Multistate Financial Institution Data Match

Specifications Handbook

Version 3.0

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Administration for Children and Families

Office of Child Support Services

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1   Background

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) makes it more important than ever for children and their custodial parents to receive the child support they are entitled to, as the Act places time limits on the receipt of welfare assistance. To assist in this effort, the child support Services requirements of PRWORA mandate that each state employ quarterly matching of delinquent noncustodial parents to the accounts maintained at financial institutions. This handbook establishes the Specifications to conduct this matching.

2   Introduction

All data match filers should use these Specifications for all reports filed. For a general explanation of the institutions and financial assets subject to data match reporting, refer to the federal Office of Child Support Services (OCSS) Action Transmittal 98-07 and 98-29 and the Data Match law of the states in which you do business.

3   Participation

Check with your state for available reporting options. Many states offer two reporting methods. In those states, each financial institution subject to the data match laws must inform the state which of the two reporting methods it will use to report data match information. You will find a description of each method in this handbook.

4   Method 1 – All Accounts Method

Institutions may elect to present to the state a file identifying all open accounts by April 30 of each year and quarterly thereafter. Certain states may require you to file only one All Account file in the first quarter of the year, followed by quarterly updates of accounts opened and closed. Please check with your state for this information.

Institutions electing Method 1 may also elect to treat their required Form 1099 filing as part of their obligation under the Data Match program, making changes in their 1099 filing to meet data match requirements. These institutions are then required to send a supplemental report containing account information not included in the 1099 file.

5   Method 2 – Matched Accounts Method

Institutions may elect to match a file presented by the state, not more than quarterly, against all accounts maintained at that institution. The file will be sent to the person designated by the institution. It is to be returned with the Match File or No Match report after processing. Institutions electing this option must report information required on all accounts at the institution maintained on the state's Inquiry File. You must deliver these reports within 30-45 days of receiving the Inquiry File.

6 Reporting Agents

Many financial institutions contract with reporting agents (also known as service agents, service providers, or transmitters) for Internal Revenue Service Form 1099 reporting. As these Specifications are similar to the Form 1099 format, these reporting agents may be used to report data match information. An institution electing Method 2 that designates a reporting agent to receive, process, and report data match information on its behalf must inform the state of this designation. This is to guarantee the confidentiality of the information on the state Inquiry File.

Anytime an institution wants the state to send the Inquiry File to a recipient whose Tax Identification Number (TIN) is different from the institution, the state must be informed.

7 Exchanging Data Match Information

These specifications apply specifically to the files and reports named below:

- **Account Files –** Files submitted to the state listing all accounts of the financial institution under the option offered by Method 1 – All Accounts Method. This includes the supplemental file from institutions that elected to include their annual Form 1099 filing as part of their data match reporting. (For more information, see Appendix B.3, "Combined 1099/Data Match Filing")
- **Account Update Files –** Files sent to the state reporting new, changed, or recently closed accounts, which supplement or update information previously filed under Method 1 – All Accounts Method.
- **Inquiry File –** Files sent from the state to financial institutions electing to report under Method 2 – Matched Accounts Method. This file contains a list of persons that the institution will match against its records.
- **Match Files –** The files sent to the state of accounts matched under Method 2 – Matched Accounts Method, where the state supplied the institution with an Inquiry File.

All files sent to the state under the Data Match program contain only three types of records, which are defined in this handbook:

- Financial Institution Record
- Account Owner Record
- "T" Total Record

We wrote these specifications to allow institutions to copy and change existing Form 1099 programs rather than create an entirely new layout. To minimize programming, certain Form 1099 fields are permitted in these Specifications and are designated as "Optional."

8   Common Data Match Errors

The state encourages filers to verify the content of their data match files to ensure the accuracy of the data. This may eliminate the need for states to return files for correction. This is especially important to those who have reports prepared by a reporting agent.

Filing institutions will receive the rejected files back with an explanation for the rejection. The institution should make the appropriate corrections and resend the file as soon as possible.

The following were frequently encountered problems experienced by the Massachusetts Department of Revenue in the first year of its Financial Institution Data Match operation:

- **Form 1099 Reports submitted in place of Method 1 Data Match Reports**

  Although the magnetic media specifications for 1099 and data match reporting are similar, a 1099 report cannot be filed in place of a data match report because there are important differences. An institution may elect to combine 1099 and data match filing, but only after electing to do so on the BMRS-I, Data Match Election Form. Even so, the 1099 file must be modified as instructed in this handbook.

