e-IWO Acknowledgement Header Record

NOTE: If there is a "Y" in the "Critical" column this means this element MUST pass the e-IWO editing process. If a "Critical" element is missing or incorrectly formatted (e.g., alphanumeric characters are in a numeric field) the record will be returned to the organization or state.

Field Name	Location	Length	Type	Required/Optional	Critical	Comments
Header Document Code	1-3	3	A	R	Y	Must be HDR
Record Control Number	4-12	9	A/N	R	Y	Value, assigned by the state, tribe or territory that uniquely identifies the records in this "batch" or "file". If the employer is initiating an Acknowledgement without having received an e-IWO document from a state, tribe or territory, e.g., they are advising the state, tribe or territory about a "Lump Sum" notification, NCP was terminated, etc., enter 0970-0154
State FIPS Code	13-14	2	N	R	Y	Use two digit state/territory state FIPS Code
Employer Name	15-71	57	A/N	R	Y	
EIN Text	72-80	9	N	R	Y	
Payroll Processor EIN Text	81-89	9	N	O		
File Creation Date	90-97	8	N	R		Must be in CCYYMMDD format
File Creation	98-103	6	N	R		Must be in HHMMSS format.

Time						
Filler	104-485	382	A/N	O		Filler

e-IWO Acknowledgement Record

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Document Code	A code that indicates the acknowledgement record follows	1-3	3	A/N	R	Value must be "ACK"	N/A
Document Action Code	A code that indicates the action for the document.	4-6	3	A/N	R	Valid Values: ORG =Original – The value input by the state, tribe or territory in the "Order/Notice". AMD =Amended – The value input by the state, tribe or territory in the "Order/Notice". TRM =Termination – The value input by the state, tribe or territory in the "Order/Notice". LUM = Lump Sum – The value input by the state, tribe or territory in the "Order/Notice". EMP = Action initiated by an employer. For example if the NCP is no longer employed at this employer, EMP would be input and a value of "T" would be placed in the "Record Disposition Code" – positions 154-155. Also 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", positions 154-155.	1b
Case Identifier	A case identifier is a value assigned by a state to uniquely identify each IV-D case in the	7-21	15	A/N	R	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc.	1g, 3c, 21-1

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
	state.						
EIN Text	The Employer/ Withholder's FEIN.	22-30	9	N	R		2d
Employee Last Name	The Obligor's Last Name.	31-50	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks	3a
Employee First Name	The Obligor's First Name.	51-65	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled	3a-1
Employee Middle Name	The Obligor's Middle Name or Initial.	66-80	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-2
Employee Name Suffix	The Obligor's Name Suffix	81-84	4	A/N	O		3a-3
Employee SSN	The Obligor's social security number.	85-93	9	N	R		3b
Document Tracking Number	An identifier assigned by the entity sending the document that uniquely identifies the document.	94-123	30	A/N	O	First 2 digits must begin with numeric FIPS State Code.	29
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	124-153	30	A/N	O		29
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 R = Record Rejected T = Termination L = Lump Sum	N/A
Rejected Reason Code	Reason that an employer rejected an e-IWO record was rejected by an employer	156-158	3	A/N	CR	Only required to be completed if the value in "Record Disposition Status" equals "R"	N/A

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
						Values are: N=NCP no longer at the employer U=NCP not known to employer D= Duplicate IWO Z= Termination cannot be processed – no current IWO in place O=Other Reason	
Filler	Reserved for future use.	159-159	1	A/N	O		N/A
Termination Date	Date that an employee left or was terminated by an employer	160-167	8	N	O	Must be in CCYYMMDD format	N/A
NCP Last Known Address Line 1 Text	Line 1 of the NCP's last known address	168-192	25	A/N	O		N/A
NCP Last Known Address Line 2 Text	Line 2 of the NCP's last known address	193-217	25	A/N	O		N/A
NCP Last Known Address City Name	NCP's last known city address	218-239	22	A/N	O		N/A
NCP Last Known Address State Code	NCP's last known State Code	240-241	2	A	O	Valid 2 alpha State Code	N/A
NCP Last Known Address Zip Code	NCP's last known address five digit ZIP Code	242-246	5	N	O		N/A
NCP Last Known Address Ext Zip Code	NCP's last known four character zip code	247-250	4	A/N	O		N/A
Final Payment Made Date	Date of the final payment sent to the SDU	251-258	8	N	O	Must be in CCYYMMDD format	N/A
Final Payment Amount	Amount of the final payment sent to the SDU – only applies when an employee has been terminated or left his/her employer	259-269	11	N	CR	Numeric Decimal assumed Unsigned No Rounding Right Justify Zero Fill to left Zero Fill if N/A	N/A

