Check Header Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 01 = Transmission Header Record
2. Transmission Number	9(6)	3-8	Always 000001 for first transmission of day. Increase by 1 for each subsequent transmission. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Date/Time	9(12)	23-34	Date/Time the schedule was transmitted to ROC. Format: YYYYMMDDHHMM. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
5. FPA ID	X(4)	35-38	Unique acronym for each FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
6. FPA PC #	9(2)	39-40	Unique number assigned to each PC in FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
7. Filler	X(2)	41-42	Blank Fill.
8. RFC Identifier	X(3)	43-45	Regional Financial Center for processing Schedule. AFC = Austin BFC = Birmingham CFC = Chicago KFC = Kansas City PFC = Philadelphia SFC = San Francisco
9. ALC	X(8)	46-53	Agency Location Code from the 02 Record.
10. DOS Filename	X(12)	54-65	DOS filename, NNNNNNNN.RFC. File format is three digit schedule sequence, dash separator, 4 digit schedule creation date. The file extension contains designated RFC. Ex: 001-1003.BFC **(BLANK FILL FILE EXTENSION ONLY FOR 3rd PARTY FORMAT.)**
11. Filler	X(351)	66-416	Blank Fill.
12. *Payment Type	9(1)	417-417	One digit code stating Payment Type of data being transmitted. Codes are as follows: "C" = Check,(Applicable Pmt. App.= V,M,X,B,D,O,R,C) "N" = Manual Check, (Applicable Pmt. App. = V,M,X)
13. *Payment Application	9(1)	418-418	One digit code stating Payment Application of data being transmitted. Codes are as follows: "V" = Vendor (Applicable Pmt. Type = C,N) "M" = Miscellaneous (Applicable Pmt. Type = C,N) "X" = Tax (Applicable Pmt. Type = C,N) "B" = SSA Benefit (Applicable Pmt. Type = C) "D" = SSI Benefit (Applicable Pmt. Type = C) "O" = OPM Benefit (Applicable Pmt. Type = C) "R" = RRB Benefit (Applicable Pmt. Type = C) "C" = VA Benefit (Applicable Pmt. Type = C)
14. Filler	X(22)	419-440	Blank Fill.

Payment Formats

RECORD NAME : Check Agency Location Code (ALC) Control Record   Modified 7/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 02 = ALC Control Record
2. Record Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(13)	23-35	Blank Fill.
5. ALC	9(8)	36-43	8-digit ALC assigned to this schedule
6. Filler	X(11)	44-54	Blank Fill.
7. Record Code	X(1)	55-55	"&" HEX (26)
8. Filler	X(360)	56-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 03 = Agency Billing Address Control Record
2. Record Number	9(6)	3-8	Always 000002.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Zero Constant	9(13)	23-35	Zero Fill.
5. Filler	X(19)	36-54	Blank Fill.
6. Record Code	X(1)	55-55	"A"
7. Agency Name	X(25)	56-80	Agency name for billing purposes
8. Address 1	X(25)	81-105	Billing address of agency. If less than 3 lines, blank fill remaining lines. Last significant line must contain City, State, and Zip Code.
9. Address 2	X(25)	106-130	
10. Address 3	X(25)	131-155	
11. Agency Telephone	X(10)	156-165	Telephone number for billing questions. Format: AAATTTTTTT
12. Filler	X(250)	166-415	Blank Fill.
13. ASAID	X(8)	416-423	Agency Security Administrator ID *(BLANK FILL FOR 3rd PARTY FORMAT.)*
14. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
15. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Check Payment Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 04 = Payment Record
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment in schedule.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record Right justify, zero pad. Zero fill first four positions.
4. Enclosure Code	9(1)	23-23	"0" = Name Only "1" = Direct Mail (required if 01 record **Payment Application** is a Benefit or Tax) "2" = NCR Enclosure (requires records 05 and 06) "5" = Foreign Mail
5. Filler	X(7)	24-30	Blank Fill.
6. Zero Constant	9(1)	31-31	Zero Fill.
7. Payment Amount	9(10)	32-41	Amount of payment. Right-justify and pad with high-order zeros. Restricted to 9 positions, except for Manual Check. Manual Check Payments must be at least $10,000,000.00 but less than $100,000,000.00.
8. Agency ID	X(10)	42-51	Up to ten characters of agency identification information may be placed in this field for printing on the check. Blank fill if no agency ID desired on the check.
9. Record Code	X(1)	52-52	"B"
10. Payee Name	X(35)	53-87	Name of payee or vendor.
11. *Address 1	X(35)	88-122	Address lines required as follows: Name Only, 1 optional, 3 must be blank filled Direct Mail, 1 required, 3 optional. NCR Enclosure, 1 required, 3 optional. Foreign Mail, 1 required, 3 optional. The last line in the address must contain the City, State, and Zip Code for Enclosure codes 1,2,5.
12. Address 2	X(35)	123-157	Blank fill if not used. (Must be blank filled for Name Only.)
13. Address 3	X(30)	158-187	Blank fill if not used. (Must be blank filled for Name Only.)
14. Address 4	X(30)	188-217	Blank fill if not used. (Must be blank filled for Name Only.)
15. Type of Payment (LTD)	X(1)	218-218	Payment Type for Limited Payability. (Optional) For Agency use to identify type of payment.
16. Account Symbol	X(16)	219-234	Identifies appropriation or fund used to make payment.
17. *Payee ID/TIN	X(9)	235-243	Tax Identification Number, Vendor ID, SSN or Payee ID. 1 to 9 positions Alpha-numeric (one character minimum).
18. *Filler	X(40)	244-283	Blank Fill (reserved for future use).

