

APPENDIX B - E-IWO PROFILE FORM

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| GENERAL INFORMATION | | | |
|--------------------------------|-------------------------|-------------------|--|
| Start Date: | | | |
| | | | |
| Partner Identification: | State FIPS Code: | | |
| | FEIN: | | |
| | | | |
| ADDRESS INFORMATION | | | |
| Name: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | | | |
| State: | | | |
| Postal Code: | | | |
| Country: | | | |
| | | | |
| BUSINESS CONTACT INFORMATION | | | |
| Contact Name: | | | |
| Contact Phone Number: | | Extension: | |
| Contact Fax Number: | | | |
| Contact Email: | | | |
| | | | |
| TECHNICAL CONTACT INFORMATION | | | |
| Contact Name: | | | |
| Contact Phone Number: | | Extension: | |
| Contact Fax Number: | | | |
| Contact Email: | | | |

E-IWO STATE PREFERENCES

E-IWO STATE PREFERENCES

| FILE INFORMATION | | | |
|--|--|--|---|
| State will be sending files zipped and receiving files zipped: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| State will be sending files as the following file format and file extension: | <input type="checkbox"/> Flat <input type="checkbox"/> XML | Flat File Extension: | <input type="checkbox"/> TXT <input type="checkbox"/> Other: _____ |
| State will be sending State Order Files using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 180000000.IWO.200708060115087.0000.txt) <input type="checkbox"/> State Naming Convention | | |
| File Name if using State naming convention: | | | |
| State will be sending supporting documents, such as cover letters: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Supporting Document File Extension: | <input type="checkbox"/> TXT <input type="checkbox"/> DOC <input type="checkbox"/> PDF <input type="checkbox"/> ODF <input type="checkbox"/> Other : _____ |
| State request Results File be sent from OCSE/e-IWO: | <input type="checkbox"/> Always <input type="checkbox"/> Only when errors | | |
| State requests Results File for orders using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 180000000.RES.200708060115087.0000.txt) <input type="checkbox"/> State Naming Convention | | |
| File Name if using State naming convention: (Must be a unique constant name – cannot be variable.) | | | |

| FILE INFORMATION | |
|--|--|
| Case ID Format: | |
| State will be receiving Employer Receipt Files using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 180000000.REC.200708060115087.0000.txt) <input type="checkbox"/> State Naming Convention |
| File Name if using State naming convention: | |
| State will be receiving Employer Acknowledgement Files using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 180000000.ACK.200708060115087.0000.txt) <input type="checkbox"/> State Naming Convention |
| File Name if using State naming convention: (Must be a unique constant name – cannot be variable.) | |

| STATE SERVER INFORMATION | | |
|---|--|--|
| Schedule Times to receive or send files: (Ex.: 01:30 PM ET) (ET, PT, MT, CT) | | |
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| Production Pickup Directory Name: | | |
| User ID/ Password: | | |
| IP Address/ Host Name: | | |
| Production Drop-off Directory Name: | | |
| User ID/ Password: | | |
| IP Address/ Host Name: | | |
| | | |
| Testing/Certification Pickup Directory Name: | | |
| User ID/ Password: | | |
| IP Address/ Host Name: | | |
| Testing/Certification Drop-off Directory Name: | | |
| User ID/ Password: | | |
| IP Address/ Host Name: | | |

E-IWO EMPLOYER/PAYROLL PROVIDER PREFERENCES

E-IWO EMPLOYER/PAYROLL PROVIDER PREFERENCES

| | | | |
|---|---|-----------------------------|---|
| Type of Data Exchange Partner: | <input type="checkbox"/> Employer <input type="checkbox"/> Payroll Processor | | |
| FILE INFORMATION | | | |
| Employer will be sending files zipped and receiving files zipped: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employer will be sending files as the following file format and file extension: | <input type="checkbox"/> Flat <input type="checkbox"/> XML | Flat File Extension: | <input type="checkbox"/> TXT <input type="checkbox"/> Other: _____ |
| Employer will be receiving State Order Files using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 123456789.IWO.200708060115087.0000.txt) <input type="checkbox"/> Employer Naming Convention | | |
| File Name if using Employer naming convention: | | | |
| Employer requests OCSE/e-IWO generated PDF form versions of the order: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employer requests Results File for acknowledgements be sent from OCSE/e-IWO: | <input type="checkbox"/> Always <input type="checkbox"/> Only when errors | | |
| Employer requests Results File using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 123456789.RES.200708060115087.0000.txt) <input type="checkbox"/> Employer Naming Convention | | |
| File Name if using Employer naming convention: (Must be a unique constant name – cannot be variable.) | | | |

| FILE INFORMATION | |
|--|--|
| Employer will be sending Employer Receipt Files using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 123456789.REC. 200708060115087.0000.txt) <input type="checkbox"/> Employer Naming Convention |
| File Name if using Employer naming convention: (Must be a unique constant name – cannot be variable.) | |
| Employer will be sending Employer Acknowledgement Files using the following naming convention: | <input type="checkbox"/> OCSE/e-IWO Naming Convention (Ex.: 123456789.ACK. 200708060115087.0000.txt) <input type="checkbox"/> Employer Naming Convention |
| File Name if using Employer naming convention: (Must be a unique constant name – cannot be variable.) | |
| SUBSIDIARY FEIN | |
| If you are an employer with multiple FEINs, register one FEIN as the parent FEIN and record the other FEINS here: | |
| PAYROLL PROVIDER INFORMATION | |
| If you are an employer with a payroll provider, supply the payroll provider FEIN: | |

| EMPLOYER SERVER INFORMATION | |
|--|--|
| Schedule Times to receive or send files: (Ex.: 01:30 PM) | |
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| Production Pickup Directory Name: | |
| User ID/ Password: | |
| IP Address/ Host Name: | |
| Production Drop-off Directory Name: | |
| User ID/ Password: | |
| IP Address/ Host Name: | |
| | |
| Testing/Certification Pickup Directory Name: | |
| User ID/ Password: | |
| IP Address/ Host Name: | |
| Testing/Certification Drop-off Directory Name: | |
| User ID/ Password: | |
| IP Address/ Host Name: | |
| | |
| Employer requests files be encrypted when dropped off: (OCSE uses GPG) | <input type="checkbox"/> Yes <input type="checkbox"/> No |