# E-IWO Record Layouts

* Chart D-1 is the Universal Header record layout established for the e-IWO system.
* Chart D-2 is the Universal Trailer record layout established for the e-IWO system.
* Chart D-3 is the e-IWO Detail record layout established for the e-IWO system.
* Chart D-4 is the e-IWO Acknowledgment record layout established for the e-IWO system.
* Chart D-5 is the Summary of Changes for this Version 3.0.

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. The IWO form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. 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 D-1: Universal Header (File And Batch) |
| --- |
| 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 | Required for all headers.First two characters indicate header type.FH always indicates a file header.BH always indicates a batch header.Third character indicates the record type. The record types are:A – Acknowledgment: file sent from an employer to a state (FHA, BHA)I – IWO Detail: file sent from a state to an employer (FHI, BHI)K – Acknowledgment Result: file sent from the Portal to an employer (FHK, BHK). Used by the Portal. S – IWO Result: file sent from the Portal to a state (FHS, BHS). Used by the Portal. |
| 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 | Required for all headers.A unique, alphanumeric element that identifies a specific file or a batch within a file. You cannot reuse previously submitted control numbers.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 Locator – 21000 (two-digit state Locator Code number followed by three zeroes)Date – YYMMDDTime – HHMMSSSequence # – 0000For acknowledgments, employers may enter an identifier of their choosing.Leading or embedded spaces not allowed. |
| State Locator Code | The state/tribe/territory Locator Code.Formerly known as FIPS code. | 26-30 | 5 | A/N | CR | Format: 21000 (two-digit state Locator Code number followed by three zeroes)IWO detail sent by states:FHI – Required – Input own Locator CodeBHI – Required – Input own Locator CodeAcknowledgment sent by an employer or its payroll processor:FHA – Fill with spaces BHA – Required – Input state, tribe, or territory for which the batch is intended. |
| EIN Text | The Employer’s Identification Number (EIN). | 31-39 | 9 | A/N | CR | IWO Detail sent by states:FHI – Fill with spacesBHI – Required – Employer FEINAcknowledgment sent by employers: FHA – Required – Employer FEINBHA – Required – Employer FEINAcknowledgment sent by the primary employer with multiple FEINs or third party:FHA – Fill with spaces BHA – Optional – Can input primary FEINAcknowledgment sent to states:FHA – Fill with spaces BHA – Employer FEIN  |
| Primary EIN Text | The federal EIN of the parent company processing IWOs for its subsidiaries or a third party processing IWOs for an employer. | 40-48 | 9 | A/N | CR | Acknowledgment sent by an employer with one FEIN:FHA – Fill with spacesBHA – Fill with spacesAcknowledgment sent by the primary employer with multiple FEINs or a third party processor:FHA – Required – Input primary FEINBHA – Required – Input primary FEINIWO Detail sent by states:FHI – Fill with spacesBHI – Fill with spacesAcknowledgment sent to states:FHA – Fill with spaces BHA – 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. |
| 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 | Used only by the Portal to return the abbreviated Version 3.0 of field names in error. Each code will be separated by a comma.Valid values:CDT – Creation date CNM – Control number CTM – Creation time DOC – Document code DUP – File already received EIN – EIN text FPS – State Locator Code PPE – Payroll processor EIN text  |
| FillerFHI and BHIFHA and BHAFHS and BHSFHK and BHK | IWO Detail Acknowledgment IWO Result Acknowledgment Result | 81 | Varies23264932326493 | A/N | O | The filler length varies based on the file it is associated with. |

| Chart D-2: Universal Trailer (File And Batch) |
| --- |
| 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 records. | 1-3 | 3 | A | R | Required for all trailers.First two characters indicate trailer type. FT always indicates a file trailer; BT always indicates a batch trailer. The third character indicates the record type. The record types are:A – Acknowledgment: file sent from an employer to a state (FTA, BTA).I – IWO Detail: file sent from a state to an employer (FTI, BTI).K – Acknowledgment Result: file sent from the Portal to an employer (FTK, BTK). Used by the Portal.S – IWO Result: file sent from the Portal to a 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 (FTA, FTI, FTK, and FTS).Zero fill if batch trailers (BTA, BTI, BTK, and BTS). |
| Record Count | Indicates the number of records contained in a batch. | 31-35 | 5 | N | R | Used with batch trailers (BTA, BTI, BTK and BTS).Zero fill if file trailers (FTA, FTI, FTK, and FTS). |