- **Non-interest bearing accounts omitted or excluded**

  Although such accounts may be exempt from IRS 1099 reporting, these accounts are not excludable under the laws governing data match reporting.

- **Transmittal Report not included with Data Match file**

  This slows the processing of your file.

- **Transmitter TINXID omitted on Transmittal**

- **"A" Record: The institution or money market fund TIN/FID omitted, positions 7-15**

  Only numerals should appear in these positions. Hyphens and spaces between digits are also common errors.

- **Levy service mailing address incorrect or omitted, positions 131-210**

  The levy service address may be different from that entered on the IRS 1099 report or the general street address.

- **"B" Record: Account Balance omitted, positions 351-357**

9   Where to Send Data Match Forms and Files

Consult your state data match reporting site for this address. Method 2 institutions reporting matched accounts to different states should use Appendix D, "Data Match FIPS Code Directory," to determine where to file their report.

10   Where to Get Help

If you have any questions regarding these specifications, contact the MSFIDM Help Desk at 800-258-2736 or fidm@ssa.gov.

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A   "A" Record: Financial Institution Information

The "A" Record, which Chart   A -1 shows, is used by all filers, regardless of the reporting method chosen. Separate "B" Record layouts for each reporting method follow. Type A is alphabetic, type N is numeric, and type A/N is alphanumeric.

Chart A-1: "A" Record – Financial Institution Information				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "A."
Filler	2-3	2	A/N	Space filled.
File Seq. Number	4-6	3	N	Enter the sequence number 001. This field is not relevant to Data Match and may be left blank. (Optional)
Institution TIN	7-15	9	N	This must be the valid nine-digit Taxpayer Identification Number (TIN) assigned to your financial institution. Do not enter spaces, hyphens, or alphabetic characters.
Institution Name Control	16-19	4	A/N	You can obtain the Payer Name Control only from the mail label on the 1099 package mailed to most payers each December. If a 1099 package was not received or the Payer Name Control is unknown, leave this field blank. (Optional)
Year and Month	20-25	6	N	Enter the year and month the file generated in CCYYMM format. For example, enter April 2021 as **202104**.
Filler	26-31	6	A/N	Space filled.
Test/Corr Indicator	32	1	A	Enter a valid test/corr indicator. Enter a **T** if this is a test file; otherwise, leave blank. (Optional)
Service Bureau Indicator	33	1	N	Enter a **1** if you used a person or organization to prepare or submit data match information. A parent company submitting data for a subsidiary is not considered a service agent. (Optional)
Filler	34-41	8	A/N	Space filled.

Chart A-1: "A" Record – Financial Institution Information				
Field Name	Location	Length	A/N	Comments
Mag Tape Indicator	42-43	2	A	Enter the letters **LS** if you are filing a magnetic tape or cartridge; otherwise, leave blank. (Optional)
Filler	44-48	5	A/N	Space filled.
Foreign Corporation Indicator	49	1	N	Enter **1** if the financial institution is a foreign corporation. If not, leave blank. A foreign corporation is any corporation organized or created other than in or under the laws of the Unites States, any of its states or territories, or the District of Columbia. (Optional)
Institution Name	50-89	40	A/N	Institution name for levy service. Enter the name of the institution whose TIN appears in positions 7-15 of this "A" Record. Enter the name the state will use for proper levy processing. This is especially important for mutual funds.
Second Institution Name (or Transfer Agent)	90-129	40	A/N	If the Transfer Agent Indicator in position 130 contains **0**, meaning there is no transfer agent, you can use this field to continue the institution name above. If the indicator in position 130 contains a **1**, this field may contain the name of the transfer agent. Transfer agents are not relevant to data match, but this information will be accepted from institutions that change their Form 1099 programming for data match reporting. Fill unused positions with spaces. (Optional)
Transfer Agent Indicator	130	1	N	Enter **1** if the entity in 90-129 is the Transfer Agent. A transfer agent is used by institutions to pay certain taxes. Transfer agents are not relevant to data match, but this information will be accepted from institutions that change their Form 1099 programming for data match reporting. Fill unused positions with spaces. (Optional)
Institution Street Address	131-170	40		Address a levy should be mailed to. This address may differ from that entered in these positions for IRS 1099 reporting, particularly for larger institutions. Verify and enter the address authorized to receive a state levy served on your institution.