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
						Only required when an employee has been terminated or left his/her employer.	
New Employer Name	Name of NCP's new employer	270-326	57	A/N	O		N/A
New Employer Address Line 1 Text	Line 1 of New Employer's Address	327-351	25	A/N	O		N/A
New Employer Address Line 2 Text	Line 2 of New Employer's Address	352-376	25	A/N	O		N/A
New Employer City Name	New Employer's City Address	377-398	22	A/N	O		N/A
New Employer State Code	New Employer's State Code	399-400	2	A	O	Valid 2 alpha State Code	N/A
New Employer Address Zip Code	New Employer's five character Zip Code	401-405	5	N	O		N/A
New Employer Address Ext Zip Code	New Employer's four character Zip Code	406-409	4	A/N	O		N/A
Payment "Lump Sum" Date	The date an employer anticipates that a "Lump" Sum Payment will be disbursed to an employee	410-417	8	N	O	Must be in CCYYMMDD format NOTE: If the "Document Action Code" (positions 4-6) is "EMP" and the "Record Disposition Status Code" (positions 154-155) equals "T" this field must be blank.	#6 on the back of the "order/ Notice" form
Payment "Lump Sum" Amount	An amount the employer intends to issue as a Lump Sum Payment to the employee.	418-428	11	N	O	Numeric Decimal assumed Unsigned No Rounding Right Justify Zero Fill to left Zero Fill if N/A NOTE: If the "Document Action Code" (positions 4-6) is "EMP" and the "Record Disposition Status Code" (positions 154-155)	#6 on the back of the "order/ Notice" form

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
						equals "T" the dollar amounts in 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 of a Lump Sum Payment include bonus, severance, commission, etc.	429-463	35	A/N	O	Possible values are "bonus", "severance" or other unique identifiers. NOTE: If the "Document Action Code" (positions 4-6) is "EMP" and the "Record Disposition Status Code" (positions 154-155) equals "T" this field must be blank.	#6 on the back of the "order/ Notice" form
Filler	Future Use	464-485	22	A/N	O		N/A

O=Optional
R=Required
CR= Conditionally Required – Explanation in the Data Element Rules

e-IWO Acknowledgement Trailer Record

Field Name	Location	Length	Type	Required/Optional	Comments
Trailer Document Code	1-3	3	A	R	Must be TRL
Record Identifier	4-7	4	A/N	R	Only value for field: EIWO
Record Count	8-13	6	N	R	Number of e-IWO Records in this file.
Filler	14-485	472	A/N	O	Filler

e-IWO File Receipt Record

Field Name	Location	Length	Type	Required/Optional	Comments
Acknowledgement Document Code	1-3	3	A	R	Value must be "RCD"
Record Control Number	4-12	9	A/N	R	Value, assigned by the state, tribe or territory, in their submission, that uniquely identifies the records in the "batch" or "file" they submitted.
Employer Name	13-69	57	A/N	R	
EIN Text	70-78	9	N	R	
Payroll Processor EIN Text	79-87	9	N	O	
Receipt Date	88-95	8	N	R	The date the employer/payroll processor retrieved the file Must be in CCYYMMDD format
State FIPS Code (from State File)	96-97	2	N	R	Use two digit state/territory state FIPS Code
File Creation Date (from State File)	98-105	8	N	R	Must be in CCYYMMDD format.
File Creation Time (from State File)	106-111	6	N	R	Must be in HHMMSS format.
Filler	112-160	49	A/N	O	Filler