| Employer Sent Count | Indicates the number of valid records sent to an employer after the editing process. | 36-40 | 5 | N | CR | Used for the 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 the Acknowledgment 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 | Used only by the Portal to return the abbreviated Version 3.0 of field names in error. Each code will be separated by a comma.Valid Values:BCT – Batch Count fieldCNM – Control Number fieldDOC – Document Code fieldRCT – Record Count fieldREC – Invalid file structure |
| FillerFTI and BTIFTA and BTAFTS and BTSFTK and BTK | IWO Detail Acknowledgment IWO Result Acknowledgment Result | 64 | Varies23435102343510 | A/N | O | The filler length varies based on the file that it is associated with. |

| Chart D-3: e-IWO Detail Record |
| --- |
| 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 be DTL. | N/A |
| Filler | For future use. | 4-6 | 3 | A/N | O | For future use. | 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 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. | 1a1b1c1d |
| Document Date | The date the record was generated. | 10-17 | 8 | A/N | R | Must be a valid date in CCYYMMDD format. | 1e |
| 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. | 1g |
| Issuing Jurisdiction Name | The name of the county, city, district, or tribe issuing the document. | 53-87 | 35 | A/N | O | If entered, should be a full name. | 1i |
| Case ID  | 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. No leading spaces, back slash (\), or asterisk (\*). | 1l |
| 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 be a letter or a number. | 2a |
| Employer Address Line 1 Text | Line 1 of the employer/withholder’s address. | 160-184 | 25 | A/N | R | The first character must be a letter or a number. | 2b |
| Employer Address Line 2 Text | Line 2 of the employer/withholder’s address. | 185-209 | 25 | A/N | O | The first character must be a letter or a number. | 2b |
| Employer Address City Name | Employer/withholder’s city name. | 210-231 | 22 | A/N | R | The first character must be a letter or a number. | 2b |
| Employer Address State Code | Employer/withholder’s state code. | 232-233 | 2 | A | R | Valid, two-character, alphabetic state or territory code. | 2b |
| Employer Address ZIP Code | Employer/withholder’s ZIP Code. | 234-238 | 5 | N | R | Required field follows Length and Type instructions. | 2b |
| Employer Address Ext ZIP Code | Employer/withholder’s extension ZIP Code. | 239-242 | 4 | A/N | O | Optional field follows Length and Type instructions. | 2b |
| EIN Text | Employer/withholder’s FEIN. | 243-251 | 9 | N | R | Must contain the 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 periods (.), hyphens (-), apostrophes (’), or 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3a |
| Employee Middle Name | Obligor’s middle name or initial. | 287-301 | 15 | A/N | O | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3a |
| Employee Suffix | Obligor’s name suffix. | 302-305 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3a |
| Employee SSN | Obligor’s Social Security number. | 306-314 | 9 | N | R | Required field follows Length and Type instructions. | 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. | 33 |
| Obligee Last Name | Obligee’s last name. | 323-379 | 57 | A/N | R | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or 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 | R | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3c |
| Obligee Middle Name | Obligee’s middle name or initial. | 395-409 | 15 | A/N | O | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3c |
| Obligee Name Suffix | Obligee’s name suffix. | 410-413 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3c |
| 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 |
| Support Current Child Amount | The dollar amount to be withheld for payment of current child support. | 449-459 | 11 | N | R | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 5a |
| Support Current Child Frequency Code | The interval the current support amount is required to be paid. | 460 | 1 | A/N | CR | If there is a dollar amount other than zero in the Support Current Child Amount field (pos. 449-459), this field is required.Valid values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 6a |
| Support Past Due Child Frequency Code | 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 the Support Past Due Child Amount field (pos. 461-471), this field is required.Valid values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 7a |
| Support Current Medical Frequency Code | 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 the Support Current Medical Amount field (pos. 473-483), this field is required.Valid values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace fill if N/A | 7b |
| Support Past Due Medical Amount | The dollar amount to be withheld for payment of past-due medical support. | 485-495 | 11 | N | R | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 8a |
| Support Past Due Medical Frequency Code | 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 the Support Past Due Medical Amount field (pos. 485-495), this field is required.Valid values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 9a |
