

NDNH W-4 Input Record Layouts

CHART G-1: NDNH W-4 INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS				
Field Name	Location	Length	A/N	Comments
W-4 TRANSMITTER HEADER RECORD				
Record Identifier	1-2	2	A/N	Required This field must contain the characters 'H4'.
Transmitter State Code	3-4	2	A/N	Required for states and territories This field must contain the two-digit numeric FIPS code of the state or territory that is transmitting data to the NDNH. (For a list of FIPS codes, refer to the Department of Commerce's <i>FIPS Code Manual</i> , <i>National Institute of Standards and Technology</i> , FIPS PUB 6-4 (April 1995). In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/). Federal agencies leave this field blank.
Transmitter Agency Code	5-13	9	A/N	Required for Federal agencies This field must contain the nine-character Federal Employer Identification Number (FEIN) or the letter 'A' followed by the FIPS code of the Federal agency. SDNHs leave this field blank.
Transmission Type	14-15	2	A/N	Required This field must contain the characters 'W4'.
Department of Defense Code	16	1	A	Required for DoD only This field must contain one of the following characters: A – Active duty employees C – Civilian employees R – Reserve employees SDNHs and Federal agencies, other than the DoD, leave this field blank.
Version Control Number	17-18	2	A/N	Required This field must contain the numbers '01'. If this field changes, OCSE will notify the SDNHs and Federal agencies.
Date Stamp	19-26	8	N	Required This field must contain the transmission date of the W-4 data to the NDNH.

CHART G-1: NDNH W-4 INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
				This must be in the Year 2000-compliant format of CCYYMMDD.
Batch Number	27-32	6	N	Required This field should contain a sequential number generated by the transmitting Federal agency or SDNH. Do not repeat batch numbers.
Filler	33-801	769	A/N	Required This field is reserved for return error codes and records counts. This field is all spaces.
W-4 TOTAL RECORD				
Record Identifier	1-2	2	A/N	Required This field must contain the characters 'T4'.
Data Record Count	3-13	11	N	Required This field must contain the number of records in the transmission, including the Header and Trailer records.
Filler	14-801	788	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
W-4 DATA RECORD				
Record Identifier	1-2	2	A/N	Required This field must contain the characters 'W4'.
Employee SSN	3-11	9	N	Required This field must contain a nine-digit SSN. If this field is spaces or contains any alphabetic characters, the system rejects the record.
Employee Name				Required
First Name	12-27	16	A/N	This field must contain at least one character in the First Name and one character in the Last Name. If either the first or last name is spaces, the system rejects the record.
Middle Name	28-43	16	A/N	
Last Name	44-73	30	A/N	
Employee Street Address				Required
Line 1	74-113	40	A/N	Line (1), if the FEIN and Employer Address are missing. If an address is less than 40 characters per line, do not concatenate into one line. Use Line (3) for a military designation or Canadian Province
Line 2	114-153	40	A/N	
Line 3	154-193	40	A/N	

CHART G-1: NDNH W-4 INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
				Code.
Employee City	194-218	25	A/N	Required If the FEIN and Employer Address are missing, this field must contain at least two characters.
Employee State	219-220	2	A/N	Required If the FEIN and Employer Address are missing, this field must contain a valid two-letter U.S. Postal Service abbreviation of a state or territory.
Employee Zip Code				Required
Zip Code 1	221-225	5	A/N	First five-digits, if the FEIN, Employer Address and foreign zip code are missing. This field must contain a five-digit U.S. Postal Service Zip Code. The Zip Code 2 must be either all spaces or all numeric.
Zip Code 2	226-229	4	A/N	
Employee Foreign Address				Required
Foreign Country Code	230-231	2	A/N	If the FEIN and employer address are missing and the employee's address is a foreign country, the foreign country code is required. The foreign country name and Zip Code are optional. If present, the foreign country name must contain at least two characters. Include the military designation or Canadian Province Code. (Refer to the U.S. Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive the foreign country code. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/).
Foreign Country Name	232-256	25	A/N	
Foreign Zip Code	257-271	15	A/N	
Employee Date of Birth	272-279	8	A/N	Optional If present, this field must be in the Year 2000-compliant format of CCYYMMDD. This field must contain either all spaces or all numeric.
Employee Date of Hire	280-287	8	A/N	Optional If present, this field must be in the Year 2000-compliant format of CCYYMMDD. This field must contain either all spaces or all numerals.
Employee State of Hire	288-289	2	A	Optional