19. *Number of Payment
    Id Lines   9(2)   284-285   Number of payment identification lines to be
                                           printed. Values are as follows:
                                               <u>01 = none or one</u>
                                               <u>02 = two</u>
                                               Name Only, Direct Mail, and Foreign Mail, are
                                               01 or 02
                                               NCR (Enclosure Code 2) is 01 to 14, Note: the
                                               05 and 06 NCR Enclosure Records must be
                                               included.

20. *Payment ID
    Line 1   X(55)   286-340   Name Only, Direct Mail, and Foreign Mail are
                                           restricted to the first 40 characters maximum.
                                           NCR (Enclosure Code 2) contains up to 55 characters
                                           of payment identification information.
                                           Blank fill if none.

21. Payment ID
    Line 2   X(55)   341-395   Additional line for payment identification
                                           information to be printed on check. Name Only,
                                           Direct Mail, and Foreign Mail are restricted to the
                                           first 40 characters maximum. NCR (Enclosure Code 2)
                                           contains up to 55 characters of payment
                                           identification information. Blank fill if none.

22. Filler   X(18)   396-413   Blank Fill.

23. *1099 Reporting
    Eligibility   X(1)   414-414   "N" = Non-participating or Not Reportable.
                                           (Mandatory Value if 01 record **Payment Application**
                                           is a Benefit or Tax; or if **Payment Type** is a Manual
                                           Check. Default Value for **Payment Application** Vendor
                                           or Miscellaneous.)

                                           "A" = Rents.
                                           "B" = Royalties.
                                           "C" = Other Income.
                                           "D" = Federal Income Tax withheld (backup
                                                 withholding or withholding on payment of
                                                 Indian gaming profits).
                                           "E" = Fishing boat proceeds.
                                           "F" = Medical and health care payments.
                                           "G" = Nonemployee compensation or crop
                                                 insurance proceeds.
                                           "H" = Substitute payments in lieu of dividends or
                                                 interest.
                                           "I" = Excess golden parachute payments.
                                                 (Required field)

24. *TOP Offset
    Eligibility   X(1)   415-415   "Y" = Eligible for TOP, "N" = Not eligible. "Y" is
                                               the default. (Required Field)

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25. ASAID          X(8)       416-423    Agency Security Administrator ID. (BLANK FILL FOR
                                         3rd PARTY FORMAT.)

26. ACOID          X(8)       424-431    Agency Certifying Officer ID. (BLANK FILL FOR 3rd
                                         PARTY FORMAT.)

27. MAC            X(9)       432-440    Message Authentication Code for record.
                                         Format: XXXX XXXX. (BLANK FILL FOR 3rd
                                         PARTY FORMAT.)
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Payment Formats

RECORD NAME :   Check 05 NCR Enclosure Record, include this record if this is a NCR
                     Enclosure payment.   Modified - 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 05 = Payment Record (Required record for NCR Enclosure Code 2 payments)
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment in schedule. Same as payment number on 04 record.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Payment ID Line 3	X(55)	23-77	Up to 14 lines of payment identification information may be placed in these fields for printing on the "Notice to Check Recipient" (NCR) forms. If less than the 14 lines required, remaining lines must be blank filled. First 2 lines are in the 04 Payment Record.
5. Payment ID Line 4	X(55)	78-132	
6. Payment ID Line 5	X(55)	133-187	
7. Payment ID Line 6	X(55)	188-242	
8. Payment ID Line 7	X(55)	243-297	
9. Payment ID Line 8	X(55)	298-352	
10. Filler	X(63)	353-415	Blank Fill.
11. ASAID	X(8)	416-423	Agency Security Administrator ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
12. ACOID	X(8)	424-431	Agency Certifying Officer ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
13. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