| Support Current Spousal Frequency Code | The interval the spousal support is required to be paid. | 508 | 1 | A/N | CR | If there is a dollar amount other than zero in the Support Current Spousal Amount field (pos. 497-507), this field is required.Valid values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace fill if N/A | 9b |
| Support Past Due Spousal Amount | The dollar amount to be withheld for payment of past-due spousal support. | 509-519 | 11 | N | R | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 10a |
| Support Past Due Spousal Frequency Code | 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 the Support Past Due Spousal Amount field (pos. 509-519), this field is required.Valid values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace fill if N/A | 10b |
| Obligation Other Amount | The dollar amount to be withheld for payment of miscellaneous obligations. | 521-531 | 11 | N | R | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 11a |
| Obligation Other Frequency Code | 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 the Obligation Other Amount field (pos. 521-531), this field is required.Valid Values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace 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 the Obligation Other Amount field (pos. 521-531), this field is required. | 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 12a |
| Obligation Total Frequency Code | 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 the Obligation Total Amount field (pos. 568-578), this field is required.Valid Values:A – AnnuallyB – Bi-weeklyM – MonthlyQ – QuarterlyS – Semi-monthlyW – WeeklyX – Semi-annuallySpace 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 – Arrears greater than 12 weeksN – Arrears less than 12 weeksSpaces allowed. | 6c |
| Income Withholding Deduction Weekly Amount | The amount the employer should withhold if the employee is paid weekly. | 581-591 | 11 | N | R | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A | 13d |
| State Tribe Territory Name | The state, tribe, or territory that issued the support order. | 625-659 | 35 | A/N | R | Required field follows Length and Type instructions. | 15, 20 |
| Begin Withholding Within Days Number | The number of days within which the employer must commence income withholding. | 660-661 | 2 | N | R | Required field follows Length and Type instructions. | 16 |
| Income Withholding Start Date | The effective date of the income withholding. | 662-669 | 8 | A/N | CR | Must be a valid date in CCYYMMDD format. This field is only required for Document Action Code AMD, LUM, and ORG. If Document Action Code is TRM, fill with spaces. | 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 | If Document Action Code is TRM, fill with zeroes.Right justifyZero fill to leftZero fill if N/A | 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 | If Document Action Code is TRM, fill with zeroes. | 19 |
| 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 be a letter or a number. | 23 |
| Payee Address Line 1 Text | Line 1 of the payee’s address. | 731-755 | 25 | A/N | R | Required field follows Length and Type instructions. | 24 |
| Payee Address Line 2 Text | Line 2 of the payee’s address. | 756-780 | 25 | A/N | O | Optional field follows Length and Type instructions. | 24 |
| Payee Address City Name | Payee’s city address. | 781-802 | 22 | A/N | R | Required field follows Length and Type instructions. | 24 |
| Payee Address State Code | Payee’s state code. | 803-804 | 2 | A | R | Valid, two-character, alphabetic state or territory code. | 24 |
| Payee Address ZIP Code | Payee’s ZIP Code. | 805-809 | 5 | N | R | Required field follows Length and Type instructions. | 24 |
| Payee Address Ext ZIP Code | Payee’s extension ZIP Code. | 810-813 | 4 | A/N | O | Optional field follows Length and Type instructions. | 24 |
| Payee Remittance Locator Code | Locator Code for remitting payments via EFT/EDI.Formerly known as FIPS codes. | 814-820 | 7 | N | R | Either state and county Locator or tribal place code. The first two characters are the state numeric code. The next three are the county code. The last two are filled by the user.Only the first five characters (state and county code) are required. | 22 |
| Issuing Official Name | Name of tribunal official authorizing the document. | 821-890 | 70 | A/N | O | The first character must be a letter or a number. | 27 |
| Issuing Official Title Text | Title of governmental official authorizing the document. | 891-940 | 50 | A/N | R | The first character must be a letter or a number. | 28 |
| Filler | For future use. | 941 | 1 | A/N | O | For 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 – YesN – No | 30 |
| Penalty Liability Info Text | Describes additional/ specific state, tribal, or territory penalties or liabilities about 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 state law. | 31 |
| 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 state law. | 32 |
| Supplemental Information | Additional information about any state specific requirements | 1263-1422 | 160 | A/N | O | Optional field follows Length and Type instructions. | 33 |