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Chart A-1: "A" Record – Financial Institution Information				
Field Name	Location	Length	A/N	Comments
Institution City	171-199	29	A	City a levy should be mailed to.
Institution State	200-201	2	A	State a levy should be mailed to.
Institution Zip Code	202-210	9	N	ZIP code a levy should be mailed to.
Reporting Agent/Transmitter TIN	211-219	9	N	This must be the valid nine-digit TIN assigned to the reporting agent or transmitter filing the report. This is for both Method 1 and Method 2 reporting agents or transmitters. For Method 2 filers, this TIN belongs to the agent designated to receive the Data Match Inquiry file on an institution's behalf. This TIN must be the one entered on the Quarterly Inquiry/Response File Transmission Form. Do not enter hyphens or alphabetic characters. If the Institution TIN in positions 7-15 and the Reporting Agent/Transmitter TIN are the same, enter spaces.
Reporting Agent/ Transmitter Name	220-290	71	A/N	This is not required if the Institution Name in positions 50-89 and Reporting Agent/Transmitter Name are the same.
Transmitter Street Address	291-330	40	N/A	The transmitter's street address.
Transmitter City	331-359	29	A	The transmitter's city.
Transmitter State	360-361	2	A	The transmitter's state.
Transmitter Zip Code	362-370	9	N	The transmitter's ZIP code.
Data Match File Indicator	371	1	A	M − The file submitted is a match file (M); the institution has elected Method 2, has matched its accounts to a State Inquiry file, and is remitting a list of those accounts owned by persons on that Inquiry File. A − The institution elected Method 1 and is submitting the file quarterly for the state to use in its internal data matching system. U − In states where permitted, the institution that elected Method 1 may have the option to submit a quarterly file to update the first quarter account file, identifying those accounts opened and closed in the prior quarter.

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Chart A-1: "A" Record – Financial Institution Information				
Field Name	Location	Length	A/N	Comments
Filler	372-420	49	A/N	Space filled.

Method 1 filers should continue to the next section, Appendix B, "Method 1 – All Accounts Method." Method 2 filers should skip to Appendix C, "Method 2 – Matched Accounts Method."

B   Method 1 – All Accounts Method

B.1   Method 1 – "B" Record

This record layout, which Chart   B -2 shows, is for filers electing Method 1, the All Accounts Method of reporting Data Match information.

Type A is alphabetic, type N is numeric, and type A/N is alphanumeric.

Chart B-2: Method 1 – All Accounts Method "B" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "B."
Year and Month	2-7	6	N	Enter the year and month the file generated in CCYYMM format from "A" Record position 20–25. For example, enter April 2021 as **202104**.
Payee Last Name Control	8-11	4	A	Enter the first four characters of the last name on the matched account.
Filler	12-14	3	A/N	Space filled.
Payee SSN	15-23	9	N	Enter the Social Security Number (SSN) of the primary owner of the account.
Payee's Account Number	24-43	20		Report the account number associated with the payee's matched account.
Filler	44-60	17	A/N	Space filled.
Account Full Legal Title	61-160	100	A/N	Report the full account title of the account reported. Some institutions may find this helpful to report trust accounts or other titles (for example, "Law Office of…"). (Optional)
Payee Foreign Country Indicator	161	1	N	If the address of the payee is in a foreign country, enter **1** in this field; otherwise, leave blank.

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Chart B-2: Method 1 – All Accounts Method "B" Record				
Field Name	Location	Length	A/N	Comments
1st Payee Name	162-201	40	A	Enter the name of the primary owner of the account (preferably last name first) whose SSN is in positions 15-23 of the "B" Record.
2nd Payee Name	202-241	40	A	If there are multiple payees, (for example, joint owners, partners, or spouses), use this field for those names not associated with the SSN in positions 15-23 of the "B" Record. If none, enter spaces.
1st Payee Street Address	242-281	40	A/N	The street address for the person whose SSN is in positions 15–23. If this does not exist, enter the street address for the second account owner.
1st Payee City	282-310	29	A	The city for the person whose SSN is in positions 15–23. If this does not exist, enter the city for the second account owner.
1st Payee State	311-312	2	A	The two-letter state abbreviation for the person whose SSN is in positions 15—23. If this does not exist, enter the two-letter state abbreviation for the second account owner.
1st Payee Zip Code	313-321	9	N	The ZIP code for the person whose SSN is in positions 15–23. If this does not exist, enter the ZIP code for the second account owner.
Filler	322-350	29	A/N	Space filled.
Account Balance	351-357	7	A/N	Zeros required if position 361 is **0**. The account balance is necessary to prevent financial institutions from receiving large numbers of state levies for accounts with insufficient funds. Show the account balance or value in whole dollars only, with the sign trailing (positive or negative). For brokerage firms reporting margin accounts, the balance or value is the account holder's equity position, or the value of the account less any borrowed amount. For closed accounts, or where the information is unavailable, fill with zeros. For accounts with balances greater than 9,999,999, enter 9,999,999.
Filler	358	1	A/N	Space filled.