e-IWO Detail Header Record

Field Name	Location	Length	Type	Required/Optional	Comments
Header Document Code	1-3	3	A	R	Value must be HDR
Record Control Number	4-12	9	A/N	R	Value, assigned by the state, tribe or territory that uniquely identifies the records in this "batch" or "file
State FIPS Code	13-14	2	N	R	Use two digit state/territory state FIPS Code
Employer Name	15-71	57	A/N	R	Name of the employer/ withholder to whom the withholding order is being sent
EIN Text	72-80	9	N	R	The Employer/ Withholder's FEIN.
Payroll Processor EIN Text	81-89	9	N	O	The Payroll Processor FEIN
File Creation Date	90-97	8	N	R	Must be in CCYYMMDD format.
File Creation Time	98-103	6	N	R	Must be in HHMMSS format.
Filler	104-2245	2142	A/N	O	Filler

e-IWO Detail Record

Data Element Name	Definition	Location	Length	Type	Required/ Optional	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
Document Title Code	A code that indicates the title of the document.	4-6	3	A/N	R	Valid Values: IW1=Order/Notice To Withhold Income For Child Support Default IW2=Notice of an Order to Withhold Income for Child Support	1a
Document Action Code	A code that indicates the action for the document.	7-9	3	A/N	R	Valid Values: ORG =Original – New order for the submitted case number/identifier by the submitting state. AMD =Amended – Any change for the submitted case number/identifier by the submitting state, except termination to the original order. TRM =Termination – Closure of an order, stoppage of wage withholding for the submitted case number/identifier by the submitting state. 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".	1b
Document Date	The date the record was generated.	10-17	8	N	R	Must be in CCYYMMDD format.	1c, 24c-1

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
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.	1d
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, must be a full name.	1e
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, 3c, 21-1
Employer Name	Name of the employer/ withholder to whom the withholding order is being sent.	103-159	57	A/N	R		2a
Employer Address Line 1 Text	Line 1 of the employer/ withholder's address.	160-184	25	A/N	R		2b
Employer Address Line 2 Text	Line 2 of the employer/ withholder's address.	185-209	25	A/N	O		2c
Employer Address City Name	Employer/withholder's city address.	210--231	22	A/N	R		2c-1
Employer Address State Code	Employer/withholder's State Code.	232-233	2	A	R	Valid 2 alpha State Code.	2c-2
Employer Address Zip Code	Employer/withholder's zip code.	234-238	5	N	R		2c-3
Employer Address Ext Zip Code	Employer/withholder's extension zip code.	239-242	4	N	O		2c-4
EIN Text	The Employer/ Withholder's FEIN.	243-251	9	N	R		2d
Employee Last Name	The Obligor's Last Name.	252- 271	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks	3a
Employee First Name	The Obligor's First Name.	272-286	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-1

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Employee Middle Name	The Obligor's Middle Name or Initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-2
Employee Suffix	The Obligor's Name Suffix	302-305	4	A/N	O		3a-3
Employee SSN	The Obligor's social security number.	306-314	9	N	R		3b
Employee Birth Date	The Obligor's date of birth.	315-322	8	N	O	Must be in CCYYMMDD format.	29
Obligee Last Name	The Obligee's Last Name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks	3d
Obligee First Name	The Obligee's First Name.	380-394	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3d-1
Obligee Middle Name	The Obligee's Middle Name or Initial.	395-409	15	A/N	O	Letters A-Z or space. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3d-2
Obligee Name Suffix	The Obligee's Name Suffix	410-413	4	A/N	O		3d-3
Issuing Tribunal Name	The name of state, tribe or territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain full name.	4
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

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Support Current Child Frequency Code	Indicates the interval the support current amount is required to be paid.	460-460	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually Required if there is a dollar amount other than zero in Support Current Child Amount field (449-459).	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
Support Past Due Child Frequency Code	Indicates the interval the past-due child support amount is required to be paid.	472-472	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually Required if there is a dollar amount other than zero in Support Past Due Child Amount field (461-471).	6b

