Federal Parent Locator Service

FAST Levy

Record Layouts

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# FAST Levy Input Transaction Layouts

This appendix includes the layouts for the records that are accepted by the Federally Assisted State Transmitted (FAST) Levy system. Each record layout in this section includes:

1. Field names
2. Field lengths
3. Location
4. Field types (alphabetic, numeric, or alphanumeric)
5. Field comments

The comment section of the record layouts indicates whether the field is required for the transaction. Fields defined as “Conditionally Required” are required to be present on the input record, based on the conditions that are described in the comment field. Comments also provide an explanation of the field and its relationship to other fields or records. Optional fields must be filled with spaces if not used or data is not available.

The file structure for the Electronic Withhold Request and Response are the same. Each file can consist of one or more batches. Each batch contains at least one header record, followed by one or more detail records, and then a trailer record to complete the batch.

## Electronic Withhold Request

The Electronic Withhold Request is batched by Federal Employer Identification Number (FEIN). If a request from a state is being made to multiple financial institutions (FIs) there will be a batch for each FEIN included in the file being sent to the FAST Levy portal. A header will exist for each FI with their FEIN and the state’s Federal Information Processing Standards (FIPS) code in that header.

States may send either one-step or two-step levy requests and direct the FIs to attach assets at either the customer level or at a specific account level (customer’s account and type of account are required for freezing and seizing assets).

Following the Withhold Request batches is the Notice of Right to Garnish Federal Benefits record. Each file sent will contain one record at the end of the file.

### One-Step/Two-Step Process

A one-step levy process allows a state to send a request that will freeze, and at the same time seize, the account assets. A two-step levy process requires the state to make an initial request to freeze the assets followed by a second request to seize the assets.

### Customer Level/Account Level Request

Customer level requests instruct the FI to freeze/seize any accounts belonging to the obligor. This allows the FI to determine what accounts to freeze and seize when the obligor has more than one account at a FI. Based on internal polices, the FI will determine which accounts to freeze/seize based on a FAST Levy request. Account level requests instruct the FI to freeze/seize specific accounts and amounts in those accounts, consistent with state law.

## Electronic Withhold Response

The Electronic Withhold Response is batched from an FI by state. If an FI is responding to several state requests, there will be one header with the FI’s FEIN for each state in the file. The file will also contain the state’s FIPS code for each batch in the file.

Electronic Withholding Request Record (State to FI)

| Chart A‑1: Electronic Withhold Request Header Record | | | | | |
| --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | Required  This field must contain the characters ‘RH’ that identifies the record as a Request Header. |
| 2 | FEIN | 9 | 3-11 | N | Required  This field must contain the Financial Institution’s Federal Employer Identification Number (FEIN). |
| 3 | Filler | 1 | 12-12 | A/N | This field is for future versions. For this version, fill with spaces. |
| 4 | FIPS Code | 2 | 13-14 | N | Required  This field must contain the two-digit numeric Federal Information Processing Standard (FIPS) Code of the requesting state. |
| 5 | Local County Code | 3 | 15-17 | A/N | Optional  This field may contain a three-digit local county code or filled with spaces. |
| 6 | Processing Date | 8 | 18-25 | N | Required  This field must contain the run date for the batch. This must be in YYYYMMDD format. |
| 7 | Batch ID | 6 | 26-31 | A/N | Required  This field must be a unique identifier for each batch sent to the portal. Batch ID must be used one time only. |
| 8 | Batch Type Code | 2 | 32-33 | A | **Required**  This field must contain the type of request for the batch. Valid values are:  CL = Customer level request – all requests contained in the batch will be handled by the FI at a customer level and not by specific account for the customer.  AS = Single account request – all requests contained in the batch are single account requests and will be handle by the FI at the account level. Each request will be for one SSN and one account number.  AG = Group account request – all requests contained in the batch will have the same SSN for different account numbers. FIs will handle a group account request as a single request and one fee will apply to the group account request. |
| 9 | Portal Error Message Text | 30 | 34-63 | A/N | Portal Use  This field contains the field number that was in error, along with the error code, when the portal performed its validation. Header records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned.  The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code.  Valid CD values are:  IN = Invalid data  RQ = Missing required data  NU = Not numeric |
| 10 | Filler | 537 | 64-600 | A/N | This field is for future versions. For this version, fill with spaces. |