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Chart B-2: Method 1 – All Accounts Method "B" Record				
Field Name	Location	Length	A/N	Comments
Trust Fund Indicator	359	1	N	The Trust Fund Indicator is necessary for effective state levy service. For closed accounts, you can enter a **0**, but not a space. Possible values: 0 – Not a trust account; closed account 1 – UTMA/UGMA account 2 – IOLTA account 3 – Mortgage escrow account 4 – Security deposits (including Real Estate) 5 – Other trust or escrow 6 – Information not available
Account Status Indicator	360	1	N	Possible values: Enter **0** if the account is open. Enter **1** if the account is closed. Enter **2** if the account is inactive. An inactive account is an account that has not had activity for a specified period of time determined by the financial institution.
Account Balance Indicator	361	1	N	Possible values based on value entered in positions 351-357: Enter **0** if there is no account balance. Enter **1** if there is an average balance. Enter **2** if there is a current balance (as of the day the report is created).

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Chart B-2: Method 1 – All Accounts Method "B" Record				
Field Name	Location	Length	A/N	Comments
Account Update File Indicator	362	1	N	For account update files only (if not sending Account Update files, leave blank): Enter **0** if this account has been closed. Enter **1** if this is a new account opened since the last report the financial institution filed. Enter **2** if there is revised account information from the last report the financial institution filed (for example, changes in address or ownership).
Date of Birth	363-370	8	N	Report the account owner's date of birth in CCYYMMDD format. If not available, enter blanks. For example, enter August 1, 1990, as **19900801**.
Filler	371-380	10	A/N	Space filled.
Account Type	381-382	2	N	Enter two digits for the code that identifies the type of account: 00 – Not Applicable 01 – Savings Account 04 – Checking/Demand Deposit Account 05 – Term Deposit Certificate 06 – Collateral Account 11 – Money Market Account 12 – IRA/KEOGH 14 – ERISA Plan Account 16 – Cash Balances 17 – Compound Account 18 – Other **Note:** If an IRA or ERISA plan contains any of the other types, identify the account only as an IRA or ERISA plan. A compound account is an investment account where portions of the balance are in differing funds, for example, stock, money market, or bonds.

Chart B-2: Method 1 – All Accounts Method "B" Record				
Field Name	Location	Length	A/N	Comments
Filler	383-410	28	A/N	Space filled.
2nd Payee SSN	411-419	9	N	Enter the SSN of the second owner of the account. If none, enter spaces.
Filler	420	1	A/N	Space filled.

B.2   Method 1 – "T" Record

Chart B-3: Method 1 – Total Records "T" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "T."
Total Number of Accounts Reported	2-10	9	N	Numeric; sign trailing.
Number of Closed Accounts Reported	11-19	9	N	Numeric; sign trailing; account update files only.
Constant zero	20-28	9	N	Numeric; sign trailing.
Number of Trust Accounts Reported (All Types)	29-37	9	N	Numeric; sign trailing.
Number of New Accounts Reported	38-46	9	N	Account update files; only numeric; sign trailing.
Filler	47-55	9	A/N	Space filled.
Number of Address/Owner Changes Reported	56-64	9	N	Account update files; only numeric; sign trailing.
Filler	65-73	9	A/N	Space filled.
Constant zero	74-82	9	N	Numeric; sign trailing.
Total Dollar Amount Reported	83-91	9	N	Numeric; sign trailing.
Total Number of IRAs Reported	92-100	9	N	Numeric; sign trailing.
Filler	101-420	320	A/N	Space filled.

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B.3 Combined 1099/Data Match Filing

Where permitted, institutions making the election to report under Method 1 and include data match account information with their annual Form 1099 filing must change their 1099 "A" and "B" Records. Because Form 1099 specifications can vary from state to state, the format below may not be suitable for your institution. Contact your state for further information on this filing option.

B.3.1 "A" Record

The character "A" (Account File) must be entered in position 371. Otherwise, positions 1-750 should be filled as required in IRS Publication 1220 for Form 1099.

B.3.2 "B" Record

Positions 6-662 should be filled as required in IRS Publication 1220. However, the following additional fields must be added to the "B" Record in the positions 663-684, where the IRS permits states to add "Special Data Entries." With the exception of the Account Status Indicator defined in Chart B -4, these fields and their description are found in the complete Method 1 "B" Record layout, but their location will be different.