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
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.	484-484	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually Required if there is a dollar amount other than zero in Support Current Medical Amount field (473-483).	7b
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

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Support Past Due Medical Frequency Code	Indicates the interval the past-due medical support amount is required to be paid.	496-496	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually Required if there is a dollar amount other than zero in Support Past Due Medical Amount field (485-495).	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 Current Spousal Frequency Code	Indicates the interval the spousal support is required to be paid.	508-508	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually Required if there is a dollar amount other than zero in Support Current Spousal Amount field (497-507).	9b

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
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.	520-520	1	A/N	CR	Valid values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually Required if there is a dollar amount other than zero in Support Past Due Spousal Amount field (509-519).	10b
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

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Obligation Other Frequency Code	Indicates the interval the miscellaneous obligations amount is required to be paid.	532-532	1	A/N	CR	Valid Values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually L=Lump Sum Required if there is a dollar amount other than zero in Obligation Other Amount field (521-531).	11b
Obligation Other Description Text	Description of the miscellaneous obligations.	533-567	35	A/N	CR	Required if there is a dollar amount other than zero in Obligation Other Amount field (521-531).	11c
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

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Obligation Total Frequency Code	Indicates the interval the total obligation is required to be paid.	579-579	1	A/N	CR	Valid Values: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly Q=Quarterly X=Semi-Annually A=Annually L=Lump Sum Required if there is a dollar amount other than zero in Obligation Total Amount field (568-578).	12b
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580-580	1	A/N	O	Valid values: Y=Greater than 12 weeks N= Not Greater than 12 weeks Blank allowed	13
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	14a
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	14b

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
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	14c
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	14d
Employment Place Name	The State, Tribe or Territory where the NCP is employed – used to advise the employer about withholding limitations, requirements, etc.	625-659	35	A/N	O		15, 20
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	N	R	Must be 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		19

Data Element Name	Definition	Location	Length	Type	Required/ Optional	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		21
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	O		22
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O		22-1
Payee Address City Name	Payee's City address.	781-802	22	A/N	O		22-2
Payee Address State Code	Payee's State Code.	803-804	2	A	O	Valid 2 alpha State Code	22-3
Payee Address Zip Code	Payee's Zip Code.	805-809	5	N	O		22-4
Payee Address Ext Zip Code	Payee's extension Zip Code.	810-813	4	N	O		22-5
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 States 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.	23b
Government Official Name	Name of Government official authorizing the document.	821-890	70	A/N	R		24a
Issuing Official Title Text	Title of Governmental official authorizing the document.	891-940	50	A/N	R		24b
Government Issuing Type Code	Indicates if the document is issued by a court or IV-D agency.	941-941	1	A/N	R	Default to 'D'. D=IV-D N=Non-IV-D	24d
Send Employee Copy Indicator	Indicates if employer is required to provide a copy of the notice to the employee.	942-942	1	A/N	R	Valid values: Y=Yes N=No	26

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Penalty Liability Info Text	Describes additional/specific state or tribal 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.	27
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.	28
Specific Payee Withholding Limits Text	Additional Information regarding withholding limitations	1263-1422	160	A/N	O		29
Employee State Contact Name	Contact Name.	1423-1479	57	A/N	O		30a
Employee State Contact Phone Number	Contact Phone Number.	1480-1489	10	N	O		30b
Employee State Contact Fax Number	Contact Fax Number.	1490-1499	10	N	O		30c
Employee State Contact Email Address Text	Contact E-Mail Address.	1500-1547	48	A/N	O		30d
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	O	First 2 digits must begin with numeric FIPS State Code.	29
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	1578-1607	30	A/N	O		29
Employer State Contact Name	Employer Outreach or Customer Service Contact Name.	1608-1664	57	A/N	O		
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		