| Chart A‑2: Electronic Withhold Request Detail Record | | | | | |
| --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | Required  This field must contain the characters ‘RD’ that identifies the record as a Request Detail. |
| 2 | Action Code | 2 | 3-4 | N | Required  This field must contain the code of the action to be taken. Valid values are:  01 = execute lien and levy, used for one step process  02 = release withhold  03 = execute lien, used for two step process  04 = amend levy amount  05 = execute levy, used for two step process  06 = extend freeze number of days |
| 3 | SSN | 9 | 5-13 | N | Required  This field must contain the Social Security number (SSN) of the obligor. |
| 4 | Last Name | 20 | 14-33 | A/N | Required  This field must contain the obligor’s last name.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space. |
| 5 | First Name | 15 | 34-48 | A/N | Required  This field must contain the obligor’s first name.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space. |
| 6 | Middle Name | 15 | 49-63 | A/N | Optional  This field contains the obligor’s middle name.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space if middle name is populated. Fill with spaces if no middle name is available. |
| 7 | Name Suffix | 4 | 64-67 | A/N | Optional  This field contains the obligor’s suffix name. Example: Jr, Sr, III.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space. Fill with spaces if no suffix name is available. |
| 8 | DOB | 8 | 68-75 | A/N | Optional  This field contains the obligor’s date of birth (DOB), in CCYYMMDD format. Fill with spaces if no DOB is available. |
| 9 | Account Type Code | 2 | 76-77 | A/N | Conditionally Required  This field must contain the type of account for the withhold request. This field is required when the Batch Type Code = ‘AS’ or ‘AG’. Valid values are:  01 = Savings account  04 = Checking/demand deposit account  05 = Term deposit certificate  06 = Collateral Account  11 = Money market account  12 = IRA/KEOGH  14 = ERISA Plan account  16 = Cash Balances  17 = Compound Account  18 = Other  Fill with spaces if Batch Type Code is ‘CL’. |
| 10 | Account Number | 20 | 78-97 | A/N | Conditionally Required  This field must contain the Account Number that the state is requesting funds to be withheld if the Batch Type Code is ‘AS’ or ‘AG’. Fill with spaces if Batch Type Code is ‘CL’. |
| 11 | Withhold Amount | 10 | 98-107 | N | Required  This field must contain the maximum dollar amount and cents to withhold. Two digit decimal is assumed. The amount must contain a value greater than 0.  The field must formatted as following:  Numeric  Decimal Assumed  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 12 | Threshold Amount | 6 | 108-113 | N | Required  This field contains the minimum dollar amount and cents that must be in the account(s) after the fees and exemptions are deducted. Two digit decimal is assumed. Fill with zeroes when there is no threshold amount. For example, the account balance is $500.  The FI fee is $50.  The amount in the account after fees and exemptions is $450.  The state threshold amount is $500.   This would not meet the threshold amount the state submitted for the request.  The field must formatted as following:  Numeric  Decimal Assumed  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 13 | Request Date | 8 | 114-121 | N | Required  This field must contain the date the withhold was requested, in CCYYMMDD format. |
| 14 | Passback Text | 40 | 122-161 | A/N | Optional  This field must contain data that is returned to the requestor. Fill this field with spaces if no passback information is needed by the requestor. |
| 15 | Freeze Number Days | 4 | 162-165 | N | Conditionally Required  This field must contain the additional number of days the account(s) must be frozen beyond the submitting state’s standard timeframe. If no additional days are needed fill field with zeroes. Value cannot be zeroes if action code = 06. Note: Financial institutions will follow the rules for the state to determine business vs. calendar days.  The field must formatted as following:  Numeric  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 16 | Exemption Amount | 10 | 166-175 | N | Required  This field must contain the dollar amount and cents that is to be excluded from the levy action. Any amount over the exemption amount is available for freeze/seize. Two digit decimal is assumed. Fill with zeros if no exemption amount is required.  The field must formatted as following:  Numeric  Decimal Assumed  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 17 | Legal Attachment Code | 2 | 176-177 | A/N | Required  This field may contain the type of legal document for the withhold request.  Default Value is ‘CS’ for Child Support Order. |
| 18 | Legal Attachment Action Code | 2 | 178-179 | A/N | Optional  This field may contain the type of attachment for the withhold request. Fill this field with spaces if not needed.  Valid values are:  OL = Continuous or ongoing levy  PT = Point in time levy |
| 19 | Contact Name | 50 | 180-229 | A/N | Required  This field must contain the first and last name of the person or a point of contact (POC) who the FI will refer the customer to for additional information. |
| 20 | Contact Phone Number | 10 | 230-239 | N | Required  This field must contain the phone number of the person or a POC for which the FI will refer the customer to for additional information. |
| 21 | Contact Phone Extension Text | 5 | 240-244 | A/N | Optional  This field contains a phone extension for the person or a POC the FI should contact for additional information. Fill with spaces if no extension is available. |
| 22 | Contact E-mail Text | 50 | 245-294 | A/N | Optional  This field may contain an email address for the person or a POC the FI should contact for additional. Fill with spaces if no email is available. |
| 23 | Agency Name | 50 | 295-344 | A/N | Required  This field must contain the name of the child support agency. |
| 24 | Payment Type Code | 1 | 345-345 | A | Required  This field must contain the method the state would prefer to receive the payment from the financial institution (FI) if the FI has the capability to send per the states request.  Valid values are:  E = Electronic request  M = Check request |
| 25 | Address Line 1 Text | 50 | 346-395 | A/N | Required  This field must contain the street address of the child support agency where the FI should mail the payment. |
| 26 | Address Line 2 Text | 50 | 396-445 | A/N | Optional  This field contains the street address of the child support agency where the FI should mail the payment. |
| 27 | Address Line 3 Text | 50 | 446-495 | A/N | Required  This field must contain the city, state, and zip of the child support agency where the FI should mail the payment. |
| 28 | Request Timestamp | 12 | 496-507 | A/N | Required  This field must contain spaces. The FAST Levy portal will populate this field. The timestamp format is HH:MM:SS:SSS. |
| 29 | Portal Error Message Text | 30 | 508-537 | A/N | Portal Use  This field contains the field number that was in error, along with the error code, when the portal performed its validation. Request records with errors will be returned in their original batch if a request did not pass validation. The returned batch will only contain requests that did not pass validation. All requests that pass validation will be sent to the FI. This field is filled with spaces by the requestor. Up to six errors are returned.  The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code.  Valid CD values are:  IN = Invalid data  RQ = Missing required data  NU = Not numeric |
| 30 | Agency Identifier | 20 | 538-557 | A/N | **Required**  This field must contain a unique identifier assigned by the agency. |
| 31 | Filler | 43 | 558-600 | A/N | This field is for future versions. For this version, fill field with spaces. |