Chart B-4: Method 1 – Combined 1099/Data Match "B" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "B."
Year	2-5	4	N	Enter the year in CCYY format.
Account Status Indicator	663	1	N	Possible values: Enter **0** if the account is open. Enter **1** if the account is closed. Enter **2** if the account is inactive. An inactive account is an account that has not had activity for a specified period of time determined by the financial institution.
Account Balance	664-671	8	N	Whole dollars only; numeric; sign trailing.

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Chart B-4: Method 1 – Combined 1099/Data Match "B" Record				
Field Name	Location	Length	A/N	Comments
Trust Fund Indicator	672	1	N	The Trust Fund Indicator is necessary for effective state levy service. For closed accounts, you may enter a zero but not a space. Possible values: 0 − Not a trust account; closed account 1 − UTMA/UGMA account 2 − IOLTA account 3 − Mortgage escrow account 4 − Security deposits (including Real Estate) 5 − Other trust or escrow 6 − Information not available
Account Type	673-674	2	N	Enter two digits for the code that identifies the type of account: 00 – Not Applicable 01 – Savings Account 04 – Checking/Demand Deposit Account 05 – Term Deposit Certificate 06 – Collateral Account 11 – Money Market Account 12 – IRA/KEOGH 14 – ERISA Plan Account 16 – Cash Balances 17 – Compound Account 18 – Other **Note:** If an IRA or ERISA plan contains any of the other types, identify the account only as an IRA or ERISA plan. A compound account is an investment account where portions of the balance are in differing funds, for example, stock, money market, or bonds.

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Chart B-4: Method 1 – Combined 1099/Data Match "B" Record				
Field Name	Location	Length	A/N	Comments
Account Balance Indicator	684	1	N	Possible values based on value entered in positions 351-357: Enter **0** if there is no account balance. Enter **1** if there is an average balance. Enter **2** if there is a current balance (as of the day the report is created).
2nd Payee SSN	675-683	9	N	Enter the SSN of the second owner of the account. If none, enter spaces.
Filler	685-722	38	A/N	Space filled.
Account Status Indicator	750	1	N	Enter **0** if the account is still open. Enter **1** if the account has been closed.

B.3.3 "T" RECORD

There are no modifications to be made to the Form 1099 "T" Record.

After filing combined information by the February 28 due date, a data match supplemental report will be due on April 30. This includes all accounts not included on the 1099 file (such as non-interest bearing accounts), and all accounts opened and closed since January 1. An institution may file a complete All Accounts file in place of this supplemental report.

C Method 2 – Matched Accounts Method

C.1 Inquiry File: Specifications for Files to be Given to Financial Institutions for Data Matching

Financial institutions (or their Reporting Agents) electing to perform the matching under Method 2, the Matched Accounts Method, will receive an Inquiry File from the state containing a list of persons to be matched.

The files the state sends to institutions for matching purposes must match against all open accounts the institution maintains and all account owners, including secondary owners. Institutions must match this file against accounts not typically considered for 1099 reporting, including non-interest bearing accounts and accounts earning less than $10.00 in interest or dividends.

Inquiry Files contain only three kinds of records:

- "D" – A record identifying the year and month the state created the file
- "I" –The basic inquiry record, identifying the person to be matched
- "T" –The total record showing the number of inquiry records on this file

All records are 99 characters in length; the records are in groups of 100 records. These records are described in detail below.

Chart C-5: Method 2 – Inquiry Files "D" Record				
Field Name	Location	Length	A/N	Comments
Record Type Constant "D"	1	1	A	Constant "D."
Year and Month File Generated	2-7	6	N	Enter the year and month the file was generated in CCYYMM format.
Data Match File Indicator	8	1	A	Constant "M."
Filler	9-99	91	A/N	Space filled.

