

OCSE Federal Parent Locator Service

National Directory of New Hires

Guide for Data Submission

Version 13.0
January 28, 2015

Administration for Children and Families
Office of Child Support Enforcement
370 L'Enfant Promenade S.W.
Washington, DC 20447

E. INPUT TRANSACTION LAYOUTS

This appendix has the layouts for records accepted by the NDNH system. Each record layout in this appendix includes:

- **Field Name** – the name of the field as it appears on the input transaction layout
- **Location** – the position of the field on the record
- **Length** – the number of characters allowed in the field
- **A/N** – the type of field: alphabetic (A), numeric (N), or alphanumeric (A/N)
- **Comments** – shows if the field is required for the transaction and includes an explanation of the field and the field's relationship to other fields or records

When sending input records, the NDNH Transmission Header record must be the first record in the transmission. If the Header record is not the first record in the transmission, the system rejects all records until a Header record is located.

The data sent to the NDNH must comply with these requirements:

1. All alphabetic data except the User field, must be in upper case.
2. All alphabetic and alphanumeric data must be left justified.
3. All numeric data must be right justified with leading zeros.
4. 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 month
5. Name fields cannot include suffixes, such as 'Jr.,' 'Sr.,' or 'III.'
6. All Filler fields must be spaces, not low values.
7. The hyphen is the only special character allowed in the Employee Name, Employer Name, and City fields.
8. All state and territory abbreviations in addresses must be valid USPS abbreviations.
9. All foreign country codes in addresses must be the two-letter FIPS codes assigned to foreign countries.
10. If an address is less than 40 characters per line, do not concatenate it into one line.

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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.

CHART E-1: QUARTERLY WAGE TRANSMITTER HEADER RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	Required This field must have 'HQ.'
Transmitter State Code	3-4	2	A/N	Required for states and territories only This field must have the two-digit numeric FIPS code of the state or territory sending data to the NDNH. FIPS codes are at http://www.census.gov/geo/reference/ansi_statetables.html . Federal agencies leave this field blank.
Transmitter Agency Code	5-13	9	A/N	Required for federal agencies This field must have 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	Required This field must have 'QW.'
Department of Defense Code	16	1	A	Required for DoD only This field must have one of these characters: A – Active duty employees C – Civilian employees P – Pension or 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	Required This field must have '01.' OCSE will tell you when this changes.

CHART E-1: QUARTERLY WAGE TRANSMITTER HEADER RECORD

OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX

Field Name	Location	Length	A/N	Comments
Date Stamp	19-26	8	N	Required This field must have the transmission date of the QW data to the NDNH, in CCYYMMDD format.
Batch Number	27-32	6	N	Required You generate this number. Do not repeat batch numbers.
Filler	33-601	569	A/N	Required This field is all spaces. Do not use the Filler field. This Filler field is strictly reserved for OCSE. NDNH does not return anything sent in the field and overlays it with spaces.

CHART E-2: QUARTERLY WAGE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	Required This field must have 'QW.'
Employee SSN	3-11	9	N	Required This is the nine-digit number SSA assigns to an individual. This field must have a nine-digit SSN. If this field is blank or has any alphabetic characters, NDNH rejects the record.
Employee Name				Required
First Name	12-27	16	A	This is the employee's first name, middle name or initial, and last name. There must be at least one character in the First and Last Name fields. If the Employee Middle Name field is non-blank, it must have at least one character. No special characters, except hyphens, are allowed. The first and last name cannot begin with a space or hyphen. If a state only collects a partial name or does not collect any name information, NDNH does not reject the record. These states must send as much information for employee names as exists in their QW records.
Middle Name	28-43	16	A	
Last Name	44-73	30	A	

CHART E-2: QUARTERLY WAGE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Employee Wage Amount	74-84	11	N	<p>Required</p> <p>This is the aggregate wages paid to an employee during the reporting period.</p> <p>This field is the gross amount of wages an employer reports as paid to an employee during the reporting quarter. If an employer reports the QW data late, send the data with your next quarterly transmission.</p> <p>The last two positions are decimal places. Do not include a decimal point as part of this field.</p> <p>Negative values are not allowed.</p>
Reporting Period	85-89	5	N	<p>Required</p> <p>This is the calendar quarter and year during which the employee’s wages were paid, in QCCYY format.</p> <p>Q – Reporting quarter:</p> <ul style="list-style-type: none"> 1 – January 1 through March 31 2 – April 1 through June 30 3 – July 1 through September 30 4 – October 1 through December 31 <p>CC – Century</p> <p>YY – Year</p>
Federal EIN	90-98	9	N	<p>Required</p> <p>This is the nine-digit number IRS assigns to an employer.</p> <p>This field is the Federal Employer Identification Number (FEIN) IRS assigns to an employer.</p>

CHART E-2: QUARTERLY WAGE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
State EIN	99-110	12	A/N	Optional This field is a number a state may assign to an employer.
Employer Name	111-155	45	A/N	Required This is the name of the entity that employs the individual. This field must be at least two characters. No special characters are allowed except hyphens.
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 is the number, street name, rural route or PO box, city, state, and ZIP code of the entity that employs the individual. This should be the address the employer reports to the IRS. This may be a foreign address. This field must be at least two 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	Required This field must be at least two characters. No special characters are allowed except hyphens.
Employer State	301-302	2	A	Required This field must be a valid two-letter USPS abbreviation of a state or territory. The list of state and territory FIPS codes is at http://www.census.gov/geo/reference/ansi_statetables.html .

CHART E-2: QUARTERLY WAGE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Employer ZIP Code ZIP Code (1) ZIP Code (2)	303-307 308-311	5 4	A/N A/N	Required: first five digits This field is the five-digit USPS ZIP code associated with the employer's address. The ZIP Code (2) field must be either all spaces, or the four-digit extra numeric code, but not all zeros.
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 FIPS codes are at http://unstats.un.org/unsd/methods/m49/m49alpha.htm . 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	Optional This is the address where an employer receives child support income-withholding orders. This is a number, street name, rural route or PO box, city, state, and ZIP code of the entity that employs an individual. 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	Optional This field must be at least two characters, if present. No special characters are allowed except hyphens.
Employer Optional State	499-500	2	A	Optional This field must be a valid two-letter USPS abbreviation of a state or territory, if present. A list of state and territory FIPS codes is at http://www.census.gov/geo/reference/ansi_statetables.html .

CHART E-2: QUARTERLY WAGE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Employer Optional ZIP Code				Optional Each ZIP code must be either all spaces or all numeric, but not all zeros.
ZIP Code (1)	501-505	5	A/N	
ZIP Code (2)	506-509	4	A/N	
Employer Optional Foreign Address				Optional FIPS codes are at http://unstats.un.org/unsd/methods/m49/m49alpha.htm . The foreign country name must be at least two characters, if present. Include military designation or Canadian province code.
Foreign Country Code	510-511	2	A/N	
Foreign Country Name	512-536	25	A/N	
Foreign ZIP Code	537-551	15	A/N	
Filler	552-601	50	A/N	This field is all spaces. Do not use the Filler field. This Filler field is strictly reserved for OCSE. NDNH does not return anything sent in the field and overlays it with spaces.

CHART E-3: QUARTERLY WAGE TOTAL RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	Required This field must have 'TQ.'
Data Record Count	3-13	11	N	Required This field must be the number of records in the transmission, including the Header and Total records.
Filler	14-601	588	A/N	Required This field is all spaces. Do not use the Filler field. This Filler field is strictly reserved for OCSE. NDNH does not return anything sent in the field and overlays it with spaces.