| Chart A‑3: Electronic Withhold Request Trailer Record | | | | | |
| --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | Required  This field must contain the characters ‘RT’ that identifies the record as a Request Trailer. |
| 2 | FEIN | 9 | 3-11 | N | Required  This field must contain the Financial Institution’s Federal Employer Identification Number (FEIN). |
| 3 | Filler | 1 | 12-12 | A/N | This field is for future versions. For this version, fill with spaces. |
| 4 | FIPS Code | 2 | 13-14 | N | Required  This field must contain the two-digit numeric FIPS Code of the requesting state. |
| 5 | Local County Code | 3 | 15-17 | A/N | Optional  This field may contain a three-digit local county code or filled with spaces. |
| 6 | Record Count | 6 | 18-23 | N | Required  This field must contain the total number of records submitted in this batch.  The field must formatted as following:  Numeric  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 7 | Portal Error Message Text | 30 | 24-53 | A/N | Portal Use  This field contains the field number that was in error, along with the error code, when the portal performed its validation. Trailer records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned.  The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code.  Valid CD values are:  IN = Invalid data  RQ = Missing required data  NU = Not numeric |
| 8 | Filler | 547 | 54-600 | A/N | This field is for future versions. For this version, fill with spaces. |

| Chart A‑4: Electronic Withhold Request notice Record | | | | | |
| --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | Required  This field must contain the characters ‘RN’ that identifies the record as a Request Notice. |
| 2 | Notice of Right to Garnish Federal Benefits Text | 598 | 3-600 | A/N | Required  The field must contain the Notice of Right to Garnish Federal Benefits text. The Notice of Right to Garnish Federal Benefits is created by the FAST Levy Portal. Each file will have one Notice Record at the end of the file.  Proposed Notice of Right to Garnish Federal Benefits  State child support agencies (CSA) issued these orders pursuant to authority to attach or seize obligors’ assets in financial institutions (FI) [42 USC §666]. The garnishee is notified that procedures established by 31 CFR 212 to identify and protect federal benefits deposited to FI accounts do not apply to these orders. The garnishee must comply with the terms of these orders including instructions for withholding and retaining funds in any account(s) covered by these orders pending further state CSA notice. |