Chart C-6: Method 2 – Inquiry Files "I" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "I."
Inquiry Social Security Number	2-10	9	N	This is the Social Security Number (SSN) of the person to be matched. A match is to be reported by the financial institution whenever an account with the SSN indicated on the Inquiry File is found. A single SSN can appear more than once on the Inquiry File. These multiple entries are differentiated by entries in the Case Pass-Back Information in positions 57-71. If a match is found, matches should be reported for each account with each SSN and Case Pass-Back Information.
State Pass-Back Information	11-20	10	A/N	This field is a 10-digit alphanumeric entry (which can be blank) that is significant to the state in its administration of the Data Match system. This information must be passed back to the state if a match is found. (If this field is blank, a blank is passed back.)
Inquiry Last Name	21-40	20	A/N	This alphanumeric field will be left justified and filled with blanks. If the name to be recorded in this field exceeds 20 characters, it is continued in positions 41-56. Matches identified by a corresponding SSN should be reported by the financial institution, even if the name does not match the inquiry record.
Inquiry First Name	41-56	16	A/N	Left justified and filled with spaces.
Case Pass-Back Information	57-71	15	A/N	This 18-digit alphanumeric field (which may be blank) has significance to the state for its child support case administration. This field must be passed back to the state if a match is found. (If the ID Suffix is a blank, a blank is passed back.)
FIPS Code Pass-Back Information	72-76	5	A/N	This field is a five-digit alphanumeric field that contains the FIPS code of the state inquiring about the SSN. This information must be passed back to the state if a match is found. Financial institutions use this code to determine which state will receive the account information for the match.

Additional State Pass-Back Information	77-99	23		Optional field used by the state to pass information to the financial institution.

Chart C-3: Method 2 – Inquiry Files "T" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "T."
Number of Inquiry Records on This File	2-11	10	N	Numeric; sign trailing.
Filler	12-99	88	N/A	Space filled.

The Inquiry File contains highly confidential data. Therefore, all Method 2 filers are to destroy the files, regardless of delivery medium, after conducting the data match, but no longer than sixty days after receipt. Deletion is not acceptable. You must overwrite the file and save with nulls before erasing the file.

C.2   Match File: Specifications for Files to be Given to State by Financial Institutions

C.2.1 Method 2 – "A" Record

The character "M" (Match File) must be entered in position 371. Otherwise, the Matched Accounts "A" Record is nearly identical to the "A" Record previously described in this Specifications document. For filing instructions, see Chart   A -1.

C.2.2 Method 2 – "B" Record

When an Inquiry SSN is matched to an account, the financial institution reports account information on the following "B" Record. Be sure to read the note regarding Primary and Secondary SSN reporting at the end of the record description.

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Chart C-4: Method 2 – Match Files "B" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "B."
Year and Month	2-7	6	N	Enter the year and month the file generated in CCYYMM format passed back from Inquiry File data, "A" Record position 20-25. For example, enter April 2013 as **201304**.
Payee Last Name Control	8-11	4	A	First four characters of the last name.
Filler	12-14	3	A/N	Space filled.
Matched SSN	15-23	9	N	Enter the SSN matched from the Inquiry File.
Payee's Account Number	24-43	20		Report the account number associated with the payee's matched account.
Filler	44-60	17	A/N	Space filled.
Account Full Legal Title	61-160	100	A/N	Report the full account title of the account matched. Some institutions may find this helpful to report trust accounts or other titles (for example, "Law Office of…"). (Optional)
Matched Name Foreign Country Indicator	161	1	N	If the address of the payee is in a foreign country, enter **1** in this field; otherwise, leave blank.
Matched Name	162-201	40	A	Enter the name on the account from the financial institution account records. Be sure to enter both the first and last names.
2nd Payee Name	202-241	40	A	Method 2 filers having matched an account to the name entered in positions 162-201 will enter the name of any other owner of the account. If none exists, leave blank. If the secondary owner is entered in position 162-201, enter the primary owner name.
Matched Name Street Address	242-281	40	A/N	Enter the street address for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the street address for the second account owner.

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Chart C-4: Method 2 – Match Files "B" Record				
Field Name	Location	Length	A/N	Comments
Matched Name City	282-310	29	A	Enter the city for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the city for the second account owner.
Matched Name State	311-312	2	A	Enter the two-letter state abbreviation for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the two-letter state abbreviation for the second account owner.
Matched Name Zip Code	313-321	9	N	Enter the ZIP code for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the ZIP code for the second account owner.
FIPS Code Pass-Back Information	322-326	5	A/N	FIPS Code Pass-Back Info from the "I" Record in positions 72-76. For federal data matching, insert the two-letter abbreviation of the state where the account is located. The FIPS Code Pass-Back Information field supplied by the state on the Inquiry File for matching purposes must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual appears on the state Inquiry File.
Additional State Pass-Back Information	327-349	23		Pass-Back from "I" Record in positions 77-99. For federal data matching, this field may be left blank. The Additional State Pass-Back Information field supplied by the state on the Inquiry File for matching purposes must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual appears on the state file.
Blank	350	1	A/N	Space filled.

