

National Directory of New Hires

Guide for Data Submission

Version 13.4
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Administration for Children and Families
Office of Child Support Enforcement
330 C Street SW, 5th Floor
Washington, DC 20201

Chart E-1: New Hire Transmitter Header Record

Field Name	Location	Length	A/N	Comments
Record Identifier	1–2	2	A/N	Required This field must have ‘H4’.
Transmitter State Code	3–4	2	A/N	Required for states and territories This field must have the two-digit numeric FIPS code of the state or territory sending data. For FIPS codes, see Appendix C.2.1, “FIPS 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. SDNHs leave this field blank.
Transmission Type	14–15	2	A/N	Required This field must have ‘W4’.
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 R – Reserve employees SDNHs and federal agencies other than DoD leave this field blank.
Version Control Number	17–18	2	A/N	Required This field must have ‘01’.
Date Stamp	19–26	8	N	Required This field must have the transmission date in YYYYMMDD format.

Chart E-1: New Hire 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	33–801	769	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-2: New Hire Data Record				
Field Name	Location	Length	A/N	Comments
Record Identifier	1–2	2	A/N	Required This field must have ‘W4’.
Employee SSN	3–11	9	N	Required This field must have a nine-digit SSN. If this field is all zeros, blank, or has 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 If either the First or Last Name field is blank, NDNH rejects the record. No special characters are allowed except hyphens. The first and last name cannot begin with a space or a hyphen.
Employee 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 field must be at least two characters. If an address is less than 40 characters per line, do not concatenate it into one line. Use Line 3 for a military designation, Canadian province code, or Canadian province.
Employee City	194–218	25	A	Required This field must have at least two characters. No special characters are allowed except hyphens.
Employee State	219–220	2	A	Required This field must be a valid two-letter USPS abbreviation of a state or territory. For FIPS codes, see Appendix C.2.1, “FIPS Codes.” If employee’s address is a foreign address, this field must be spaces.

Chart E-2: New Hire Data Record

Field Name	Location	Length	A/N	Comments
Employee ZIP Code: ZIP Code (1) ZIP Code (2)	221–225 226–229	5 4	A/N A/N	Required: If U.S. address, first five digits of ZIP code This field must be the five-digit USPS ZIP code associated with the employee’s address. The ZIP Code (2) field must be either all spaces or the four-digit extra numeric code; it cannot be all zeros. If the employee’s address is a foreign address, these fields must be spaces.
Employee Foreign Address: Foreign Country Code Foreign Country Name Foreign ZIP Code	230–231 232–256 257–271	2 25 15	A/N A/N A/N	Required if foreign address For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.” The foreign country name, if present, must be at least two characters. Include military designation or Canadian province code. If the employee’s address is a U.S. address, these fields must be spaces.
Employee Date of Birth	272–279	8	A/N	Optional This field must be in YYYYMMDD format if present. This must be either all spaces or a valid date.
Employee Date of Hire	280–287	8	A/N	Required This field must be in YYYYMMDD format if present. This field must be either all spaces or a valid date. This is the first day a person performs services for pay and the date the employer recognizes as the first day for income tax withholding.
Employee State of Hire	288–289	2	A	Optional This field must be a valid two-letter USPS abbreviation of a state or territory if present.

Chart E-2: New Hire Data Record				
Field Name	Location	Length	A/N	Comments
Federal EIN	290–298	9	N	Required This field must be the FEIN the IRS assigns to an employer.
State EIN	299–310	12	A/N	Optional This field is a number a state may assign an employer.
Employer Name	311–355	45	A/N	Required This field must be at least two characters. No special characters are allowed except hyphens.
Employer Street Address: Line 1 Line 2 Line 3	356–395 396–435 436–475	40 40 40	A/N A/N A/N	Required: Line (1) This field must be at least two characters. If an address is less than 40 characters per line, do not concatenate it into one line. Use Line 3 for a military designation, Canadian province code, or Canadian province.
Employer City	476–500	25	A	Required This field must be at least two characters. No special characters are allowed except hyphens.
Employer State	501–502	2	A	Required This field must be a valid two-letter USPS abbreviation of a state or territory. This field must be spaces if the employer’s address is a foreign address.

