

## QW Record Layouts

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

1. All data must be in Extended Binary Coded Decimal Interface Coding (EBCDIC) format.
2. All alphabetic data must be uppercase.
3. All alphabetic and alphanumeric data must be left justified.
4. All numeric data must be right justified with leading zeros.
5. All dates must be in CCYYMMDD format.
  - CC represents the century.
  - YY represents the year.
  - MM represents the month and must be a number greater than 00, but less than 13.
  - DD represents the day of the month and must be a valid number for the designated month (e.g., 01-31 for months 01, 03, 05, 07, 08, 10 or 12; 01-30 for months 04, 06, 09, or 11; and 01-29 for the month 02).
6. Name fields cannot include suffixes, such as 'Jr.', 'Sr.', or 'III'.
7. The hyphen is the only special character allowed in the Employee Name, Employer Name and City.
8. All State and territory abbreviations in addresses must be valid USPS abbreviations. See Appendix E, "State and Territory Names, Abbreviations and FIPS Codes", for a complete list.
9. All foreign country codes in addresses must be the two-letter Federal Information Processing Standard (FIPS) codes that are assigned to foreign countries. Refer to Appendix D, "Foreign Country FIPS Codes", or to the *U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology, FIPS PUB 10-4* (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at: <http://www.itl.nist.gov/fipspubs/fip10-4.htm>.
10. If an address is less than 40 characters per line, do not concatenate into one line.

NOTE: The chart numbers in the following charts correspond to the chart numbers found in the NDNH Guide to submission, found at the following website:

<http://www.acf.hhs.gov/programs/css/resource/ndnh-guide-for-data-submission>

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Public reporting burden for this collection of information is estimated to average 2 minutes per response for processing input and output files, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**QW TRANSMITTER HEADER RECORD**

NDNH System processing requires the completion of all fields in the QW Transmitter Header Record.

CHART 18-1: QW TRANSMITTER HEADER RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	<b>Required</b> This must contain the characters 'HQ'.
Transmitter State Code	3-4	2	A/N	<b>Required for States and territories only</b> This must contain the two-digit numeric FIPS code of the State or territory that is transmitting data to the NDNH. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes" or to the <i>Department of Commerce FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 5-2 (April 1995) for a list of these codes. In addition, FIPS codes may be found on the Internet at: <a href="http://www.itl.nist.gov/fipspubs/fip5-2.htm">http://www.itl.nist.gov/fipspubs/fip5-2.htm</a> . Federal agencies leave this field blank.
Transmitter Agency Code	5-13	9	A/N	<b>Required for Federal agencies</b> This must contain the nine-character FEIN or the letter 'A' followed by the FIPS code of the Federal agency. SWAs leave this field blank.
Transmission Type	14-15	2	A/N	<b>Required</b> This must contain the characters 'QW'.

**CHART 18-1: QW TRANSMITTER HEADER RECORD**

Field Name	Location	Length	A/N	Comments
Department of Defense Code	16	1	A	<b>Required for DoD only</b> This must contain one of the following characters: A – Active duty employees C – Civilian employees P – Pension/Retired employees R – Reserve employees SWAs and Federal agencies, other than the DoD, leave this field blank.
Version Control Number	17-18	2	A/N	<b>Required</b> This must contain the numbers ‘01’. OCSE will notify the SWAs and Federal agencies when this field changes.
Date Stamp	19-26	8	N	<b>Required</b> This must contain the transmission date of the QW data to the NDNH. This must be in CCYYMMDD format.
Batch Number	27-32	6	N	<b>Required</b> The transmitting Federal agency or SWA generates this number. Do not repeat batch numbers.
Filler	33-601	569	A/N	<b>Required</b> This should be all spaces. States, territories and Federal agencies should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.

### **QW Data Record**

Although it is desirable to include all data elements in the QW Data Record, it is recognized that this may not be possible. The intent of the system is to provide information for locating persons in response to requests from Child Support Enforcement IV-D agencies. A QW Data Record must include:

11. Employee First Name,
12. Employee Last Name,
13. Employee SSN,
14. Employee Wage Amount,
15. Reporting Period,
16. Employer Name,
17. FEIN, and
18. Employer Address.

SWAs are only required to supply wage information that is already contained in the records of the State.

If an employer is late in reporting QW data to the SWA, the SWA should submit the QW data in the next quarter's transmission.

OCSE is aware that some SWAs' records include only a partial set of letters or no letters in the employee's name(s). Therefore, SWAs should send as much information on employee names as exists in their QW records. The system accepts these records. If the SSN passes the "High-Group" SSN test (that is, if the SSN is valid), the NDNH will attempt to verify the SSN/Name combination. If the SSN/Name combination does not verify, the NDNH stores the record on the QW Non-Verifiable File. For any QW record not meeting the minimal name requirements, refer to Section 5.4 of the NDNH Guide to Data Submission.

**QW DATA RECORD**

NDNH System processing requires the completion of the required fields of the QW Data Record.

