

APPENDIX D - E-IWO RECORD LAYOUTS

APPENDIX D: E-IWO RECORD LAYOUTS

- Chart D-1 is the Universal Header record layout that has been established for the e-IWO System.
- Chart D-2 is the Universal Trailer record layout that has been established for the e-IWO System.
- Chart D-3 is the e-IWO Detail record layout that has been established for the e-IWO System.
- Chart D-4 is the Employer Acknowledgement record layout established for the e-IWO System.

Refer to Appendix E, “e-IWO Record Layout Examples”, for examples of records for a State, employer, payroll processor and the portal.

CHART D-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 |
|----------------|--|----------|--------|------|------------|---|
| 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 | <p>Required for all Headers.</p> <p>First two characters indicate header type. FH ALWAYS indicates a File Header. BH ALWAYS indicates a Batch Header.</p> <p>Third character indicates the record type. The record types are:</p> <p>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.</p> |
| Control Number | An identifier assigned by the State, Tribe or Territory, Employer or Payroll Processor that uniquely identifies a file or group of records in a batch. | 4-25 | 22 | A/N | R | <p>Required for all Headers.</p> <p>A unique, alphanumeric element that identifies a specific file or a batch within a file. CANNOT REUSE PREVIOUSLY SUBMITTED CONTROL NUMBERS.</p> <p>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</p> |

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| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|-----------------|--|----------|--------|------|------------|--|
| | | | | | | Number followed by 3 zeroes) Date – YYMMDD Time – HHMMSS 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. | 26-30 | 5 | A/N | CR | Format: 21000 (two-digit State FIPS Code number followed by three zeroes) IWO Detail sent by States: FHI – Required – Input own FIPS Code BHI – Required – Input own FIPS Code Acknowledgement sent by an employer or their payroll processor: FHA – Fill with spaces BHA – Required – Input State, Tribe or Territory for which the Batch is intended IWO Receipt sent by employer or their payroll processor: FHR – Fill with spaces BHR – Required – Input State, Tribe or Territory for which the Batch is intended |
| EIN Text | The Employer’s FEIN. | 31-39 | 9 | A/N | CR | IWO Detail sent by States: FHI – Fill with spaces BHI – Required – Input Employer FEIN for which the Batch is intended Acknowledgement sent by employers: |

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| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|----------------------------|--|----------|--------|------|------------|--|
| | | | | | | FHA – Required – Input own FEIN BHA – Required – Input own FEIN Acknowledgement sent by payroll processor: FHA – Fill with spaces BHA – Optional – Can input Processor FEIN IWO Receipt sent by employer: FHA – Required – Input own FEIN BHA – Required – Input own FEIN IWO Receipt sent by payroll processor: FHA – Fill with spaces BHA – Required – Input Processor FEIN |
| Payroll Processor EIN Text | The FEIN of the employer’s payroll processor, third party or parent company that performs the payroll processing for the employer. | 40-48 | 9 | A/N | CR | Acknowledgement sent by employer: FHA – Fill with spaces BHA – Fill with spaces Acknowledgement sent by employer’s payroll processor: FHA – Required – Input Processor FEIN BHA – Required – Input Processor FEIN IWO Receipt sent by employer: FHR – Fill with spaces BHR – Fill with spaces IWO Receipt sent by employer’s payroll processor: FHR – Required – Input Processor FEIN BHR – Required – Input Processor FEIN IWO Detail sent by States: FHI – Fill with spaces BHI – 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. |

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| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|---|---|----------|---|------|------------|--|
| 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. |
| Error Field Name Text | The list of fields that did not pass the e-IWO edits. | 63-80 | 18 | A/N | O | FOR USE BY PORTAL ONLY: Used by the portal to return the abbreviated version of field names in error. Each code will be separated by a comma. Valid Values: FPS – State FIPS Code field EIN – EIN Text field DOC – Document Code field CNM – Control Number field PPE – Payroll Processor EIN Text field CDT – Creation Date field CTM – Creation Time field DUP – File Already Received |
| 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 | 81 | Varies 2326 493 2326 0 493 | A/N | O | The filler length varies according to the file to which it is associated. |

CHART D-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 element that identifies a specific file or a batch within a file. This must be the same number specified in the corresponding File or Batch Header Control Number. |
| 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). |

CHART D-2: UNIVERSAL TRAILER (FILE AND BATCH)

