| Chart D-3: e-IWO Detail Record |
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| 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. | 16, 21 |
| 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. | 17 |
| Income Withholding Start Instruction  | The instruction for the implementation date of the income withholding. | 662-669 | 8 | A/N | CR | Conditionally requiredMust be a text entry. The entry should be: "service",  "receipt", or  "mailing"The instruction is based on the issuing state’s statute. For electronic orders the date the e-IWO was received is also the mailing date. This field is only required for Document Action Code AMD, LUM, and ORG. If Document Action Code is TRM, fill with spaces. | 18 |
| Send Payment Within Days Number | Number of business 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 | 19 |
| 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. | 20 |
| 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. | 22 |
| 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. | 23 |
| 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. | 23 |
| Payee Address City Name | Payee’s city address. | 781-802 | 22 | A/N | R | Required field follows Length and Type instructions. | 23 |
| Payee Address State Code | Payee’s state code. | 803-804 | 2 | A | R | Valid, two-character, alphabetic state or territory code. | 23 |
| Payee Address ZIP Code | Payee’s ZIP Code. | 805-809 | 5 | N | R | Required field follows Length and Type instructions. | 23 |
| Payee Address Ext ZIP Code | Payee’s extension ZIP Code. | 810-813 | 4 | A/N | O | Optional field follows Length and Type instructions. | 23 |
| 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. | 24 |
| 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. | 26 |
| 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. | 27 |
| 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 | 25 |
| 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.  | 15 |
| 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. | 3e |
| 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. | 3e |
| 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. | 3e |
| Child 1 Suffix Name | Child’s name suffix. | 1866-1869 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3e |
| 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. | 3f |
| 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. | 3e |
| 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. | 3e |
| 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. | 3e |
| Child 2 Suffix Name  | Child’s name suffix. | 1928-1931 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3e |
| 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. | 3f |
| 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. | 3e |
| 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. | 3e |
| 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. | 3e |
| Child 3 Suffix Name | Child’s name suffix. | 1990-1993 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3e |
| 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. | 3e |
| 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. | 3e |
| 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. | 3e |
| Child 4 Suffix Name | Child’s name suffix. | 2052-2055 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3e |
| 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. | 3f |
| 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. | 3e |
| 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. | 3e |
| 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. | 3e |
| Child 5 Suffix Name  | Child’s name suffix. | 2114-2117 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3e |
| 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. | 3f |
| 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. | 3e |
| 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. | 3e |
| 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. | 3e |
| Child 6 Suffix Name | Child’s name suffix. | 2176-2179 | 4 | A/N | O | Optional field follows Length and Type instructions. | 3e |
| 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. | 3f |
| 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. |  |