National Directory of New Hires

New Hire Input Record Specifications
Version 13.4
November 1, 2021

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

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.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this statutorily required (42 U.S.C. § 653(i)(1)) information collection is to help state and Tribal child support agencies to locate a parent living or working in another state, or to take appropriate interstate actions to establish, modify, or enforce a child support order; to assist state and federal agencies in administering various eligibility benefit programs; to help researchers and data matching partners with evaluating the impact of various federal programs. Public reporting estimated burden for this collection of information is estimated to average .025 hours per response for employers that submit new hires manually, .17 hours for employers that submit new hires electronically, and .00028 hours to submit QW and UI, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. 653(m)(2), confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSEFedSystems@acf.hhs.gov.

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

New Hire Input Record Specifications
Version 13.4
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.

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.

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

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.

Chart E-5: Quarterly Wage Data Record				
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: 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.

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
				Required, if foreign address
				FIPS codes are at Foreign Country Codes.
				The foreign country name, if present, must be at least two characters.
				Include military designation or Canadian province code.
				These fields must be spaces if employer's address is a U.S. address.

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, 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.

Chart E-5: Quarterly Wage Data Record				
Field Name	Location	Length	A/N	Comments
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:
   ZIP Code (1)
   ZIP Code (2)
	
	 501–505
	 506–509
		
		 5
		 4
			
			 A/N
			 A/N
				Optional
				 Each ZIP code must be either all spaces or all numeric, but not all zeros.
				 These fields must be spaces if employer's optional address is a foreign address.

Employer Optional Foreign Address:
   Foreign Country Code
   Foreign Country Name
   Foreign ZIP Code
	
	 510–511
	 512–536
	 537–551
		
		 2
		 25
		 15
			
			 A/N
			 A/N
			 A/N
				Optional
				 FIPS codes are at Foreign Country Codes.
				 The foreign country name must be at least two characters, if present.
				 Include military designation or Canadian province code.
				 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.

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

New Hire Input Record Specifications
Version 13.4
Expiration Date: xx/xx/xxxx

				Chart E-7: Unemployment Insurance Transmitter Header Record
Field Name	Location	Length	A/N	Comments
Record Identifier	1–2	2	A/N	**Required** This field must have 'HU'.
Transmitter State Code	3–4	2	A/N	**Required** This field must have the two-digit FIPS code of the state or territory sending data to the NDNH. FIPS codes are at FIPS State and Territory Codes.
Filler	5–13	9	A/N	**Required** This field is for future versions. For the current version, this is all spaces.
Transmission Type	14–15	2	A/N	**Required** This field must have 'UI'.
Filler	16	1	A/N	**Required** This field is for future versions. For the current version, this is all spaces.
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 UI data to the NDNH in CCYYMMDD format.
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	33–295	263	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 and overlays it with spaces.

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

New Hire Input Record Specifications
Version 13.4
Expiration Date: xx/xx/xxxx

Field Name	Location	Length	A/N	Comments
Chart E-8: Unemployment Insurance Data Record				
Record Identifier	1–2	2	A/N	**Required** This field must have 'UI'.
Claimant 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.

Claimant Name:
  First Name
  Middle Name
  Last Name
	
	12–27
	28–43
	44–73
		
		16
		16
		30
			
			A
			A
			A
				Required
				This is the claimant's first name, middle name or initial, and last name.
				This field must have least one character in the first name and one character in the last name.
				If both the first and last names are blank, NDNH rejects the record.
				If the claimant middle name is non-blank, it must have at least one character.
				The first and last names cannot begin with a space or hyphen.
				No special characters are allowed except hyphens.

Claimant Street Address:
  Line 1
  Line 2
  Line 3
	
	74–113
	114–153
	154–193
		
		40
		40
		40
			
			A/N
			A/N
			A/N
				Required: Line (1)
				This is the number, street name, PO box or rural route, city, state, and ZIP code where an individual resides.
				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 the Canadian province code.

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

New Hire Input Record Specifications
Version 13.4
Expiration Date: xx/xx/xxxx

Chart E-8: Unemployment Insurance Data Record				
Field Name	Location	Length	A/N	Comments
Claimant City	194–218	25	A	**Required** This field must be at least two characters. No special characters are allowed except hyphens.
Claimant State	219–220	2	A	**Required** This field must be a valid two-letter USPS abbreviation of a state or territory. FIPS codes are at FIPS State and Territory Codes.

Claimant ZIP Code:
  ZIP Code (1)
  ZIP Code (2)
	
	221–225
	226–229
		
		5
		4
			
			A/N
			A/N
				Required: First five digits
				This field must be the five-digit USPS ZIP code associated with the claimant's address.
				ZIP Code (2) must be either all spaces or the four-digit extra numeric code, but not all zeros.

Benefit Amount	230–240	11	N	**Required** This is the gross amount, before any deductions, of benefits paid to a claimant during a reporting quarter. This can be zero if an individual has filed for UI benefits, but no amount was paid during the reporting quarter, such as when a claim is pending or denied. The last two positions are decimal places. All zeros are allowed. Do not include a decimal point as part of this field. Negative values are not allowed.

Chart E-8: Unemployment Insurance Data Record				
Field Name	Location	Length	A/N	Comments

Reporting Period	241–245	5	N	**Required**
				This is the calendar quarter and year when the UI benefits were paid or activity was done, 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

Filler	246–295	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 and overlays it with spaces.

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

New Hire Input Record Specifications
Version 13.4
Expiration Date: xx/xx/xxxx

Chart E-9: Unemployment Insurance Total Record				
Field Name	Location	Length	A/N	Comments
Record Identifier	1–2	2	A/N	**Required** This field must have 'TU'.
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	14–295	282	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.