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| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|-----------------------|--|----------|--------|------|---------------|---|
| 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 Results File (BTS). Only used by the portal. Always fill with zeroes. |
| 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 Results File (BTK). Only used by the portal. Always fill with zeroes. |
| Error Field Name Text | The list of fields that did not pass the e-IWO edits. | 46-63 | 18 | A/N | O | FOR USE BY PORTAL ONLY: Used by the portal to return the abbreviated version of field names in error. Each code will be separated by a comma. Valid Values: DOC – Document Code field CNM – Control Number field BCT – Batch Count field RCT – Record Count field ECT – Employer Sent Count field SCT – State Sent Count field SEQ – Records Out Of Sequence REC – Record Length Invalid |

CHART D-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 |
|--------------|------------------------|----------|--------|------|---------------|--|
| Filler | | 64 | Varies | A/N | O | The filler length varies according to the file that it is associated with. |
| FTI and BTI | IWO Detail | | 2343 | | | |
| FTA and BTA | Acknowledgement | | 510 | | | |
| FTS and BTS | IWO Result | | 2343 | | | |
| FTR and BTR | IWO Receipt | | 17 | | | |
| FTK and BTK | Acknowledgement Result | | 510 | | | |

| CHART D-3: 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 |
| 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 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|------------------------------|--|----------|--------|------|----------|---|-----------|
| 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 | The first character must not be a space. | 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 |
| 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; | 2b-2 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|-------------------------------------|--|----------|--------|------|-------------|--|--------------|
| | | | | | | PR;RI;SC;SD;TN;TX;UT;VT;VA;VI;WA; WV;WI;WY | |
| 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 a FEIN of an employer participating in the e-IWO project. This FEIN must match the FEIN in the Batch Header. | 2c |
| Employee Last Name | Obligor's last name. | 252- 271 | 20 | A/N | R | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3a-1 |
| Employee Middle Name | Obligor's middle name or initial. | 287-301 | 15 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3a-2 |
| Employee Suffix | Obligor's name suffix. | 302-305 | 4 | A/N | O | | 3a-3 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|-----------------------|---|----------|--------|------|-------------|--|--------------|
| 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3c |
| Obligee First Name | Obligee's first name. | 380-394 | 15 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 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 |

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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 N/A | 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 |

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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 N/A | 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 S – Semi-Monthly W – Weekly | 7b |

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|---|--|----------|--------|------|----------|---|-----------|
| OMB Control No: 0970-0154 Expiration Date: 10/31/2010 | | | | | | | |
| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
| | | | | | | X – Semi-Annually Space Fill if N/A | |
| 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 Space Fill if N/A | 8b |
| Support Current Spousal Amount | The dollar amount to be withheld for payment of current spousal support. | 497-507 | 11 | N | R | Numeric Decimal Assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A | 9a |
| Support | Indicates the interval | 508 | 1 | A/N | CR | If there is a dollar amount other than zero in | 9b |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|---|--|----------|--------|------|----------|--|-----------|
| Current Spousal Frequency Code | the spousal support is required to be paid. | | | | | 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 N/A | |
| 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 Code | Indicates the interval the past-due spousal support amount is required to be paid. | 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. Valid values: A – Annually B – Bi-Weekly M – Monthly Q – Quarterly S – Semi-Monthly W – Weekly X – Semi-Annually | 10b |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|--|---|----------|--------|------|-------------|---|--------------|
| | | | | | | Space Fill if N/A | |
| 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 X – Semi-Annually Space Fill if N/A | 11b |
| 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 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|--|--|----------|--------|------|-------------|--|--------------|
| 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 X – Semi-Annually Space Fill if N/A | 12b |
| 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 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|---|--|----------|--------|------|-------------|---|--------------|
| 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 |
| 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 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|--------------------------------------|--|----------|--------|------|-------------|---|--------------|
| State Tribe Territory Name | The State, Tribe or Territory sending the document. | 625-659 | 35 | A/N | O | Previously known as Employment Place Name | 15 |
| Begin Withholding Within Days Number | The number of days within which the employer must commence income withholding. | 660-661 | 2 | N | R | | 16 |
| 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 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|----------------------------|--|----------|--------|------|----------|---|-----------|
| 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 |
| 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 |

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| Element Name | Definition | Location | Length | Type | Req/ Opt | Data Element Rules | Form XRef |
|------------------------------|---|----------|--------|------|-------------|--|--------------|
| 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 |
| 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 |

CHART D-3: 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 |
|---|---|-----------|--------|------|----------|--|-----------|
| 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 |
| 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 |

CHART D-3: 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 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 |
| 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 |

CHART D-3: 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 |
|---|---|-----------|--------|------|----------|--|-----------|
| Employer State Contact Address ZIP Code | Employer outreach or customer service contact 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 1 First Name | Child's first name. | 1836-1850 | 15 | A/N | R | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3d-1 |