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Field Name	Location	Length	A/N	Comments
				If present, this field must contain a valid two-letter U.S. Postal Service abbreviation of a state or territory.
Federal EIN	290-298	9	A/N	Required If the employee address and the employer address are missing. This field contains the Federal Employer Identification Number (FEIN) the IRS assigns to an employer.
State EIN	299-310	12	A/N	Optional This field contains a number that a state may assign an employer.
Employer Name	311-355	45	A/N	Optional If present, this field must contain at least two characters.
Employer Street Address Line 1 Line 2 Line 3	356-395 396-435 436-475	40 40 40	A/N A/N A/N	Required If the employee address and the FEIN are missing. If present, this field must contain at least two characters. If an address is less than 40 characters per line, do not concatenate into one line. Use Line 3 for a military designation or Canadian Province Code.
Employer City	476-500	25	A/N	Required If the employee address and the FEIN are missing. If present, this field must contain at least two characters.
Employer State	501-502	2	A/N	Required If the employee address and the FEIN are missing. If present, this field must contain a valid two-letter U.S. Postal Service abbreviation of a state or territory.
Employer Zip Code Zip Code 1 Zip Code 2	503-507 508-511	5 4	A/N A/N	Required If the employee address, FEIN, and foreign zip code are missing. This field contains the five-digit U.S. Postal Service Zip Code associated with the employer's address. The Zip Code 2 must be either all spaces or all numerals.
Employer Foreign Address				Required If the FEIN and employee address are missing and the employer's

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Field Name	Location	Length	A/N	Comments
Foreign Country Code	512-513	2	A/N	address is a foreign country, the foreign country code is required. The foreign country name and Zip Code are optional. If present, the foreign country name must contain at least two characters. Include the military designation or Canadian Province Code. (Refer to the U.S. Department of Commerce's <i>FIPS Code Manual</i> , <i>National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive the foreign country code. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/ .)
Foreign Country Name	514-538	25	A/N	
Foreign Zip Code	539-553	15	A/N	
Employer Optional Street Address				Optional This field contains the employer's street address where a child support wage withholding order should be sent. If an address is less than 40 characters per line, do not concatenate into one line. Use Line 3 for a military designation or Canadian Province Code.
Line 1	554-593	40	A/N	
Line 2	594-633	40	A/N	
Line 3	634-673	40	A/N	
Employer Optional City	674-698	25	A/N	Optional No special characters, except hyphens, are allowed.
Employer Optional State	699-700	2	A/N	Optional If present, this field must contain a valid two-letter U.S. Postal Service abbreviation of a state or territory.
Employer Optional Zip Code				Optional This field must be either all spaces or all numerals.
Zip Code 1	701-705	5	A/N	
Zip Code 2	706-709	4	A/N	
Employer Optional Foreign Address				Optional Foreign Country Code If present, the foreign country name must contain at least two characters. Include the military designation or Canadian province code. (Refer to the U.S. Department of Commerce's <i>FIPS Code Manual</i> ,
Foreign Country Code	710-711	2	A/N	
Foreign Country Name	712-736	25	A/N	
Foreign Zip Code	737-751	15	A/N	

CHART G-1: NDNH W-4 INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
				<i>National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive the foreign country code. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/ .)
Filler	752-801	50	A/N	This field will be used in future versions. For the current version, this field is all spaces.

NDNH QW Input Record Layouts

CHART G-2: NDNH QW INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS				
Field Name	Location	Length	A/N	Comments
QUARTERLY WAGE TRANSMITTER HEADER RECORD				
Record Identifier	1-2	2	A	Required This field must contain the characters 'HQ'.
Transmitter State Code	3-4	2	N	Required for states and territories only This field must contain the two-digit numeric FIPS code of the state or territory that is transmitting data to the NDNH. (Refer to the Department of Commerce's <i>FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 6-4 (April 1995) for a list of FIPS codes. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/ .) Federal agencies leave this field blank.
Transmitter Agency Code	5-13	9	A/N	Required for Federal agencies This field must contain the nine-character Federal Employer Identification Number (FEIN) or the letter 'A' followed by the FIPS code of the Federal agency. States leave this field blank.
Transmission Type	14-15	2	A/N	Required This field must contain the characters 'QW'.
Department of Defense Code	16	1	A	Required for DoD only This field must contain one of the following characters: A – Active duty employees C – Civilian employees P – Pension/Retired employees R – Reserve employees States and Federal agencies, other than the DoD, leave this field blank.
Version Control Number	17-18	2	A/N	Required This field must contain the numbers '01'. OCSE will notify the Federal agencies and states if this field changes.
Date Stamp	19-26	8	N	Required This field must contain the transmission date of the QW data to the

