National Directory of New Hires

Guide for Data Submission
Version 13.3
February 8, 2019

Administration for Children and Families
Office of Child Support Enforcement
330 C Street SW, 5th Floor
Washington, DC 20201

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

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)
  - 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:

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

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

				Chart E-4: Quarterly Wage Transmitter Header Record
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 FIPS State and Territory Codes. 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.
Date Stamp	19-26	8	N	**Required** This field must have the transmission date of the QW data to the NDNH in CCYYMMDD format.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Chart E-4: Quarterly Wage Transmitter Header Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Batch Number	27-32	6	N	**Required** This field must have a six-digit number to track the batch. Each batch number must be unique and cannot be repeated.
Filler	33-601	569	A/N	**Required** This field must have 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.

OCSE O&M and Continuous Improvements   Guide for Data Submission
National Directory of New Hires   Version 13.3
OMB Control No.: 0970-0166   Expiration Date: xx/xx/xxxx

Chart E-5: Quarterly Wage Data Record				
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 all zeros, blank, or has any alphabetic characters, NDNH rejects the record.
Employee Name: First Name Middle Name Last Name	 12-27 28-43 44-73	 16 16 30	 A A A	**Required** 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 are allowed except hyphens. The first and last name cannot begin with a space or hyphen. If a state collects any name information or only collects a partial name, NDNH does not reject the record. These states must send as much information for employee names as exists in their QW records.
Employee Wage Amount	74-84	11	N	**Required** This is the aggregate wages paid to an employee during the reporting period. 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. The last two positions are decimal places. Do not include a decimal point as part of this field. Negative values are not allowed.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Field Name	Location	Length	A/N	Comments
Chart E-5: Quarterly Wage Data Record				

Reporting Period	85-89	5	N	**Required**
				
				This is the calendar quarter and year when the employee's wages were paid in QCCYY format.
				
				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	**Required** This is the nine-digit number IRS assigns to an employer. This field is the FEIN IRS assigns to an employer.
State EIN	99-110	12	A/N	**Optional** This field is a number a state can 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.

OCSE O&M and Continuous Improvements   Guide for Data Submission
National Directory of New Hires   Version 13.3
OMB Control No.: 0970-0166   Expiration Date: xx/xx/xxxx

Chart E-5: Quarterly Wage Data Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**

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: Line(1)
				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 can 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, Canadian province code, or Canadian province.

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 FIPS State and Territory Codes. This field must be spaces if employer's address is a foreign address.

Employer ZIP Code:
 	
  ZIP Code (1)
  ZIP Code (2)
	
	303-307
	308-311
		
		5
		4
			
			A/N
			A/N
				Required: If a U.S. address, first five digits of ZIP code
				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.
				These fields must be spaces if employer's address is a foreign address.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Chart E-5: Quarterly Wage Data Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Employer Foreign Address:				**Required, if foreign address** FIPS codes are at Foreign Country Codes.
Foreign Country Code	312-313	2	A/N	The foreign country name, if present, must be at least two characters.
Foreign Country Name	314-338	25	A/N	Include military designation or Canadian province code.
Foreign ZIP Code	339-353	15	A/N	These fields must be spaces if employer's address is a U.S. address.
Employer Optional Street Address:				**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.
Line 1	354-393	40	A/N	
Line 2	394-433	40	A/N	If an address is less than 40 characters per line, do not concatenate into one line.
Line 3	434-473	40	A/N	Use Line 3 for a military designation, Canadian province code, or Canadian province.
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 FIPS State and Territory Codes. This field must be spaces if employer's optional address is a foreign address.
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	These fields must be spaces if employer's optional address is a foreign address.
ZIP Code (2)	506-509	4	A/N	

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Chart E-5: Quarterly Wage Data Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Employer Optional Foreign Address:				**Optional** FIPS codes are at Foreign Country Codes.
Foreign Country Code	510-511	2	A/N	The foreign country name must be at least two characters, if present.
Foreign Country Name	512-536	25	A/N	Include military designation or Canadian province code.
Foreign ZIP Code	537-551	15	A/N	These fields must be spaces if employer's optional address is a U.S. address or no optional address is present.
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.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

				Chart E-6: Quarterly Wage Total Record
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.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Chart F-5: Unemployment Insurance Transmission Control Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Record Identifier	1-2	2	A/N	This is 'RU'.
Transmitter State Code	3-4	2	A/N	This is the two-digit code submitted.
Filler	5-13	9	A/N	This is all spaces.
Transmission Type	14-15	2	A/N	This is the value 'UI' to show these records as Unemployment Insurance records.
Filler	16	1	A/N	This is all spaces.
Version Control Number	17-18	2	A/N	This is the value supplied in the submission: '01'.
Date Stamp	19-26	8	N	This is the date supplied in the submission.
Batch Number	27-32	6	N	This is the value supplied in the submission.
Records Received	33-43	11	N	This is the count of the records received in the submission, including the Header and Total records.
Records Rejected	44-54	11	N	This is the count of the records rejected in the submission.
Error Records Returned	55-65	11	N	This is the total number of records with errors or warnings returned in the transmission, not those excluded due to the UI Output Control Matrix Registration form.
Records Posted to NDNH	66-76	11	N	This is the total number of records posted to the NDNH UI database.
Records Unverified	77-87	11	N	This is the total number of unverified UI records found in the submission.
Filler	88-98	11	A/N	This is all spaces.
Error Code 1	99-102	4	A/N	This is the transmission error code (if any) generated during processing of the submission or spaces.
Error Code 2	103-106	4	A/N	This is the transmission error code (if any) generated during processing of the submission or spaces.
Error Code 3	107-110	4	A/N	This is the transmission error code (if any) generated during processing of the submission or spaces.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Chart F-5: Unemployment Insurance Transmission Control Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Error Code 4	111-114	4	A/N	This is the transmission error code (if any) generated during processing of the submission or spaces.
Error Code 5	115-118	4	A/N	This is the transmission error code (if any) generated during processing of the submission or spaces.
Filler	119-168	50	A/N	This is all spaces.
Records Processed	168-179	11	N	This is the total number of UI data records accepted for processing in the transmission, excluding the rejected data records.
Filler	180-325	146	A/N	This is all spaces.