CHART 18-2: QW DATA RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	<b>Required</b> This must contain the characters 'QW'.
Employee SSN	3-11	9	N	<b>Required</b> This must contain a nine-digit SSN. If this field is blank or contains any alphabetic characters, the system rejects the record.
Employee Name First Name Middle Name Last Name	12-27 28-43 44-73	16 16 30	A A A	<b>Required</b> There must be at least one character in the First and Last Name. If the Employee Middle Name is non-blank, it must contain at least one character. <ul style="list-style-type: none"> <li>• No special characters, except hyphens, are allowed.</li> <li>• The First and Last Name cannot begin with a space or hyphen.</li> </ul> If a State only collects a partial name, or does not collect any name information, the record is NOT rejected. These States must transmit as much information on employee names as exists in their QW records.

**CHART 18-2: QW DATA RECORD**

Field Name	Location	Length	A/N	Comments
Employee Wage Amount	74-84	11	N	<b>Required</b> This is the gross amount of wages an employer reports as paid to an employee during the reporting quarter. If the QW are reported late by an employer, the SWA should submit the data with their next quarterly transmission. The last two positions are decimal places. Do not include a decimal point as part of this field. Negative values are not allowed.
Reporting Period	85-89	5	N	<b>Required</b> The format is QCCYY. Q – Reporting quarter: 1 – January 1 through March 31 2 – April 1 through June 30 3 – July 1 through September 30 4 – October 1 through December 31 CC – Century YY – Year
Federal EIN	90-98	9	N	<b>Required</b> This is the Federal Employer Identification Number (FEIN) the IRS assigns to an employer.
State EIN	99-110	12	A/N	<b>Optional</b> This is a number a State may assign an employer.

**CHART 18-2: QW DATA RECORD**

Field Name	Location	Length	A/N	Comments
Employer Name	111-155	45	A/N	<b>Required</b> This must be at least two characters. No special characters, except hyphens, are allowed.
Employer Street Address Line 1 Line 2 Line 3	156-195 196-235 236-275	40 40 40	A/N A/N A/N	Required This must be at least 2 characters. If an address is less than 40 characters per line, do not concatenate into one line. Use Line 3 for a military designation or Canadian Province Code.
Employer City	276-300	25	A	<b>Required</b> This must be at least two characters. No special characters, except hyphens, are allowed.
Employer State	301-302	2	A	<b>Required</b> This must be a valid two-letter USPS abbreviation of a State or territory. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes".
Employer Zip Code Zip Code (1) Zip Code (2)	303-307 308-311	5 4	A/N A/N	Required: First five-digits This is the five-digit USPS zip code that is associated with the employer's address. Zip Code (2) must be either all spaces or the four-digit additional numeric code; but not all zeros.

**CHART 18-2: QW DATA RECORD**

Field Name	Location	Length	A/N	Comments
Employer Foreign Address Foreign Country Code Foreign Country Name Foreign Zip Code	312-313 314-338 339-353	2 25 15	A/N A/N A/N	Optional Refer to Appendix D, "Foreign Country FIPS Codes", or to the <i>U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at: <a href="http://www.itl.nist.gov/fipspubs/fip10-4.htm">http://www.itl.nist.gov/fipspubs/fip10-4.htm</a> . The Foreign Country Name, if present, must be at least two characters. Include military designation or Canadian Province Code.
Employer Optional Street Address Line 1 Line 2 Line 3	354-393 394-433 434-473	40 40 40	A/N A/N A/N	<b>Optional</b> This is the employer's street address where a child support income withholding order should be sent. If an address is less than 40 characters per line, do not concatenate into one line. Use Line 3 for a military designation or Canadian Province Code.
Employer Optional City	474-498	25	A	<b>Optional</b> This must be at least two characters, if present. No special characters, except hyphens, are allowed.
Employer Optional State	499-500	2	A	<b>Optional</b> This must be a valid two-letter USPS abbreviation of a State or territory, if present. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes".
Employer Optional Zip Code Zip Code (1) Zip Code (2)	501-505 506-509	5 4	A/N A/N	<b>Optional</b> Each zip code must be either all spaces or all numeric; but not all zeros.



**CHART 18-2: QW DATA RECORD**

Field Name	Location	Length	A/N	Comments
Employer Optional Foreign Address				<b>Optional</b>
Foreign Country Code	510-511	2	A/N	Foreign Country Code: Refer to Appendix D, “Foreign Country FIPS Codes”, or to the <i>U.S. Department of Commerce FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 10-4 (April 1995) to derive this code. In addition, FIPS codes may be found on the Internet at: <a href="http://www.itl.nist.gov/fipspubs/fip10-4.htm">http://www.itl.nist.gov/fipspubs/fip10-4.htm</a> . The Foreign Country Name must be at least two characters, if present. Include military designation or Canadian Province Code.
Foreign Country Name	512-536	25	A/N	
Foreign Zip Code	537-551	15	A/N	
Filler	552-601	50	A/N	This should be all spaces. States, territories and Federal agencies should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.

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**QW TOTAL RECORD**

System processing requires the completion of all fields in the QW Total Record.

<b>CHART 18-3: QW TOTAL RECORD</b>				
<b>Field Name</b>	<b>Location</b>	<b>Length</b>	<b>A/N</b>	<b>Comments</b>
Record Identifier	1-2	2	A/N	<b>Required</b> This must contain the characters 'TQ'.
Data Record Count	3-13	11	N	<b>Required</b> This must be the number of records in the transmission, including the Header and Total Records.
Filler	14-601	588	A/N	<b>Required</b> This should be all spaces. States, territories and Federal agencies should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.