Electronic Withhold Response Record (FI to State)

| Chart B‑1: Electronic Withhold Response Header Record | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | | **Required**  This field must contain the characters ‘AH’ that identifies the record as a Response Header. |
| 2 | FEIN | 9 | 3-11 | N | | Required  This field must contain the Financial Institution’s Federal Employer Identification Number (FEIN). |
| 3 | Filler | 1 | 12-12 | A/N | | This field is for future versions. For this version, fill with spaces. |
| 4 | FIPS Code | 2 | 13-14 | N | | Required  This field must contain the two-digit numeric FIPS Code of the requesting state. |
| 5 | Local County Code | 3 | 15-17 | A/N | | **Optional**  This field may contain a three-digit local county code or filled with spaces. |
| 6 | Processing Date | 8 | 18-25 | N | | **Required**  This field must contain the run date for the batch in CCYYMMDD format. |
| 7 | Batch ID | 6 | 26-31 | A/N | | **Required**  This field must contain the state’s unique identifier submitted for this batch of records. Return the state’s Batch ID sent in the Withhold Request file. |
| 8 | Batch Type Code | 2 | 32-33 | A | | **Required**  This field must contain the type of request submitted for this batch of records.Return the state’s Batch Type Code sent in the Withhold Request file. |
| 9 | Contact Name | 50 | 34-83 | A/N | | Optional  This field contains the first and last name of the person the state should contact for additional information. Fill with spaces if no Contact Name is available. |
| 10 | Contact Phone Number | 10 | 84-93 | N | | Required  This field must contain the phone number for the person the state should contact for additional information. |
| 11 | Contact Phone Extension Number | 5 | 94-98 | A/N | | Optional  This field contains a phone extension for the person the state should contact for additional information. Fill with spaces if no extension is available. |
| 12 | Contact e-mail text | 50 | 99-148 | A/N | | Optional  This field contains an e-mail address for the person the state should contact for additional information. Fill with spaces if no e-mail address is available. |
| 13 | Portal Error Message Text | 30 | 149-178 | A/N | Portal Use  This field contains the field number that was in error, along with the error code, when the portal performed its validation. Header records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned.  The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code.  Valid CD values are:  IN = Invalid data  RQ = Missing required data  NU = Not numeric | |
| 14 | Filler | 222 | 179-400 | A/N | | This field is for future versions. For this version, fill with spaces. |