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Chart C-4: Method 2 – Match Files "B" Record				
Field Name	Location	Length	A/N	Comments
Account Balance	351-357	7	N	If position 361 is **0**, zeros are required. The Account Balance is necessary to prevent financial institutions from receiving large numbers of state levies for accounts with insufficient funds. Show the account balance or value in whole dollars only, with the sign trailing (positive or negative). Do not include decimals. For brokerage firms reporting margin accounts, the balance or value is the account holder's equity position or the value of the account less any borrowed amount. For closed accounts or where the information is unavailable, fill with zeros. For accounts with balances greater than 9,999,999, enter 9,999,999.
Match Flag	358	1	N	The FI will compare the SSN and first four characters of the last name. All SSN matches identified by a corresponding SSN should be reported by the institution. An additional comparison of the matched last name to the last name on the Inquiry File may prevent the financial institution from receiving incorrect levies. Enter **0** if the institution is unable to match the last name. Enter **1** if the first four letters of the matched last name and the Inquiry File last name are the same. Enter **2** if the first four letters of the matched last name and the Inquiry File last name are not the same.

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Chart C-4: Method 2 – Match Files "B" Record				
Field Name	Location	Length	A/N	Comments
Trust Fund Indicator	359	1	N	Enter a single digit (0-6) to indicate whether the account registration is a trust or escrow account. Enter **0** if the account is not registered as a trust or escrow. For closed accounts, a **0** may be entered, but not a blank. Possible values: 0 − Not a trust account 1 − UTMA/UGMA account 2 − IOLTA account 3 − Mortgage escrow account 4 − Security deposits (including Real Estate) 5 − Other trust/escrow 6 − Information not available
Account Status Indicator	360	1	N	Enter **0** if account is open. Enter **1** if account is closed. Enter **2** if account is inactive. An inactive account is an account that has not had activity for a specified period of time determined by the financial institution.
Account Balance Indicator	361	1	N	Possible values based on value entered in positions 351-357: Enter **0** if there is no account balance. Enter **1** if there is an average balance. Enter **2** if there is a current balance (as of the day the report is created).
Filler	362	1	A/N	Space filled.
Date of Birth	363-370	8	N	Report the matched account owner's date of birth, if known, in CCYYMMDD format; otherwise, enter zeros. For example, enter August 1, 1990, as **19900801**.

Chart C-4: Method 2 – Match Files "B" Record				
Field Name	Location	Length	A/N	Comments
State Pass-Back Information	371-380	10		The State Pass-Back field supplied on the Inquiry File must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual appears on the state file.
Account Type	381-382	2	N	Enter two digits for the code that identifies the type of account: 00 – Not applicable: 01 – Savings account 04 – Checking/demand deposit account 05 – Term deposit certificate 06 – Collateral Account 11 – Money market account 12 – IRA/KEOGH 14 – ERISA Plan Account 16, Cash Balances 17 – Compound Account 18 – Other **Note:** If an IRA or ERISA plan contains any of the other types, identify the account only as an IRA or ERISA plan. A compound account is an investment account where portions of the balance are in differing funds: stock, money market, or bonds.
Case Pass-Back	383-397	15	A/N	Case Pass-Back Information from "I" Record in positions 57-071. The Case Pass-Back field supplied by the state on the Inquiry File must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual SSN appears on the state file.
Filler	398-400	3	A/N	Space filled.

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Chart C-4: Method 2 – Match Files "B" Record				
Field Name	Location	Length	A/N	Comments
Payee Indicator	401	1	N	Enter **0** if the matched account owner is the sole owner of the account. Enter **1** if a match is generated against a secondary owner's SSN. Enter **2** if the matched account is to the primary owner, and there are secondary owners to the same account.
Primary SSN	402-410	9	N	If the SSN matched to an account is a secondary owner, and **1** is entered in position 401, enter the account's primary owner's SSN.
2nd Payee SSN	411-419	9	N	Enter the SSN of the second owner of the account.
Filler	420	1	A/N	Space filled.

Method 2 Filers Regarding Primary and Secondary SSN Matching

Generally, if there are multiple owners of an account, the Primary Owner is the SSN designated for tax reporting. A Secondary Owner is any others. The following are instructions to clarify the Primary and Secondary owners reporting. All other fields not specified below are to be completed as instructed in the "B" Record layout above:

- If an SSN matched from the State Inquiry File is found to be the Primary Owner of an account, follow these instructions:
  - The Matched SSN is entered in the Matched SSN field in positions 15-23.
  - The Matched Name is entered in the Matched Name field in positions 162-201.
  - The Secondary Owner's name will be entered in the 2nd Payee Name field in positions 202-241.
  - If the account owner is the sole owner of the account, enter **0** in the Payee Indicator field in position 401; enter **2** in position 401 if more than one owner exists.
  - The Secondary Owner's SSN will be entered in the 2nd Payee SSN in positions 411-419. All other fields are to be filled as instructed in the "B" Record layout.
- If an SSN from the State Inquiry File is found to be a Secondary Owner of an account, follow these instructions:
  - The Matched SSN is entered in the Matched SSN field in positions 15-23.
  - The Matched Name is entered in the Matched Name field in positions 162-201.
  - The Primary Owner's name will be entered in the 2nd Payee Name field in positions 202-241.