OCSE O&M and Continuous Improvements   Guide for Data Submission
National Directory of New Hires   Version 13.3
OMB Control No.: 0970-0166   Expiration Date: xx/xx/xxxx

Chart F-6: Unemployment Insurance Response Data Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Record Identifier	1-2	2	A/N	This is 'UO'.
Claimant SSN	3-11	9	N	This is the data supplied in the submission.
Claimant Name:				This is the data supplied in the submission or the corrected first and last name.
First Name	12-27	16	A	
Middle Name	28-43	16	A	
Last Name	44-73	30	A	
Claimant Street Address:				This is the data supplied in the submission or the corrected street.
Line 1	74-113	40	A/N	
Line 2	114-153	40	A/N	
Line 3	154-193	40	A/N	
Claimant City	194-218	25	A	This is the data supplied in the submission or the corrected city.
Claimant State	219-220	2	A	This is the data supplied in the submission or the corrected state.
Claimant ZIP Code:				This is the data supplied in the submission or the corrected ZIP code (five digits).
ZIP Code (1)	221-225	5	A/N	
ZIP Code (2)	226-229	4	A/N	
Claimant Benefit Amount	230-240	11	N	This is the data supplied in the submission.
Reporting Period	241-245	5	N	This is the data supplied in the submission.
Filler	246-295	50	A/N	This is all spaces.
Error Code 1	296-299	4	A/N	This is the generated error or warning code associated with the UI record or spaces. For an explanation of these Error Codes 1–5, see Chart D-2, "Data Error and Warning Codes."
Error Code 2	300-303	4	A/N	This is the generated error or warning code associated with the UI record or spaces.

OCSE O&M and Continuous Improvements
National Directory of New Hires
OMB Control No.: 0970-0166

Guide for Data Submission
Version 13.3
Expiration Date: xx/xx/xxxx

Chart F-6: Unemployment Insurance Response Data Record				
Field Name	**Location**	**Length**	**A/N**	**Comments**
Error Code 3	304-307	4	A/N	This is the generated error or warning code associated with the UI record or spaces.
Error Code 4	308-311	4	A/N	This is the generated error or warning code associated with the UI record or spaces.
Error Code 5	312-315	4	A/N	This is the generated error or warning code associated with the UI record or spaces.
SSN Correction Indicator	316	1	A/N	This code describes how the SSN or name was corrected. The field values are the following: C – The SSN was corrected. V – The SSN verified by correcting the name. Space – This field does not apply.
Corrected SSN	317-325	9	A/N	This is the corrected SSN.

OCSE O&M and Continuous Improvements   Guide for Data Submission
National Directory of New Hires   Version 13.3
OMB Control No.: 0970-0166   Expiration Date: xx/xx/xxxx

Chart G-1: Version 13.3 Revisions	
Part/Section/ Chart/Figure	**Description of Change**
Chart E-1, Chart E-4, and Chart E-7	Changed comments to clarify fields Batch Number and Filler on Transmitter Control Records.
Chart E-2	Changed comments to clarify fields Employee SSN, Employee, Employer and Employer Optional: Street Address, State, ZIP Code, and Foreign Address.
Chart E-5	Changed comments to clarify fields Employee SSN, Employer and Employer Optional: Street Address, State, ZIP Code, and Foreign Address.
Chart E-8	Corrected comments on Claimant SSN, and the Benefit Amount is a required, not optional, field.
Chart E-3	Changed Filler field comments.
Section F	Clarified language in Output Transactions Layouts.
Chart F-1	Corrected documentation for Filler fields in positions 77-87 and 108-831. Records Unverified (positions 77-87) and Records Processed (positions 158-168) fields were defined in those fillers, and Filler fields were adjusted. Updated Comments for Error Codes 1–5.
Chart F-2	Defined SSN Correction Indicator field values.
Chart F-3	Corrected documentation for Filler fields in positions 77-87 and 108-631. Records Unverified (positions 77-87) and Records Processed (positions 158-168) fields were defined in those fillers, and Filler fields were adjusted. Updated comments for Error Codes 1–5.
Chart F4	Updated comments for Error Codes 1–5.
Chart F-5	Corrected documentation for Filler fields in positions 77-98 and 119-325. Records Unverified (positions 77-87) and Records Processed (positions 168-179) fields were defined in those fillers, and Filler fields were adjusted. Comments for Error Codes 1–5.
Chart F-6	Defined SSN Correction Indicator field values. Corrected ZIP Code (1) field type. Updated comments for Error Codes 1–5.