| Employee State Contact Name  | Contact’s name. | 1423-1479 | 57 | A/N | R | Required field follows Length and Type instructions. | 47 |
| Employee State Contact Phone Number | Contact’s phone number. | 1480-1489 | 10 | A/N | R | Required field follows Length and Type instructions. | 48 |
| Employee State Contact Fax Number | Contact’s fax number. | 1490-1499 | 10 | A/N | O | Optional field follows Length and Type instructions. | 49 |
| Employee State Contact Email Address Text | Contact’s e-mail address. | 1500-1547 | 48 | A/N | O | Optional field follows Length and Type instructions. | 50 |
| Document Tracking Number | A number assigned by the entity sending the document that uniquely identifies the document. | 1548-1577 | 30 | A/N | R | First two digits must begin with the numeric Locator state code.  | 21 |
| Order ID | A unique identifier that is associated with a specific child support obligation within a case. | 1578-1607 | 30 | A/N | O | Optional field follows Length and Type instructions. | 1j |
| Employer State Contact Name  | Employer outreach or customer service contact’s name. | 1608-1664 | 57 | A/N | R | Required field follows Length and Type instructions. | 42 |
| 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 | Optional field follows Length and Type instructions. | 46 |
| 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 | Optional field follows Length and Type instructions. | 46 |
| Employer State Contact Address City Name | Employer outreach or customer service contact’s city address. | 1715-1736 | 22 | A/N | O | Optional field follows Length and Type instructions. | 46 |
| 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. | 46 |
| Employer State Contact Address ZIP Code | Employer outreach or customer service contact’s ZIP Code. | 1739-1743 | 5 | N | O | Optional field follows Length and Type instructions. | 46 |
| Employer State Contact Address Ext ZIP Code | Employer outreach or customer service contact’s ZIP Code extension. | 1744-1747 | 4 | A/N | O | Optional field follows Length and Type instructions. | 46 |
| Employer State Contact Phone Number | Employer outreach or customer service contact’s phone number. | 1748-1757 | 10 | A/N | R | Required field follows Length and Type instructions. | 43 |
| Employer State Contact Fax Number | Employer outreach or customer service contact’s fax number. | 1758-1767 | 10 | A/N | O | Optional field follows Length and Type instructions. | 44 |
| Employer State Contact Email Address Text | Employer outreach or customer service contact’s e-mail address. | 1768-1815 | 48 | A/N | O | Optional field follows Length and Type instructions. | 45 |
| Child 1 Last Name | Child’s last name. | 1816-1835 | 20 | A/N | R | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 1 Suffix Name | Child’s name suffix. | 1866-1869 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3d |
| Child 1 Birth Date | Child’s date of birth. | 1870-1877 | 8 | A/N | R | 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 | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space.Required if there is an additional child. | 3d |
| Child 2 First Name | Child’s first name. | 1898-1912 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child. | 3d |
| 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 2 Suffix Name  | Child’s name suffix. | 1928-1931 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3d |
| Child 2 Birth Date | Child’s date of birth. | 1932-1939 | 8 | A/N | CR | Must be a valid date in CCYYMMDD format.Required if there is an additional child. | 3e |
| Child 3 Last Name | Child’s last name. | 1940-1959 | 20 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space.Required if there is an additional child. | 3d |
| Child 3 First Name | Child’s first name. | 1960-1974 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child. | 3d |
| 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 3 Suffix Name | Child’s name suffix. | 1990-1993 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3d |
| Child 3 Birth Date | Child’s date of birth. | 1994-2001 | 8 | A/N | CR | Must be a valid date in CCYYMMDD format.If unknown, fill this field with spaces.Required if there is an additional child. | 3e |
| Child 4 Last Name | Child’s last name. | 2002-2021 | 20 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space.Required if there is an additional child. | 3d |
| Child 4 First Name | Child’s first name. | 2022-2036 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child. | 3d |
| 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 4 Suffix Name | Child’s name suffix. | 2052-2055 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3d |
| Child 4 Birth Date | Child’s date of birth. | 2056-2063 | 8 | A/N | CR | Must be a valid date in CCYYMMDD format.Required if there is an additional child. | 3e |
| Child 5 Last Name | Child’s last name. | 2064-2083 | 20 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child. | 3d |
| Child 5 First Name | Child’s first name. | 2084-2098 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child. | 3d |
| 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 5 Suffix Name  | Child’s name suffix. | 2114-2117 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3d |
| Child 5 Birth Date | Child’s date of birth. | 2118-2125 | 8 | A/N | CR | Must be a valid date in CCYYMMDD format.Required if there is an additional child. | 3e |
| Child 6 Last Name | Child’s last name. | 2126-2145 | 20 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space.Required if there is an additional child. | 3d |
| Child 6 First Name | Child’s first name. | 2146-2160 | 15 | A/N | CR | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child. | 3d |
| 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 periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. | 3d |
| Child 6 Suffix Name | Child’s name suffix. | 2176-2179 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3d |
| Child 6 Birth Date | Child’s date of birth. | 2180-2187 | 8 | A/N | CR | Must be a valid date in CCYYMMDD format.Required if there is an additional child. | 3e |
| 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.NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/AIf the Document Action Code (pos. 7-9) is ‘AMD,’ ‘ORG,’ or ‘TRM,’ 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 ID designated by the state, tribe, or territory. | 1h |
| 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 numeric state Locator Code, otherwise leave blank. | N/A |
| First ErrorField Name | Name of the first field that did not pass the e-IWO edits. | 2253-2284 | 32 | A/N | O | Used only 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 | Used only 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 | Valid values used only by the Portal:T – TrueF – FalseIf more than two errors exist in the record, set to ‘T.’ If less than two errors exist, set to ‘F.’ |  |
| Filler | For future use. | 2318-2404 | 87 | A/N | O | For future use. | N/A |
| Locator Code | Two-digit numeric code for the state sending the order.Formerly known as FIPS code. | 2405-2406 | 2 | N | R | The Portal will fill in the state two-digit numeric code. |  |

| Chart D-4: e-IWO Acknowledgment Record |
| --- |
| Element Name | Definition | Location | Length | Type | Req./ Opt. | Data Element Rules |
| Document Code | Indicates the acknowledgment record follows. | 1-3 | 3 | A/N | R | Value must be ‘ACK.’ |
| Document Action Code | Indicates the type of document. | 4-6 | 3 | A/N | R | Valid Values:AMD – Amended: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).EMP – Employer Initiated: The value input by the employer to inform the state, tribe, or territory about an action that has or will be initiated by them. Use ‘EMP’ with the following values in the Record Disposition Status Code (pos. 154-155). If you notify a state, tribe, or territory about a pending Lump Sum, use ‘L’.If you notify a state, tribe, or territory that an employee is in a suspended payment status, use ‘S’.If the employee is no longer employed, use ‘T’.LUM – Lump Sum: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).ORG – Original: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record).TRM – Termination: The value input by the state, tribe, or territory (pos. 7-9 in the Detail Record). |
| Case ID | A value assigned by a state to uniquely identify each IV-D case in the state. | 7-21 | 15 | A/N | R | The Case ID input by the state (pos. 88-102 in the Detail Record). |
| EIN Text | The employer/withholder’s FEIN. | 22-30 | 9 | N | R | Required field follows Length and Type instructions. |
| Employee Last Name | Obligor’s last name. | 31-50 | 20 | A/N | R | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. |
| Employee First Name | Obligor’s first name. | 51-65 | 15 | A/N | R | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. |
| Employee Middle Name | Obligor’s middle name or initial. | 66-80 | 15 | A/N | O | Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes (’), or embedded spaces are allowed. The first character must not be a space. |
| Employee Name Suffix | Obligor’s name suffix. | 81-84 | 4 | A/N | O | Optional field follows Length and Type instructions. |
| Employee SSN | Obligor’s Social Security number. | 85-93 | 9 | N | R | Required field follows Length and Type instructions. |
| Document Tracking Number | Assigned by the entity sending the document that uniquely identifies the document. | 94-123 | 30 | A/N | CR | The Document Tracking Number input by the state (pos. 1548-1577 in the Detail Record). The Document Tracking Number is not used for an Employer Initiated Acknowledgment (EMP). |
| Order ID | A unique identifier associated with a specific child support obligation within a case. | 124-153 | 30 | A/N | O | The Order ID input by the state (pos. 1578-1607 in the 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 acceptedR – Record rejectedThe following codes are used only with an Employer Initiated Acknowledgment Document Action Code (EMP) (pos. 4-6 in the Acknowledgment Record).L – Lump Sum S – Suspension T – Termination |
