

W-4 Record Layouts

Federal agencies and SDNHs must transmit the W-4 information according to the specified record layouts. The general rules that apply to all the record formats are shown below:

1. All data must be in Extended Binary Coded Decimal Interface Coding (EBCDIC) format.
2. All alphabetic data must be uppercase.
3. All alphabetic and alphanumeric data must be left justified.
4. All numeric data must be right justified with leading zeros.
5. All dates must be in CCYYMMDD format.
 - CC represents the century.
 - YY represents the year.
 - MM represents the month and must be a number greater than 00, but less than 13.
 - DD represents the day of the month and must be a valid number for the designated month (e.g., 01-31 for months 01, 03, 05, 07, 08, 10 or 12; 01-30 for months 04, 06, 09, or 11; and 01-29 for the month 02).
6. Name fields cannot include suffixes, such as ‘Jr.’, ‘Sr.’, or ‘III’.
7. With the exception of the Employer Name, Employee First Name, Employee Last Name and City, all data must consist of the characters A-Z and numbers 0-9. The hyphen is the only special character allowed and is only allowed in the Employer Name, Employee Name and City fields.
8. All State and territory abbreviations in addresses must be valid USPS abbreviations. See Appendix E, “State and Territory Names, Abbreviations and FIPS Codes”, for a complete list.
9. All foreign country codes in addresses must be the two-letter Federal Information Processing Standard (FIPS) codes assigned to foreign countries. Refer to Appendix D, “Foreign Country FIPS Codes”, or to the *U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at:
<http://earth-info.nga.mil/gns/html/fips10-4.html>
10. If an address is less than 40 characters per line, do not concatenate into one line.

[NOTE: The chart numbers in the following charts correspond to the chart numbers found in the NDNH Guide to submission, found at the following website:
http://www.acf.hhs.gov/programs/cse/newhire/library/ndnh/guide/ndnhgds.htm](http://www.acf.hhs.gov/programs/cse/newhire/library/ndnh/guide/ndnhgds.htm)

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 1 second for employers reporting electronically; 1.5 minutes for employers reporting manually; and 66.7 hours for states per response 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.

W-4 TRANSMITTER HEADER RECORD

NDNH System processing requires the completion of all fields in the W-4 Transmitter Header Record.

CHART 10-1: W-4 TRANSMITTER HEADER RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	Required This must contain the characters 'H4'.
Transmitter State Code	3-4	2	A/N	Required for States and territories This must contain the two-digit numeric FIPS code of the State or territory that is transmitting data to the NDNH. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes" or to the <i>Department of Commerce FIPS Code Manual, National Institute of Standards and Technology, FIPS PUB 5-2 (April 1995)</i> for a list of these codes. In addition, FIPS codes may be found on the Internet at: http://www.itl.nist.gov/fipspubs/fip5-2.htm . Federal agencies leave this field blank.
Transmitter Agency Code	5-13	9	A/N	Required for Federal agencies This must contain the nine-character 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 must contain the characters 'W4'.
Department of Defense Code	16	1	A	Required for DoD only This 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.

CHART 10-1: W-4 TRANSMITTER HEADER RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Version Control Number	17-18	2	A/N	Required This must contain the numbers '01'. OCSE will notify the SDNHs and Federal agencies when this field changes.
Date Stamp	19-26	8	N	Required This must contain the transmission date of the W-4 data to the NDNH. This must be in CCYYMMDD format.
Batch Number	27-32	6	N	Required The transmitting Federal agency or SDNH generates this number. Do not repeat batch numbers.
Filler	33-801	769	A/N	Required This should be all spaces. States, territories and Federal agencies should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces

W-4 DATA RECORD

Although it is desirable to include all data elements in the W-4 Data Record, it is recognized that this may not be possible. The intent of the system is to provide information for locating persons in response to requests from Child Support Enforcement IV-D agencies. A W-4 Data Record must include an Employee First Name, Employee Last Name, Employee SSN, Employee address, Employer Name, Employer address and FEIN.

NDNH System processing requires the completion of the required fields of the W-4 Data Record.