- A **1** is entered in the Payee Indicator field in position 401.
- The Primary Owner's SSN will be entered in the Primary SSN field in positions 402-410. All other fields are to be filled as instructed in the "B" Record layout.

C.2.3 Method 2 – "T" Record

Chart C-5: Method 2 – Match Files "T" Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant "T."
Total Number of Accounts Reported	2-10	9	N	Enter the total number of accounts matched to the SSNs on the Inquiry File.
Constant zero	11-19	9	N	Numeric; sign trailing
Number of Accounts with Match Flags	20-28	9	N	Numeric; sign trailing Enter the total number of matches identified by SSN and the first four letters of the last name that are reported by the institution (where "B" Record position 358 is **1**). This comparison of the matched last name to the last name on the Inquiry File may prevent financial institutions from receiving incorrect levies.
Number of Trust Accounts Reported (All Types)	29-37	9	N	Numeric; sign trailing.
Constant zero	38-46	9	N	Numeric; sign trailing.
Blanks	47-55	9	A/N	Space filled.
Constant zero	56-64	9	N	Numeric; sign trailing.
Blanks	65-73	9	A/N	Space filled.
Total Number of Accounts Compared Against State File	74-82	9	N	Numeric; sign trailing.

Chart C-5: Method 2 – Match Files "T" Record				
Field Name	Location	Length	A/N	Comments
Total Dollar Amount Reported	83-91	9	N	Numeric; sign trailing.
Total Number of IRAs Reported	92-100	9	N	Numeric; sign trailing.
Blanks	101-420	320	A/N	Space filled.

C.3   Reporting No Matches Found

Those filing under Method 2 may have no matches to report after comparing their accounts against the state Inquiry File. Reporting agents and institutions that process Data Match Method 2 in-house may:

- Send an email with **No Matches** indicated and attach a list containing every institution name, TIN, and the total number of accounts compared against the Inquiry File for each
- Send an empty response file with only a header and trailer

Agents reporting both matches and no matches must include a complete "A" and "T" Record on the Match File for every institution it compares against the Inquiry File. Do not omit those institutions with no matches; enter zeros in the appropriate positions of the "T" Record. An institution that has been omitted may find itself in violation of data match filing requirements.

D   Data Match FIPS Code Directory

The state Inquiry File contains the name, SSN, and other information for matching purposes. Included in this information is the five-digit Federal Information Processing Standard (FIPS) Code. The first two digits of this code identifies the state that requested the match information.

To facilitate the return of the match information, Chart   D -7 provides the FIPS Codes and their corresponding state or territory.

Chart D-7: FIPS Code Directory			
FIPS Code	State/Territory	FIPS Code	State/Territory
01	Alabama	30	Montana
02	Alaska	31	Nebraska
04	Arizona	32	Nevada
05	Arkansas	33	New Hampshire
06	California	34	New Jersey
08	Colorado	35	New Mexico
09	Connecticut	36	New York
10	Delaware	37	North Carolina
11	District of Columbia	38	North Dakota
12	Florida	39	Ohio
13	Georgia	40	Oklahoma
15	Hawaii	41	Oregon
16	Idaho	42	Pennsylvania
17	Illinois	44	Rhode Island
18	Indiana	45	South Carolina
19	Iowa	46	South Dakota
20	Kansas	47	Tennessee
21	Kentucky	48	Texas
22	Louisiana	49	Utah
23	Maine	50	Vermont
24	Maryland	51	Virginia
25	Massachusetts	53	Washington
26	Michigan	54	West Virginia
27	Minnesota	55	Wisconsin
28	Mississippi	56	Wyoming

Chart D-7: FIPS Code Directory			
FIPS Code	State/Territory	FIPS Code	State/Territory
29	Missouri	60	American Samoa
66	Guam	72	Puerto Rico
69	Northern Mariana Islands	74	U.S. Minor Outlying Islands
70	Palau	78	Virgin Islands