| Disposition Reason Code | The reason an e-IWO record is being accepted or rejected by an employer. | 156-158 | 3 | A/N | CR | If the value in the Record Disposition Status Code (pos. 154-155) equals ‘A,’ a Disposition Reason Code is optional.Accepted values are:B – Name mismatchS – Employee is in a suspense status at employerW – Incorrect FEIN received for employeeSpaces are also acceptable.If the value in the Record Disposition Status (pos. 154-155) equals ‘R,’ a reason code is required.Rejected values are:B – Name mismatchD – Duplicate IWOM – IWO received from multiple statesN – NCP no longer at the employerO – Other reasonS – Employee is in a suspense status at employerU – NCP not known to employerW – Incorrect FEIN received for employeeX – Employer could not electronically process this recordZ – Termination cannot be processed; no current IWO in place |
| Filler | For future use. | 159 | 1 | A/N | O | For future use. |
| Termination Date | Date 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 Address Line 1 Text | Line 1 of the NCP’s last known address. | 168-192 | 25 | A/N | O | Optional field follows Length and Type instructions. |
| NCP Last Known Address Line 2 Text | Line 2 of the NCP’s last known address. | 193-217 | 25 | A/N | O | Optional field follows Length and Type instructions. |
| NCP Last Known Address City Name | NCP’s last known city address. | 218-239 | 22 | A/N | O | Optional field follows Length and Type instructions. |
| 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 five-digit ZIP Code. | 242-246 | 5 | N | O | Optional field follows Length and Type instructions. |
| NCP Last Known Address Ext ZIP Code | NCP’s last known four-digit ZIP Code extension. | 247-250 | 4 | A/N | O | Optional field follows Length and Type instructions. |
| 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 | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/A The last payment/wages paid to an NCP that has left or been terminated. |
| New Employer Name | Name of NCP’s new employer. | 270-326 | 57 | A/N | O | Optional field follows Length and Type instructions. |
| New Employer Address Line 1 Text | Line 1 of new employer’s address. | 327-351 | 25 | A/N | O | Optional field follows Length and Type instructions. |
| New Employer Address Line 2 Text | Line 2 of new employer’s address. | 352-376 | 25 | A/N | O | Optional field follows Length and Type instructions. |
| New Employer Address City Name | New employer’s city name.  | 377-398 | 22 | A/N | O | Optional field follows Length and Type instructions. |
| 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 | Optional field follows Length and Type instructions. |
| New Employer Address Ext ZIP Code | New employer’s four-digit ZIP Code extension. | 406-409 | 4 | A/N | O | Optional field follows Length and Type instructions. |
| 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 | CR | Must be a valid date in CCYYMMDD format.If the Document Action Code (pos. 7-9 in the Detail Record) is ‘EMP,’ and the Record Disposition Status Code (pos. 154-155) equals ‘L,’ this field must be filled with a valid future date.If the Document Action Code (pos. 7-9 in the Detail Record) is ‘EMP,’ and the Record Disposition Status Code (pos. 154-155) equals ‘T,’ this field must be filled with spaces. |
| Payment Lump Sum Amount | The amount an employer intends to issue as a Lump Sum Payment to the employee. | 418-428 | 11 | N | R | NumericDecimal assumedUnsignedNo roundingRight justifyZero fill to leftZero fill if N/AIf the Document Action Code (pos. 7-9 in the Detail Record) is ‘EMP,’ and the Record Disposition Status Code (pos. 154-155) equals ‘L,’ the dollar amount in this field must be filled with zeroes or an amount greater than $0.00.If the Document Action Code (pos. 7-9 in the Detail Record) is ‘EMP’ and the Record Disposition Status Code (pos. 154-155) equals ‘T,’ this field must be filled with zeroes. |
| 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.If the Document Action Code (pos. 7-9 in the Detail Record) is ‘EMP’ and the Record Disposition Status Code (pos. 154-155) equals ‘L,’ this field must be filled.If the Document Action Code (pos. 7-9 in the Detail Record) 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 | Optional field follows Length and Type instructions. |
| First Error Field Name | Name of the first field that did not pass the e-IWO edits. | 474-505 | 32 | A/N | O | Used only 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 | Used only 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 two errors. | 538 | 1 | A/N | O | Valid values used only by the Portal:T – TrueF – FalseIf more than two errors exist in the record, set to ‘T.’ If less than two errors exist, set to ‘F.’ |
| Correct FEIN | The actual FEIN under which the employee is working. | 539-547 | 9 | N | CR | If the Record Disposition Code is “W,” this field is required. |
| Multi IWO State Code | The state code for which an employer already has an IWO in place for the employee and the IWO just received is a duplicate. | 548-549 | 2 | A | CR | If the Record Disposition Code is “M,” this field is required. |