CHART 10-2: W-4 DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	Required This must contain the characters 'W4'.
Employee SSN	3-11	9	N	Required This must contain a nine-digit SSN. If this field is blank or contains any alphabetic characters, the system rejects the record.
Employee Name First Name Middle Name Last Name	12-27 28-43 44-73	16 16 30	A A A	Required If either the First or Last Name is blank, the system rejects the record. No special characters, except hyphens, are allowed. The First and Last Name cannot begin with a space or hyphen.
Employee Street Address Line 1 Line 2 Line 3	74-113 114-153 154-193	40 40 40	A/N A/N A/N	Required This must be at least 2 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 10-2: W-4 DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Employee City	194-218	25	A	Required This must have at least two characters. No special characters, except hyphens, are allowed.
Employee State	219-220	2	A	Required This must be a valid two-letter USPS abbreviation of a State or territory. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes".
Employee Zip Code Zip Code (1) Zip Code (2)	221-225 226-229	5 4	A/N A/N	Required: First five-digits This is the five-digit USPS zip code that is associated with the employee's address. Zip Code (2) must be either all spaces or the four-digit additional numeric code; but not all zeros.
Employee Foreign Address Foreign Country Code Foreign Country Name Foreign Zip Code	230-231 232-256 257-271	2 25 15	A/N A/N A/N	Optional Refer to Appendix D, "Foreign Country FIPS Codes", or to the <i>U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at: http://earth-info.nga.mil/gns/html/fips10-4.html The Foreign Country Name, if present, must be at least two characters. Include military designation or Canadian Province Code.
Employee Date of Birth	272-279	8	A/N	Optional This must be in the format of CCYYMMDD, if present. This must be either all spaces or a valid date.

CHART 10-2: W-4 DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Employee Date of Hire	280-287	8	A/N	<p>Optional</p> <p>This must be in the format of CCYYMMDD, if present. This must be either all spaces or a valid date. The date of hire is the first day in which a person performs services for pay (that is, the first day of work). This is also the date the employer recognizes as the first day for income tax withholding. For additional description of how to determine the Employee Date of Hire, consult OCSE’s “Frequently Asked Questions” at: http://www.acf.hhs.gov/programs/cse/newhire/faq/faq.htm</p>
Employee State of Hire	288-289	2	A	<p>Optional</p> <p>This must be a valid two letter USPS abbreviation of a State or territory, if present. Refer to Appendix E, “State and Territory Names, Abbreviations and FIPS Codes”.</p>
Federal EIN	290-298	9	N	<p>Required</p> <p>This is the Federal Employer Identification Number (FEIN) that the IRS assigns to an employer.</p>
State EIN	299-310	12	A/N	<p>Optional</p> <p>This is a number a State may assign an employer.</p>
Employer Name	311-355	45	A/N	<p>Required</p> <p>This must be at least two characters. No special characters, except hyphens, are allowed.</p>

CHART 10-2: W-4 DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
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 This must be at least 2 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	Required This must be at least two characters. No special characters, except hyphens, are allowed.
Employer State	501-502	2	A	Required This must be a valid two-letter USPS abbreviation of a State or territory. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes".
Employer Zip Code Zip Code (1) Zip Code (2)	503-507 508-511	5 4	A/N A/N	Required: First five-digits This is the five-digit USPS zip code that is associated with the employer's address. The Zip Code (2) must be either all spaces or the four-digit additional numeric code; but not all zeros.
Employer Foreign Address Foreign Country Code Foreign Country Name Foreign Zip Code	512-513 514-538 539-553	2 25 15	A/N A/N A/N	Optional Refer to Appendix D, "Foreign Country FIPS Codes", or to the <i>U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at: http://earth-info.nga.mil/gns/html/fips10-4.html The Foreign Country Name, if present, must be at least two characters. Include military designation or Canadian Province Code.

CHART 10-2: W-4 DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Employer Optional Street Address Line 1 Line 2 Line 3	554-593 594-633 634-673	40 40 40	A/N A/N A/N	Optional This is the employer’s street address where a child support income 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	674-698	25	A	Optional This must have at least two characters, if present. No special characters, except hyphens, are allowed.
Employer Optional State	699-700	2	A	Optional This must be a valid two-letter USPS abbreviation of a State or territory, if present. Refer to Appendix E, “State and Territory Names, Abbreviations and FIPS Codes”.
Employer Optional Zip Code Zip Code 1 Zip Code 2	701-705 706-709	5 4	A/N A/N	Optional Each zip code must be either all spaces or all numeric; but not all zeros.
Employer Optional Foreign Address Foreign Country Code Foreign Country Name Foreign Zip Code	710-711 712-736 737-751	2 25 15	A/N A/N A/N	Optional Foreign Country Code: Refer to Appendix D, “Foreign Country FIPS Codes”, or to the <i>U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology, FIPS PUB 10-4</i> (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at: http://earth-info.nga.mil/gns/html/fips10-4.html . The Foreign Country Name, if present, must be at least two characters. Include military designation or Canadian Province Code.

CHART 10-2: W-4 DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Filler	752-801	50	A/N	This should be all spaces. States, territories and Federal agencies should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.

W-4 TOTAL RECORD

System processing requires the completion of all fields in the W-4 Total Record.

CHART 10-3: W-4 TOTAL RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	Required This must contain the characters 'T4'.
Data Record Count	3-13	11	N	Required This must be the number of records in the transmission, including the Header and Total Records.
Filler	14-801	788	A/N	Required This should be all spaces. States, territories and Federal agencies should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces