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Field Name	Location	Length	A/N	Comments
				NDNH. This must be in the Year 2000-compliant format of CCYYMMDD.
Batch Number	27-32	6	N	Required The transmitting Federal agency or state generates this number. Do not repeat batch numbers.
Filler	33-601	569	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
QUARTERLY WAGE TOTAL RECORD				
Record Identifier	1-2	2	A	Required This field must contain the characters 'TQ'.
Data Record Count	3-13	11	N	Required This field must contain the number of records in the transmission, including the header and total records.
Filler	14-601	588	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
QUARTERLY WAGE DATA RECORD				
Record Identifier	1-2	2	A	Required This field must contain the characters 'QW'.
Employee SSN	3-11	9	N	Required This field must contain a nine-digit SSN. If this field is blank or contains any alphabetic characters, the system rejects the record.
Employee Name				Required* For states that carry a full employee name: There must be at least one character in the First Name and one character in the Last Name. If both the first and last names are spaces, the system rejects the record. If the Employee Middle Name is not spaces, it must contain at least one character. *If a state collects partial names only, or does not collect any names, the
First Name	12-27	16	A/N	
Middle Name	28-43	16	A/N	
Last Name	44-73	30	A/N	

CHART G-2: NDNH QW INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
				record is not rejected. These states must transmit as much information on employee names as exists on their QW records.
Employee Wage Amount	74-84	11	N	Optional This field contains the gross amount of wages that an employer reports as paid to an employee during the reporting quarter. If an employer reports the QW late, the state should submit the data with their next quarterly transmission, if possible. The last two positions are decimal places. Negative values are not allowed.
Reporting Period	85-89	5	N	Required The format is QCCYY (Quarter, Century, Year). Q = Reporting quarter: 1 – January 1 through March 31 2 – April 1 through June 30 3 – July 1 through September 30 4 – October 1 through December 3
Federal EIN	90-98	9	A/N	Required If the employer address is missing. This field contains the Federal Employer Identification Number (FEIN) the IRS assigns to an employer.
State EIN	99-110	12	A/N	Optional This field contains a number that a state may assign an employer.
Employer Name	111-155	45	A/N	Optional If present, this field must contain at least two characters.
Employer Street Address Line 1 Line 2 Line 3	156-195 196-235 236-275	40 40 40	A/N A/N A/N	Required If the FEIN is missing. If present, this field must contain at least two characters. If an address is less than 40 characters per line, do not concatenate into one line. Use Line 3 for a military designation or Canadian Province Code.

CHART G-2: NDNH QW INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
Employer City	276-300	25	A/N	Required If the FEIN is missing. If present, this field must contain at least two characters.
Employer State	301-302	2	A/N	Required If the FEIN is missing. If present, this field must contain a valid two-letter U.S. Postal Service abbreviation of a state or territory.
Employer Zip Code Zip Code 1 Zip Code 2	303-307 308-311	5 4	A/N A/N	Required If the FEIN and foreign zip code are missing. This field contains the five-digit U.S. Postal Service Zip Code associated with the Employer Address. Zip Code 2 must contain either all spaces or all numerals.
Employer Foreign Address Foreign Country Code Foreign Country Name Foreign Zip Code	312-313 314-338 339-353	2 25 15	A/N A/N A/N	Required Foreign country code, if the FEIN and employer address are missing and the employer's address is a foreign country. The foreign country name and Zip Code are optional. If present, the foreign country name must contain at least two characters. Include the military designation or Canadian Province Code. (Refer to the U.S. Department of Commerce's <i>FIPS Code Manual</i> , National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995) to derive the foreign country code. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/ .)
Employer Optional Street Address Line 1 Line 2 Line 3	354-393 394-433 434-473	40 40 40	A/N A/N A/N	Optional This field contains the employer's street address where a child support wage withholding order should be sent. If an address is less than 40 characters per line, do not concatenate into one line. Use Line 3 for a military designation or Canadian Province Code.
Employer Optional City	474-498	25	A/N	Optional If present, this field must contain at least two characters.
Employer Optional State	499-500	2	A/N	Optional If present, this must contain a valid two-letter U.S. Postal Service

CHART G-2: NDNH QW INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
				abbreviation of a state or territory.
Employer Optional Zip Code				Optional Each Zip Code must be either all spaces or all numeric.
Zip Code 1	501-505	5	A/N	
Zip Code 2	506-509	4	A/N	
Employer Optional Foreign Address				Optional If present, the Foreign Country Name must contain at least two characters. Include the military designation or Canadian Province Code. (Refer to the U.S. Department of Commerce <i>FIPS Code Manual</i> , <i>National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive the foreign country code. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/ .)
Foreign Country Code	510-511	2	A/N	
Foreign Country Name	512-536	25	A/N	
Foreign Zip Code	537-551	15	A/N	
Filler	552-601	50	A/N	This field will be used in future versions. For the current version, this field is all spaces.