Chart E-2: New Hire Data Record				
Field Name	Location	Length	A/N	Comments
Employer ZIP Code: ZIP Code (1) ZIP Code (2)	503–507 508–511	5 4	A/N A/N	Required: If a U.S. address, first five digits of ZIP code This field must be 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; it cannot be all zeros. These fields must be spaces if the employer’s address is a foreign address.
Employer Foreign Address: Foreign Country Code Foreign Country Name Foreign ZIP Code	512–513 514–538 539–553	2 25 15	A/N A/N A/N	Required, if foreign address For foreign FIPS codes, see Appendix C.2.1, “FIPS 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	554–593 594–633 634–673	40 40 40	A/N A/N A/N	Optional This field is the employer’s street address where a child support income withholding order is sent. If an address is less than 40 characters per line, do not concatenate it into one line. Use Line 3 for a military designation, Canadian province code, or Canadian province.
Employer Optional City	674–698	25	A	Optional This field, if present, must have at least two characters. No special characters are allowed except hyphens.

Chart E-2: New Hire Data Record				
Field Name	Location	Length	A/N	Comments
Employer Optional State	699–700	2	A	Optional This field must be a valid two-letter USPS abbreviation of a state or territory if present. This field must be spaces if the employer’s optional address is a foreign address.
Employer Optional ZIP Code: ZIP Code 1 ZIP Code 2	701–705 706–709	5 4	A/N A/N	Optional Each ZIP code field must be either all spaces or all numeric; it cannot be all zeros. These fields must be spaces if the employer’s optional address is a foreign address.
Employer Optional Foreign Address: Foreign Country Code Foreign Country Name Foreign ZIP Code	710–711 712–736 737–751	2 25 15	A/N A/N A/N	Optional For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.” The foreign country name, if present, must be at least two characters. These fields must be spaces if the employer’s optional address is a U.S. address or the optional address is not present.
Filler	752–801	50	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-3: New Hire Total Record				
Field Name	Location	Length	A/N	Comments
Record Identifier	1–2	2	A/N	Required This field must have the characters ‘T4’.
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	14–801	788	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-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. For FIPS codes, see Appendix C.2.1, “FIPS 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 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 YYYYMMDD format.

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 QYYYYY 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 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. For FIPS codes, see Appendix C.2.1, “FIPS 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; it cannot be 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 For foreign FIPS codes, see Appendix C.2.1, “FIPS 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 it 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. For FIPS codes, see Appendix C.2.1, “FIPS 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; it cannot be all zeros.
ZIP Code (1)	501–505	5	A/N	These fields must be spaces if the employer’s optional address is a foreign address.
ZIP Code (2)	506–509	4	A/N	
Employer Optional Foreign Address:				Optional For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.”
Foreign Country Code	510–511	2	A/N	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.
Foreign Country Name	512–536	25	A/N	
Foreign ZIP Code	537–551	15	A/N	
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.

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. For FIPS codes, see Appendix C.2.1, “FIPS Codes.”
Filler	5–13	9	A/N	Required This field is for future versions. For this version, it 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 this version, it 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 YYYYMMDD 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.

Chart E-8: Unemployment Insurance Data Record				
Field Name	Location	Length	A/N	Comments
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 it into one line. Use Line 3 for a military designation or the Canadian province code.
Claimant City	194–218	25	A	Required This field must be at least two characters. No special characters are allowed except hyphens.

Chart E-8: Unemployment Insurance Data Record

Field Name	Location	Length	A/N	Comments
Claimant State	219–220	2	A	Required This field must be a valid two-letter USPS abbreviation of a state or territory. For FIPS codes, see Appendix C.2.1, “FIPS 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; it cannot be 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 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.
Reporting Period	241–245	5	N	Required This is the calendar quarter and year when the UI benefits were paid or activity occurred, in QYYYYY 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 YY – Year

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

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.