| Chart B‑2: Electronic Withhold Response Detail Record | | | | | |
| --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | **Required**  This field must contain the characters ‘AD’ that identifies the record as a Response Detail. |
| 2 | Response Code | 2 | 3-4 | N | **Required**  This field must contain the response type code. Valid values are:  04 = Bypassed Acct/Accts did not meet minimum balance requirement  05 = Account(s) satisfies part or all of the levy and account is frozen  06 = Match is good but no attachable account(s)  07 = Manual Review  10 = Customer not found  12 = Match Good, Closed Account  20 = Full or partial amount released from withhold (in response to Action Code ‘02’ from Request Record)  50 = Reject, FI could not process request |
| 3 | SSN | 9 | 5-13 | N | **Required**  This field must contain the Social Security number (SSN) of the obligor for the financial institution (FI) to initiate an action to withhold. |
| 4 | Last Name | 20 | 14-33 | A/N | **Required**  This field must contain the obligor’s last name.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space. |
| 5 | First Name | 15 | 34-48 | A/N | **Required**  This field must contain the obligor’s first name.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space. |
| 6 | Middle Name | 15 | 49-63 | A/N | **Optional**  This field contains the obligor’s middle name.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  The first character must not be a space if middle name is populated. Fill with spaces if no middle name is available. |
| 7 | Name Suffix | 4 | 64-67 | A/N | **Optional**  This field contains the obligor’s suffix name. Example: Jr, Sr, III.  Valid special characters are:  Hyphens (-)  Apostrophes (‘)  Periods (.)  Fill with spaces if no suffix is available. |
| 8 | DOB | 8 | 68-75 | A/N | **Optional**  This field contains the obligor’s date of birth (DOB), in CCYYMMDD format. Fill with spaces if no DOB is available. |
| 9 | Filler | 2 | 76-77 | A/N | This field is for future versions. For this version, fill with spaces. |
| 10 | Account Number | 20 | 78-97 | A/N | **Conditionally Required**  This field contains any account number that the FI attached/froze. Fill with spaces if the account number is not provided. If the state submitted an Account Level request, ‘AS’ or ‘AG’ in the Batch Type Code, this field must be populated. Fill with spaces if Batch Type Code is ‘CL’. |
| 11 | Freeze Amount | 10 | 98-107 | N | **Conditionally Required**  This field must contain the dollar amount and cents attached/frozen before fees and penalties are deducted. Two digit decimal is assumed. If no amount is attached/frozen fill with zeroes. The field is required when the FI returns an ‘05’ in the Response Code.  The field must formatted as following:  Numeric  Decimal Assumed  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 12 | Filler | 4 | 108-111 | A/N | This field is for future versions. For this version, fill with spaces. |
| 13 | Withheld Date | 8 | 112-119 | A/N | **Required**  This field must contain the date the FI attached/froze the account(s), in YYYYMMDD format. Fill with spaces if no funds attached or frozen. |
| 14 | Passback Text | 40 | 120-159 | A/N | **Conditionally Required**  This field must contains the data provided in the withhold request record that must be returned to the requestor. Fill with spaces if no passback text is available. |
| 15 | Filler | 3 | 160-162 | A/N | This field is for future versions. For this version, fill with spaces. |
| 16 | Fee Amount | 6 | 163-168 | N | **Required**  This field must contain the dollar amount and cents of fees and penalties charged by the FI for the withheld amount. Two digit decimal is assumed. Fill with zeroes if no fee applies.  The field must formatted as following:  Numeric  Decimal Assumed  Unsigned  Right Justify  Zero Fill to Left  Zero Fill if N/A |
| 17 | Account Relationship Code | 1 | 169-169 | A/N | **Required**  This field must contain information regarding the obligor’s ownership of the account(s). Valid values are:  0 = Sole owner of the matched account  1 = Secondary owner of the matched account  2 = Primary owner with secondary owners listed to matched account  3 = At least one of the account(s) is a joint account. Use this code when the state submits the request at the customer level. |
| 18 | Safe Deposit Box Indicator | 1 | 170-170 | A | **Required**  This field must indicate whether the account holder has a safe deposit box at the FI.  Valid values are:  Y = Yes  N = No |
| 19 | Returned Timestamp | 12 | 171-182 | A/N | Required  This field must contain the timestamp for the record sent by the state. FIs use this field to determine “first come, first serve”. The timestamp format is HH:MM:SS:SSS. Return the Request Timestamp in this field. |
| 20 | Error Message Text | 30 | 183-212 | A/N | Portal use  This field contains the field number that was in error, along with the error code, when the portal performed its validation. Response records with errors will be returned in their original batch if a response did not pass validation. The returned batch will only contain responses that did not pass validation. All responses that passed validation records will be passed to the state. This field is filled with spaces by the responder. Up to six errors are returned.  The format is: NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD  Valid CD values are:  IN = Invalid data  RQ = Missing required data  NU = Not numeric |
| 21 | FI Message Text | 100 | 213-312 | A/N | **Conditionally Required**  This field is for a text message that provides a reason for which the FI rejected the withhold request. If the financial institution uses code 50 for the Response Code this field must contain a reason. |
| 22 | Agency Identifier | 20 | 313-332 | A/N | **Required**  This field must contain the agency identifier provided in the withhold request record. |
| 23 | Filler | 68 | 333-400 | A/N | This field is for future versions. For this version, fill with spaces. |

| Chart B‑3: Electronic Withhold Response Trailer Record | | | | | |
| --- | --- | --- | --- | --- | --- |
| No. | Field Name | Length | Location | A/N | Comments |
| 1 | Record Identifier | 2 | 1-2 | A | **Required**  This field must contain the characters ‘AT’ that identifies the record as a Response Trailer. |
| 2 | FEIN | 9 | 3-11 | N | **Required**  This field must contain the Financial Institution’s Federal Employer Identification Number (FEIN). |
| 3 | Filler | 1 | 12-12 | A/N | This field is for future versions. For this version, fill with spaces. |
| 4 | FIPS Code | 2 | 13-14 | N | Required  This field must contain the two-digit numeric FIPS Code of the requesting state. |
| 5 | Local County Code | 3 | 15-17 | A/N | Optional  This field may contain a three-digit local county code or filled with spaces. |
| 4 | Record Count | 6 | 18-23 | N | **Required**  This field must contain the total number of records submitted in this batch. |
| 5 | Portal Error Message Text | 30 | 24-53 | A/N | Portal Use  This field contains the field number in error, along with the error code, when the portal performed its validation. Trailer records with errors will return the entire batch. The returned batch will contain all requests originally sent. This field is filled with spaces by the requestor. Up to six errors are returned.  The format is NN:CD, NN:CD, NN:CD, NN:CD, NN:CD, NN:CD where ‘NN’ is equal to the field number and ‘CD’ is equal to the error code.  Valid CD values are:  IN = Invalid data  RQ = Missing required data  NU = Not numeric |
| 6 | Filler | 347 | 54-400 | A/N | This field is for future versions. For this version, fill with spaces. |