NDNH UI Input Record Layouts

CHART G-3: NDNH UI INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS				
Field Name	Location	Length	A/N	Comments
UI TRANSMITTER HEADER RECORD				
Record Identifier	1-2	2	A/N	Required This field must contain the characters 'HU'.
Transmitter State Code	3-4	2	N	Required This field must contain the two-digit FIPS code of the state or territory that is transmitting data to the NDNH. (Refer to the Department of Commerce's <i>FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 6-4 (April 1995) for a list of FIPS codes. In addition, FIPS codes may be found on the Internet at http://www.itl.nist.gov/ .)
Filler	5-13	9	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
Transmission Type	14-15	2	A/N	Required This field must contain the characters 'UI'.
Filler	16	1	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
Version Control Number	17-18	2	A/N	Required This field must contain the numbers '01'. OCSE will notify the states when this field changes.
Date Stamp	19-26	8	N	Required This field must contain the transmission date of the UI data to the NDNH. This must be in the Year 2000-compliant format of CCYYMMDD.
Batch Number	27-32	6	N	Required This field contains a number generated by the transmitting state. Do not repeat batch numbers.

CHART G-3: NDNH UI INPUT RECORD LAYOUTS AND FIELD DESCRIPTIONS

Field Name	Location	Length	A/N	Comments
Filler	32-295	263	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
UI TOTAL RECORD				
Record Identifier	1-2	2	A/N	Required This field must contain the characters 'TU'.
Data Record Count	3-13	11	N	Required This field must contain the number of records in the transmission, including the header and total records.
Filler	14-295	282	A/N	Required This field will be used in future versions. For the current version, this field is all spaces.
UI DATA RECORD				
Record Identifier	1-2	2	A/N	Required This field must contain the characters 'UI'.
Claimant SSN	3-11	9	N	Required This field must contain a nine-digit SSN. If this field is blank or contains any alphabetic characters, the system rejects the record.
Claimant Name				Required
First Name	12-27	16	A/N	At least one character in the First Name and one character in the Last Name. If both the first and last names are spaces, the system rejects the record. If the Claimant Middle Name is not spaces, it must contain at least one character.
Middle Name	28-43	16	A/N	
Last Name	44-73	30	A/N	
Claimant Street Address				Required – Line 1
Line 1	74-113	40	A/N	If an address is less than 40 characters per line, do not concatenate into one line. If a claimant has a foreign address, place the country and foreign Zip Code in one of the address lines. Use Line 3 for the military designation or Canadian province code.
Line 2	114-153	40	A/N	
Line 3	154-193	40	A/N	
Claimant City	194-218	25	A/N	Required

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Field Name	Location	Length	A/N	Comments
				At least two characters.
Claimant State	219-220	2	A/N	Required This field must contain a valid two-letter U.S. Postal Service abbreviation of a state or territory.
Claimant Zip Code				Required – First five-digits.
Zip Code 1	221-225	5	N	This field must contain a five-digit U.S. Postal Service Zip Code.
Zip Code 2	226-229	4	A/N	Zip Code 2 must contain either all spaces or all numerals.
Benefit Amount	230-240	11	N	Optional This field contains the gross amount of benefits, prior to any deductions, paid to a claimant during the reporting quarter. For reporting purposes, the date used should be the file (process) date, rather than the week ending date (WED). The last two positions are decimal places. All zeroes are allowed. Negative values are not allowed.
Reporting Period	241-245	5	N	Required This field contains the time period of the UI being reported. For reporting purposes, the date used should be the file (process) date, rather than the week ending date (WED). The format is QCCYY: CC = Century, YY = Year. Q = Reporting quarter: 1 – January 1 through March 31 2 – April 1 through June 30 3 – July 1 through September 30 4 – October 1 through December 31
Filler	246-295	50	A/N	This will be used in future versions. For the current version, this field is all spaces.

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Public reporting burden for this collection of information is estimated to average 266.7 hours per month for processing input and output files, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.