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
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		
Employer State Contact Address City Name	Employer Outreach or Customer Service Contact's city address.	1715-1736	22	A/N	O		
Employer State Contact Address State Code	Employer Outreach or Customer Service Contact's State Code.	1737-1738	2	A	O	Valid 2 alpha State Code	
Employer State Contact Address Zip Code	Employer Outreach or Customer Service zip code.	1739-1743	5	N	O		
Employer State Contact Address Ext Zip Code	Employer Outreach or Customer Service Contact's extension zip code.	1744-1747	4	N	O		
Employer State Contact Phone Number	Employer Outreach or Customer Service Contact Phone Number.	1748-1757	10	N	O		
Employer State Contact Fax Number	Employer Outreach or Customer Service Contact Fax Number.	1758-1767	10	N	O		
Employer State Contact Email Address Text	Employer Outreach or Customer Service Contact E-Mail Address.	1768-1815	48	A/N	O		
Child1 Last Name	Child's Last Name.	1816-1835	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child1 First Name	Child's First Name.	1836-1850	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled	29
Child1 Middle Name	Child's Middle Name or Initial.	1851-1865	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces Hyphens and apostrophes are allowed.	29

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Child 1 Name Suffix	Child's Name Suffix	1866-1869	4	A/N	O		29
Child1 Birth Date	Child's date of birth.	1870-1877	8	N	O	Must be in CCYYMMDD format.	29
Child2 Last Name	Child's Last Name.	1878-1897	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child2 First Name	Child's First Name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for child 2.	29
Child2 Middle Name	Child's Middle Name or Initial.	1913-1927	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 2 Name Suffix	Child's Name Suffix	1928-1931	4	A/N	O		29
Child2 Birth Date	Child's date of birth.	1932-1939	8	N	O	Must be in CCYYMMDD format.	29
Child3 Last Name	Child's Last Name.	1940-1959	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child3 First Name	Child's First Name.	1960-1974	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 3	29
Child3 Middle Name	Child's Middle Name or Initial.	1975-1989	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 3 Name Suffix	Child's Name Suffix	1990-1993	4	A/N	O		29
Child3 Birth Date	Child's date of birth.	1994-2001	8	N	O	Must be in CCYYMMDD format.	29

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Child4 Last Name	Child's Last Name.	2002-2021	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child4 First Name	Child's First Name.	2022-2036	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 4	29
Child4 Middle Name	Child's Middle Name or Initial.	2037-2051	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 4 Name Suffix	Child's Name Suffix	2052-2055	4	A/N	O		29
Child4 Birth Date	Child's date of birth.	2056-2063	8	N	O	Must be in CCYYMMDD format.	29
Child5 Last Name	Child's Last Name.	2064-2083	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child5 First Name	Child's First Name.	2084-2098	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 5	29
Child5 Middle Name	Child's Middle Name or Initial.	2099-2113	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 5 Name Suffix	Child's Name Suffix	2114-2117	4	A/N	O		29
Child5 Birth Date	Child's date of birth.	2118-2125	8	N	O	Must be in CCYYMMDD format.	29
Child6 Last Name	Child's Last Name.	2126-2145	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29

Data Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form XRef
Child6 First Name	Child's First Name.	2146-2160	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child 6	29
Child6 Middle Name	Child's Middle Name or Initial.	2161-2175	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 6 Name Suffix	Child's Name Suffix	2176-2179	4	A/N	O		29
Child6 Birth Date	Child's date of birth.	2180-2187	8	N	O	Must be in CCYYMMDD format.	29
Filler	Future Use	2188-2245	58	A/N	O		N/A

e-IWO Detail Trailer Record

Field Name	Location	Length	Type	Required/Optional	Comments
Trailer Document Code	1-3	3	A	R	Must be TRL
Record Identifier	4-7	4	A/N	R	Only value for field: EIWO
Total Record Count	8-13	6	N	R	Total Number of e-IWO Records in this file.
Original Records	14-19	6	N	O	Number of Original Records
Amended Records	20-25	6	N	O	Number of Amended Records
Termination Records	26-31	6	N	O	Number of Termination Records
Filler	32-2245	2214	A/N	O	Filler