Payment Formats

RECORD NAME :   Check 06 NCR Enclosure Record, include this record if this is a NCR
                    Enclosure payment.   Modified 3/20/98

DATA ELEMENT DESCRIPTION   Page 01 of 01

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 06 = Payment Record (Required record for NCR Enclosure Code 2 payments)
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment in schedule. Same as payment number on 04 record.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Payment ID Line 9	X(55)	23-77	Up to 14 lines of payment identification information may be placed in these fields for printing on the "Notice to Check Recipient" (NCR) forms. If less than the 14 lines required, remaining lines must be blank filled.
5. Payment ID Line 10	X(55)	78-132	
6. Payment ID Line 11	X(55)	133-187	
7. Payment ID Line 12	X(55)	188-242	
8. Payment ID Line 13	X(55)	243-297	
9. Payment ID Line 14	X(55)	298-352	
10. Filler	X(63)	353-415	Blank Fill.
11. ASAID	X(8)	416-423	Agency Security Administrator ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
12. ACOID	X(8)	424-431	Agency Certifying Officer ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
13. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***

Check Trailer Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 09 = Schedule Control Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than last payment number in schedule.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Constant Nines	9(13)	23-35	Nines fill
5. Schedule Item Count	9(7)	36-42	Number of payments in schedule. Count does not include control records.
6. *Schedule Amount	9(13)	43-55	Total dollar amount of payments in schedule. Currently the largest total schedule amount allowed will result in a 12 digit amount. Therefore, the highest order digit in this field will always be 0. This also applies to Appropriation Amounts. Right justify, zero pad.
7. *Record Code	X(1)	56-56	"C"
8. *Account Symbol 1	X(16)	57-72	Account symbol or other appropriate reference identifying the appropriation or fund affected for the first account symbol on this schedule. (Additional account symbols, up to ten, will be entered in subsequent fields as needed).
9. *Appropriated Amt 1	9(13)	73-85	Total amount on the schedule used for the first account symbol. (Appropriation amounts for additional account symbols will be entered in subsequent appropriated amount fields). Currently the largest total amount allowed will result in a 12 digit amount. Therefore, the highest order digit in this field will always be 0. Right justify, zero pad.
10. *Account Symbol 2	X(16)	86-101	Blank fill if not needed
11. *Appropriated Amt 2	9(13)	102-114	Zero fill if not needed
12. *Account Symbol 3	X(16)	115-130	Blank fill if not needed
13. *Appropriated Amt 3	9(13)	131-143	Zero fill if not needed
14. *Account Symbol 4	X(16)	144-159	Blank fill if not needed
15. *Appropriated Amt 4	9(13)	160-172	Zero fill if not needed
16. *Account Symbol 5	X(16)	173-188	Blank fill if not needed
17. *Appropriated Amt 5	9(13)	189-201	Zero fill if not needed
18. *Account Symbol 6	X(16)	202-217	Blank fill if not needed
19. *Appropriated	9(13)	218-230	Zero fill if not needed

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     Amt 6

20. *Account
     Symbol 7      X(16)     231-246      Blank fill if not needed

21. *Appropriated  9(13)     247-259      Zero fill if not needed
     Amt 7

22. *Account
     Symbol 8      X(16)     260-275      Blank fill if not needed

23. *Appropriated  9(13)     276-288      Zero fill if not needed
     Amt 8

24. *Account
     Symbol 9      X(16)     289-304      Blank fill if not needed

25. *Appropriated  9(13)     305-317      Zero fill if not needed
     Amt 9

26. *Account
     Symbol 10     X(16)     318-333      Blank fill if not needed

27. *Appropriated  9(13)     334-346      Zero fill if not needed
     Amt 10

28. Filler         X(69)     347-415      Blank Fill.

29. ASAID          X(8)      416-423      Agency Security Administrator ID. (BLANK FILL FOR
                                          3rd PARTY FORMAT.)

30. ACOID          X(8)      424-431      Agency Certifying Officer ID. (BLANK FILL FOR 3rd
                                          PARTY FORMAT.)

31. MAC            X(9)      432-440      Message Authentication Code for record.
                                          Format:  XXXX XXXX. (BLANK FILL FOR 3rd PARTY
                                          FORMAT.)
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RECORD NAME : Check Schedule Trailer Record                Modified 2/9/1998

DATA ELEMENT DESCRIPTION
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ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 99 = Schedule Trailer Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than record number in schedule control record
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(393)	23-415	Blank Fill.
5. ASAID	X(8)	416-423	Agency Security Administrator ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
6. ACOID	X(8)	424-431	Agency Certifying Officer ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
7. MAC	X(9)	432-440	Message Authentication Code for entire schedule (file) excluding Transmission Header Record and Schedule Trailer Record. Format: XXXX XXXX. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***