| Filler | For future use. | 550-573 | 24 | A/N | O | For future use. |

| Chart D‑5: Summary of Changes |
| --- |
| Location | Change |
| Chart D-1 and D-3, Locator | All references to Locator in this version were previously referred to as FIPS. |
| Chart D-1,Control NumberLocation 4-25 | Added text to data element rule: “Leading or embedded spaces not allowed.” |
| Chart D-3 Case IDLocation 88-102 | Changed Identifier to ID.Added text to rules: “No leading spaces, backslash (\), or asterisk (\*). |
| Chart D-3 Case ID Location 160-184 | Changed data element rule to “The first character must be a letter or a number.” |
| Chart D-3 Case ID Location 185-209 | Changed data element rule to “The first character must be a letter or a number.” |
| Chart D-3 Case ID Location 210-231 | Changed data element rule to “The first character must be a letter or a number.” |
| Chart D-3, Obligee First NameLocation 380-394 | Changed to required element. |
| Chart D-3, State Tribe Territory NameLocation 625-659 | Added to definition: “…that issued the support order.”Changed to required element. |
| Chart D-3, Send Payment Within Days NumberLocation 670-671 | Added text to data element rule: Right justifyZero fill to leftZero fill in N/A |
| Chart D-3, Payee NameLocation 674-730 | Changed data element rule to “The first character must be a letter or a number.” |
| Chart D-3, Payee Address Line 1 TextLocation 731-755 | Changed to a required element. |
| Chart D-3, Payee Address City NameLocation 781-802 | Changed to a required element. |
| Chart D-3, Payee Address State CodeLocation 803-804 | Changed to a required element. |
| Chart D-3, Payee Address ZIP CodeLocation 805-809 | Changed to a required element. |
| Chart D-3, Payee Remittance Locator CodeLocation 814-820 | Changed instances of “FIPS” Code to “Locator Code.”Added to definition: “Formerly known as FIPS codes.”Added “numeric” to second sentence of data element rule. |
| Chart D-3, Issuing Official NameLocation 821-890 | Removed government from name and description.Changed data element rule to “The first character must be a letter or a number.” |
| Chart D-3, Issuing Official NameLocation 891-940 | Changed data element rule to “The first character must be a letter or a number.” |
| Chart D-3, Supplemental Information Location 1263-1422 | Renamed element from Specific Payee Withholding Limits Text to Supplemental Information Location.Added text to definition: “…any state specific requirements.” |
| Chart D-3, Employee State Contact NameLocation 1423-1479 | Changed to a required element. |
| Chart D-3, Employee State Contact Phone NumberLocation 1480-1489 | Changed to a required element. |
| Chart D-3, Order IDLocation 1578-1607 | Changed Identifier to ID. |
| Chart D-3, Employer State Contact NameLocation 1744-1747 | Changed to an optional element. |
| Chart D-3, Employer State Contact NameLocation 1748-1757 | Changed to a required element. |
| Chart D-3, Child 1 Last NameLocation 1816-1835 | Changed to a required element. |
| Chart D-3, Child 1 Birth DateLocation 1870-1877 | Changed to a required element. |
| Chart D-3, Child 2 Last NameLocation 1878-1897 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 2 First NameLocation 1898-1912 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 2 Birth DateLocation 1932-1939 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 3 Last NameLocation 1940-1959 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 3 First NameLocation 1960-1959 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 3 Birth DateLocation 1994-2001 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 4 Last NameLocation 2002-2021 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 4 First NameLocation 2022-2036 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 4 Birth DateLocation 2056-2063 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 5 Last NameLocation 2064-2083 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 5 First NameLocation 2084-2098 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 5 Birth DateLocation 2118-2125 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 6 Last NameLocation 2126-2145 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 6 First NameLocation 2146-2160 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Child 6 Birth DateLocation 2180-2187 | Changed to a conditionally required element if there is an additional child. |
| Chart D-3, Document Image TextLocation 2228-2252 | Added to data element rule: “…numeric state Locator Code, otherwise leave blank.” |
| Chart D-3 and D-4 | Changed any blank Data Element Rules to either:Required field follows Length and Type instructionsOptional field follows Length and Type instructions |
| Chart D-4, Case IDLocation 7-21 | Changed Identifier to ID. |
| Chart D-4, Order IDLocation 124-153 | Changed Identifier to ID. |
| Chart D-4, Disposition Reason CodeLocation 156-158 | Added to data element rule: “optional”Changed in data element rule: “Spaces are also acceptable” |