CHART D-3: 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 1 Middle Name | Child's middle name or initial. | 1851-1865 | 15 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3f |
| Child 2 First Name | Child's first name. | 1898-1912 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3f-2 |
| Child 2 Suffix Name | Child's name suffix. | 1928-1931 | 4 | A/N | O | | 3f-3 |

CHART D-3: 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 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 |
| Child 3 Last Name | Child's last name. | 1940-1959 | 20 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3h |
| Child 3 First Name | Child's first name. | 1960-1974 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 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 |

CHART D-3: 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 4 Last Name | Child's last name. | 2002-2021 | 20 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3j |
| Child 4 First Name | Child's first name. | 2022-2036 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 4, this field is required. | 3j-1 |
| Child 4 Middle Name | Child's middle name or initial. | 2037-2051 | 15 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3l |

CHART D-3: 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 5 First Name | Child's first name. | 2084-2098 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 5, this field is required. | 3I-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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3I-2 |
| Child 5 Suffix Name | Child's name suffix. | 2114-2117 | 4 | A/N | O | | 3I-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 |
| Child 6 Last Name | Child's last name. | 2126-2145 | 20 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 3n |
| Child 6 First Name | Child's first name. | 2146-2160 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. If there is any other data present for Child 6, this field is required. | 3n-1 |

CHART D-3: 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 Middle Name | Child's middle name or initial. | 2161-2175 | 15 | A/N | O | Letters A-Z or spaces. No special characters except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. | 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 |
| 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 zeroes. | 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, but is not required to be the case identifier designated by the State, Tribe or Territory. | 22 |

CHART D-3: 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 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 |
| 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 |

CHART D-4: E-IWO 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 | <p>Valid Values:</p> <p>AMD – Amended: The value input by the State, Tribe, or Territory in the Document Action Code field (pos. 7-9 in the Detail Record).</p> <p>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).</p> <p>LUM – Lump Sum: The value input by the State, Tribe, or Territory in the Document Action Code field (positions 7-9 in the Detail Record).</p> <p>ORG – Original: The value input by the State, Tribe or Territory in the Document Action Code field (pos. 7-9 in the Detail Record).</p> <p>TRM – Termination: The value input by the State, Tribe, or Territory in the</p> |

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD

OMB Control No: 0970-0154 Expiration Date: 10/31/2010

| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|--------------------------|--|----------|--------|------|---------------|--|
| | | | | | | Document Action Code field (pos. 7-9 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 except period, hyphens, apostrophes and embedded spaces 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 except period, hyphens, apostrophes and embedded spaces 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 except period, hyphens, apostrophes and embedded spaces are allowed. The first character must not be a space. |
| 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 uniquely identifies the | 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 D-4: E-IWO ACKNOWLEDGEMENT RECORD

OMB Control No: 0970-0154 Expiration Date: 10/31/2010

| Element Name | Definition | Location | Length | Type | Req./Opt. | Data Element Rules |
|--------------------------------|--|----------|--------|------|-----------|--|
| | 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 | |
| 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 | Line 1 of the NCP’s | 168-192 | 25 | A/N | O | |

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD

OMB Control No: 0970-0154 Expiration Date: 10/31/2010

| Element Name | Definition | Location | Length | Type | Req./Opt. | Data Element Rules |
|---|---|----------|--------|------|-----------|--|
| Address Line 1 Text | last known address. | | | | | |
| 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 | Amount of the final payment sent to the SDU. This only applies when an employee has been terminated or left his/her employer. | 259-269 | 11 | N | R | Numeric 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 |

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD

OMB Control No: 0970-0154 Expiration Date: 10/31/2010

| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|-----------------------------------|--|----------|--------|------|---------------|--|
| | | | | | | 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-digit ZIP Code. | 401-405 | 5 | N | O | |
| 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. 7-9) 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 |

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD

OMB Control No: 0970-0154 Expiration Date: 10/31/2010

| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|----------------------------|--|----------|--------|------|---------------|--|
| | | | | | | 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. 7-9) 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. 7-9) is 'EMP' and the Record Disposition Status Code (pos. 154-155) equals 'T', 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 | 429-463 | 35 | A/N | O | Possible values are "bonus", "severance" or other unique identifiers. If the Document Action Code (pos. 7-9) is 'EMP' and the Record Disposition Status Code |

CHART D-4: E-IWO ACKNOWLEDGEMENT RECORD

OMB Control No: 0970-0154 Expiration Date: 10/31/2010

| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
|-----------------------------|--|----------|--------|------|---------------|--|
| | of a Lump Sum Payment include bonus, severance, commission, etc. | | | | | (pos. 154-155) equals 'L', this field must be filled. If the Document Action Code (pos. 7-9) 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 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 | |