORD | |
| | | | | | | OMB Control No: 0970-0154   Expiration Date: 10/31/2010 | |

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 3 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.	3h
Child 3 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. If there is any other data present for Child 3, this field is required.	3h-1
Child 3 Middle Name	Child's middle name or initial.	1975-1989	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3h-2
Child 3 Suffix Name	Child's name suffix.	1990-1993	4	A/N	O		3h-3
Child 3 Birth Date	Child's date of birth.	1994-2001	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3i
Child 4 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.	3j
Child 4 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. If there is any other data present for Child 4, this field is required.	3j-1

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
CHART A-1 e-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Child 4 Middle Name	Child's middle name or initial.	2037-2051	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3j-2
Child 4 Suffix Name	Child's name suffix.	2052-2055	4	A/N	O		3j-3
Child 4 Birth Date	Child's date of birth.	2056-2063	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3k
Child 5 Last Name	Child's last name.	2064-2083	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3l
Child 5 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. If there is any other data present for Child 5, this field is required.	3l-1
Child 5 Middle Name	Child's middle name or initial.	2099-2113	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3l-2
Child 5 Suffix Name	Child's name suffix.	2114-2117	4	A/N	O		3l-3
Child 5 Birth Date	Child's date of birth.	2118-2125	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3m

CHART A-1 e-IWO DETAIL RECORD						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Child 6 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.	3n
Child 6 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. If there is any other data present for Child 6, this field is required.	3n-1
Child 6 Middle Name	Child's middle name or initial.	2161-2175	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3n-2
Child 6 Suffix Name	Child's name suffix.	2176-2179	4	A/N	O		3n-3
Child 6 Birth Date	Child's date of birth.	2180-2187	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3o

CHART A-1 e-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
Lump Sum Payment Amount	The dollar amount that should be withheld from a "Lump Sum" payment.	2188-2198	11	N	R	If the Document Action Code (pos 7-9) is 'LUM' this field is required. • Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A If the Document Action Code (pos. 7-9) is 'TRM', 'ORG' or 'AMD', fill this field with zeros.	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 be, but is not required to be, the case identifier designated by the State, Tribe or Territory.	22
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

e	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form XRef
CHART A-1 e-IWO DETAIL RECORD							
OMB Control No: 0970-0154 Expiration Date: 10/31/2010							
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	2253-2284	32	A/N	O	**FOR USE BY PORTAL ONLY:** Used by the portal to return the first element that did not pass the portal edits.	N/A
Second Error Field Name	Name of the second field that did not pass the e-IWO edits.	2285-2316	32	A/N	O	**FOR USE BY PORTAL ONLY:** Used by the portal to return the second element that did not pass the portal edits.	N/A
Multiple Error Indicator	Indicates that a record has more than two errors.	2317	1	A/N	O	FOR USE BY PORTAL ONLY: Valid Values: T – True F – False If more than two errors exist in the record, this field will be set to 'T'. If less than 2 errors exist it will be set to "F".	
Filler	Future Use	2318-2406	89	A/N	O		N/A

B.   ACKNOWLEDGEMENT RECORD LAYOUT

This appendix contains the record specifications for the e-IWO Acknowledgement records that are affected by the changes made for this release.

Chart B-1 presents the Acknowledgement Record with changes highlighted in turquoise.

| CHART B-1: ACKNOWLEDGEMENT RECORD | | | | | | |
| OMB CONTROL NO: 0970-0154   EXPIRATION DATE: 10/31/2010 | | | | | | |
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Document Code	A code that indicates the acknowledgement record follows.	1-3	3	A/N	R	Value must be 'ACK'.
Document Action Code	A code that indicates the type of document.	4-6	3	A/N	R	Valid Values: AMD – Amended: The value input by the State, Tribe, or Territory in the Document Action Code field (pos. 4-6 in the Detail Record). EMP – Action initiated by an employer. For example, if the NCP is no longer employed, 'EMP' would be input and a value of 'T' would be placed in the Record Disposition Code (pos. 154-155) If an employer is notifying a State, Tribe, or Territory about a pending "Lump Sum" they would input EMP and put an 'L' in the Record Disposition Code (pos. 154-155). LUM – Lump Sum: The value input by the State, Tribe, or Territory in the Document Action Code field (positions 4-6 in the Detail Record). ORG – Original: The value input by the State, Tribe or Territory in the Document Action Code field (pos. 4-6 in the Detail Record). TRM – Termination: The value input by the

Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						State, Tribe, or Territory in the Document Action Code field (pos. 4-6 in the Detail Record).
Case Identifier	A case identifier is a value assigned by a State to uniquely identify each IV-D case in the State.	7-21	15	A/N	R	This is the Case Identifier as input by the State in positions 88-102 of the e-IWO Detail record.
EIN Text	The Employer/ Withholder's FEIN.	22-30	9	N	R	
Employee Last Name	The Obligor's Last Name.	31-50	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. The first character must not be a space.
Employee First Name	The Obligor's First Name.	51-65	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. The first character must not be a space.
Employee Middle Name	The Obligor's Middle Name or Initial.	66-80	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.
Employee Name Suffix	The Obligor's Name Suffix	81-84	4	A/N	O	
Employee SSN	The Obligor's SSN	85-93	9	N	R	
Document Tracking Number	An identifier assigned by the entity sending the document that	94-123	30	A/N	O	This is the Document Tracking Number as input by the State in position 1548-1577 of the e-IWO Detail record.

CHART B-1: ACKNOWLEDGEMENT RECORD
OMB CONTROL NO: 0970-0154   EXPIRATION DATE: 10/31/2010

CHART B-1: ACKNOWLEDGEMENT RECORD						
OMB CONTROL NO: 0970-0154 EXPIRATION DATE: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
	uniquely identifies the document.					
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	124-153	30	A/N	O	This is the Order Identifier as input by the State in position 1578-1607 of the e-IWO Detail record.
Record Disposition Status Code	Indicates whether a record was accepted or rejected by the employer.	154-155	2	A/N	R	Values are: A – Record Accepted L – Lump Sum R – Record Rejected T – Termination
Rejected Reason Code	The reason an e-IWO record was rejected by an employer.	156-158	3	A/N	CR	Only if the value in Record Disposition Status equals 'R', is this required to be completed. Values are: D – Duplicate IWO N – NCP no longer at the employer O – Other Reason U – NCP not known to employer X – Employer could not electronically process this record. Z – Termination cannot be processed; no current IWO in place
Filler	Reserved for future use.	159	1	A/N	O	

CHART B-1: ACKNOWLEDGEMENT RECORD
OMB CONTROL NO: 0970-0154   EXPIRATION DATE: 10/31/2010

Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Termination Date	Date that an employee left or was terminated by an employer.	160-167	8	A/N	O	Must be a valid date in CCYYMMDD format. If not applicable, fill this field with spaces.
NCP Last Known Address Line 1 Text	Line 1 of the NCP's last known address.	168-192	25	A/N	O	
NCP Last Known Address Line 2 Text	Line 2 of the NCP's last known address.	193-217	25	A/N	O	
NCP Last Known Address City Name	NCP's last known city address.	218-239	22	A/N	O	
NCP Last Known Address State Code	NCP's last known State code.	240-241	2	A	O	Valid two-character alphabetic State or Territory Code.
NCP Last Known Address ZIP Code	NCP's last known address five-digit ZIP Code.	242-246	5	N	O	
NCP Last Known Address Ext ZIP Code	NCP's last known four-character ZIP Code.	247-250	4	A/N	O	
Final Payment Made Date	Date of the final payment sent to the SDU.	251-258	8	A/N	O	Must be a valid date in CCYYMMDD format. If not applicable, fill this field with spaces.
Final Payment	Amount of the final	259-269	11	N	R	Numeric

CHART B-1: ACKNOWLEDGEMENT RECORD					
OMB CONTROL NO: 0970-0154 EXPIRATION DATE: 10/31/2010					
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Amount	payment sent to the SDU. This only applies when an employee has been terminated or left his/her employer.					• Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A The last payment/wages that were paid to an NCP that has left or been terminated.
New Employer Name	Name of NCP's new employer.	270-326	57	A/N	O	
New Employer Address Line 1 Text	Line 1 of New Employer's Address.	327-351	25	A/N	O	
New Employer Address Line 2 Text	Line 2 of New Employer's Address.	352-376	25	A/N	O	
New Employer Address City Name	New Employer's City	377-398	22	A/N	O	
New Employer State Code	New Employer's State code.	399-400	2	A	O	Valid two-character alphabetic State or Territory Code
New Employer Address ZIP Code	New Employer's five character ZIP Code.	401-405	5	N	O	

CHART B-1: ACKNOWLEDGEMENT RECORD						
OMB CONTROL NO: 0970-0154 EXPIRATION DATE: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
New Employer Address Ext ZIP Code	New Employer's four character ZIP Code.	406-409	4	A/N	O	
Payment Lump Sum Date	The date an employer anticipates that a Lump Sum Payment will be disbursed to an employee.	410-417	8	A/N	O	Must be a valid date in CCYYMMDD format. If there is a dollar amount other than zero in the Payment Lump Sum Amount field (418-428), this field should be filled. If the Document Action Code (pos. 4-6) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', this field must be blank. If unknown or not applicable, fill this field with spaces.
Payment Lump Sum Amount	An amount the employer intends to issue as a Lump Sum Payment to the employee.	418-428	11	N	R	• Numeric • Decimal Assumed • Unsigned • No Rounding • Right Justify • Zero Fill to Left • Zero Fill if N/A If the Document Action Code (pos. 4-6) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'L', the dollar amount in this field must be filled with an amount greater than $0.00. If the Document Action Code (pos. 4-6) is

Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
CHART B-1: ACKNOWLEDGEMENT RECORD OMB CONTROL NO: 0970-0154 EXPIRATION DATE: 10/31/2010						
						'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', the dollar amounts in this field must be zero filled.
Payment Lump Sum Type Text	The type of Lump Sum Payment that will be disbursed to an employee. Examples 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. 4-6) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'L', this field must be filled. If the Document Action Code (pos. 4-6) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', this field must be blank.
NCP Last Known Phone Number	Last known phone number for the NCP.	464-473	10	A/N	O	
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	474-505	32	A/N	O	**FOR USE BY PORTAL ONLY:** Used by the portal to return the first element that did not pass the portal edits.
Second Error Field Name	Name of the second field that did not pass the e-IWO edits.	506-537	32	A/N	O	**FOR USE BY PORTAL ONLY:** Used by the portal to return the second element that did not pass the portal edits.
Multiple Error Indicator	Indicates that a record has more than 2 errors.	538	1	A/N	O	**FOR USE BY PORTAL ONLY:** Valid Values: T – True F – False

CHART B-1: ACKNOWLEDGEMENT RECORD						
OMB CONTROL NO: 0970-0154 EXPIRATION DATE: 10/31/2010						
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						If more than two errors exist in the record, this field will be set to 'T'. If less than two errors exist, this field will be set to "F".
Filler	Future Use	539-573	35	A/N	O	

C.   e-IWO UNIVERSAL HEADERS AND TRAILERS

This appendix contains the record specifications for the new e-IWO Universal Headers and Trailers that are established by the changes made for this release. Each file contains a set of File Headers and File Trailers and can have multiple sets of Batch Headers and Batch Trailers depending on the number of unique employers or States that have data within the file.

Chart C-1 presents the Universal Header.

Chart C-2 presents the Universal Trailer.

CHART C-1: UNIVERSAL HEADER (FILE AND BATCH)					
OMB Control No: 0970-0154 Expiration Date: 10/31/2010					
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules

Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Document Code	A code that indicates whether the header is for a file or a batch, and the type of record that follows.	1-3	3	A	R	Required for all Headers. First two characters indicate header type. FH ALWAYS indicates a File Header. BH ALWAYS indicates a Batch Header. Third character indicates the record type. The record types are: A – Acknowledgement: File sent from an employer to a State (FHA, BHA) I – IWO Detail: File sent from a State to an employer (FHI, BHI) K – Acknowledgement Result: File sent from portal to employer (FHK, BHK). Used by the portal R – IWO Receipt: File sent from employer to State (FHR, BHR) S – IWO Result: File sent from portal to State (FHS, BHS). Used by the portal.
Control Number	An identifier assigned by the State, Tribe, or Territory that uniquely identifies a file or group of records in a batch.	4-25	22	A/N	R	Required for all Headers. A unique alphanumeric number that identifies a specific file or a batch within a file. The File Header (FH) will have a unique control number to identify a file. The State must assign a unique control number for each employer batch (BHI) contained in a file. Recommended Format: 5 Digit FIPS – 21000 (2-digit State FIPS Code

					Req./	
CHART C-1: UNIVERSAL HEADER (FILE AND BATCH)						
OMB Control No: 0970-0154 Expiration Date: 10/31/2010						
Element Name	Definition	Location	Length	Type	Opt.	Data Element Rules
						Number followed by 3 zeroes)
						Date – YYMMDD
						Time – HHMMSSS
						Sequence # – 0000
						The employer/payroll processor must return the Batch Control Number sent to them when returning an IWO Receipt (BHR).
						For Acknowledgements, employers may enter an identifier of their choosing.
State FIPS Code	The State/Tribe Territory State FIPS Code for which the batches are intended.	26-30	5	A/N	CR	Required in File (FHI) and Batch (BHI) Header for IWO Detail sent by States.
						Required in Batch Header for Acknowledgement (BHA) sent by an employer or their agent.
						Required in Batch Header for IWO Receipt (BHR) sent by employer or their agent.
						Format:
						21000 (two-digit State FIPS Code number followed by three zeroes)
EIN Text	The Employer's FEIN.	31-39	9	A/N	CR	Required in File Header for Acknowledgement (FHA) sent by employers.
						Required in File Header and Batch Header for IWO Receipt (FHR and BHR) sent by employer or their agent.
						Required in Batch Header for IWO Detail (BHI) sent by States.
						Required in Batch Header for Acknowledgement

	CHART C-1: UNIVERSAL HEADER (FILE AND BATCH)					
	OMB Control No: 0970-0154 Expiration Date: 10/31/2010					
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
						(BHA) sent by employer or their agent.
						If N/A fill with spaces.
Payroll Processor EIN Text	The FEIN of the employer's agent or a third party.	40-48	9	A/N	CR	Required in File Headers for Acknowledgement (FHA) sent by employer's agent. Required in File Header for IWO Receipt (FHR) sent by employer's agent. Optional in Batch Header for IWO Detail (BHI) sent by States to be forwarded to employer's agent. If N/A fill with spaces.
Creation Date	The date the header was generated.	49-56	8	A/N	R	Required for all Headers. Must be a valid date in CCYYMMDD format.
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.
Filler FHI and BHI FHA and BHA FHS and BHS FHR and BHR FHK and BHK	IWO Detail Acknowledgement IWO Result IWO Receipt Acknowledgement Result	63	Varies 2344 511 2344 18 511	A/N	O	The filler length varies according to the file to which it is associated.

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

CHART C-2: UNIVERSAL TRAILER (FILE AND BATCH)					
OMB Control No: 0970-0154 Expiration Date: 10/31/2010					
Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules
Batch Count	Indicates the number of batches contained in the file.	26-30	5	N	R	Used with file trailers (FTI, FTA, FTS, FTR, and FTK). Zero fill if batch trailers (BTI, BTA, BTS, BTR, and BTK).
Record Count	Indicates the number of records contained in a batch	31-35	5	N	R	Used with batch trailers (BTI, BTA, BTS, BTR, and BTK). Zero fill if file trailers (FTI, FTA, FTS, FTR, and FTK).
Employer Sent Count	Indicates the number of valid records sent to an employer after the editing process.	36-40	5	N	CR	Used for IWO Result File (BTS). Only used by the portal. Always fill with zeros
State Sent Count	Indicates the number of valid records sent to a State after the editing process.	41-45	5	N	CR	Used for Acknowledgement Result File (BTK). Only used by the portal. Always fill with zeros
Filler FTI and BTI FTA and BTA FTS and BTS FTR and BTR FTK and BTK	IWO Detail Acknowledgement IWO Result IWO Receipt Acknowledgement Result	46	Varies 2361 528 2361 35 528	A/N	O	The filler length varies according to the file that it is associated with.