

# 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  
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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 | <b>Required</b><br>This field must have ‘H4’.                                                                                                                                                                                            |
| Transmitter State Code                        | 3–4      | 2      | A/N | <b>Required for states and territories</b><br>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.”<br>Federal agencies leave this field blank. |
| Transmitter Agency Code                       | 5–13     | 9      | A/N | <b>Required for federal agencies</b><br>This field must have the nine-character FEIN or the letter ‘A’ followed by the FIPS code of the federal agency.<br>SDNHs leave this field blank.                                                 |
| Transmission Type                             | 14–15    | 2      | A/N | <b>Required</b><br>This field must have ‘W4’.                                                                                                                                                                                            |
| Department of Defense Code                    | 16       | 1      | A   | <b>Required for DoD only</b><br>This field must have one of these characters:<br>A – Active duty employees<br>C – Civilian employees<br>R – Reserve employees<br>SDNHs and federal agencies other than DoD leave this field blank.       |
| Version Control Number                        | 17–18    | 2      | A/N | <b>Required</b><br>This field must have ‘01’.                                                                                                                                                                                            |
| Date Stamp                                    | 19–26    | 8      | N   | <b>Required</b><br>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   | <b>Required</b><br>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 | <b>Required</b><br>This field must have all spaces.<br>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               | <b>Required</b><br>This field must have ‘W4’.                                                                                                                                                                                                               |
| Employee SSN                                             | 3–11                         | 9              | N                 | <b>Required</b><br>This field must have a nine-digit SSN.<br>If this field is all zeros, blank, or has alphabetic characters, NDNH rejects the record.                                                                                                      |
| Employee Name:<br>First Name<br>Middle Name<br>Last Name | 12–27<br>28–43<br>44–73      | 16<br>16<br>30 | A<br>A<br>A       | <b>Required</b><br>If either the First or Last Name field is blank, NDNH rejects the record.<br>No special characters are allowed except hyphens.<br>The first and last name cannot begin with a space or a hyphen.                                         |
| Employee Street Address:<br>Line 1<br>Line 2<br>Line 3   | 74–113<br>114–153<br>154–193 | 40<br>40<br>40 | A/N<br>A/N<br>A/N | <b>Required: Line (1)</b><br>This field must be at least two characters.<br>If an address is less than 40 characters per line, do not concatenate it into one line.<br>Use Line 3 for a military designation, Canadian province code, or Canadian province. |
| Employee City                                            | 194–218                      | 25             | A                 | <b>Required</b><br>This field must have at least two characters.<br>No special characters are allowed except hyphens.                                                                                                                                       |
| Employee State                                           | 219–220                      | 2              | A                 | <b>Required</b><br>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.”<br>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:<br>ZIP Code (1)<br>ZIP Code (2)                                            | 221–225<br>226–229            | 5<br>4        | A/N<br>A/N        | <b>Required: If U.S. address, first five digits of ZIP code</b><br>This field must be the five-digit USPS ZIP code associated with the employee’s address.<br>The ZIP Code (2) field must be either all spaces or the four-digit extra numeric code; it cannot be all zeros.<br>If the employee’s address is a foreign address, these fields must be spaces. |
| Employee Foreign Address:<br>Foreign Country Code<br>Foreign Country Name<br>Foreign ZIP Code | 230–231<br>232–256<br>257–271 | 2<br>25<br>15 | A/N<br>A/N<br>A/N | <b>Required if foreign address</b><br>For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.”<br>The foreign country name, if present, must be at least two characters.<br>Include military designation or Canadian province code.<br>If the employee’s address is a U.S. address, these fields must be spaces.                                            |
| Employee Date of Birth                                                                        | 272–279                       | 8             | A/N               | <b>Optional</b><br>This field must be in YYYYMMDD format if present.<br>This must be either all spaces or a valid date.                                                                                                                                                                                                                                      |
| Employee Date of Hire                                                                         | 280–287                       | 8             | A/N               | <b>Required</b><br>This field must be in YYYYMMDD format if present.<br>This field must be either all spaces or a valid date.<br>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                 | <b>Optional</b><br>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                 | <b>Required</b><br>This field must be the FEIN the IRS assigns to an employer.                                                                                                                                                                              |
| State EIN                                              | 299–310                       | 12             | A/N               | <b>Optional</b><br>This field is a number a state may assign an employer.                                                                                                                                                                                   |
| Employer Name                                          | 311–355                       | 45             | A/N               | <b>Required</b><br>This field must be at least two characters.<br>No special characters are allowed except hyphens.                                                                                                                                         |
| Employer Street Address:<br>Line 1<br>Line 2<br>Line 3 | 356–395<br>396–435<br>436–475 | 40<br>40<br>40 | A/N<br>A/N<br>A/N | <b>Required: Line (1)</b><br>This field must be at least two characters.<br>If an address is less than 40 characters per line, do not concatenate it into one line.<br>Use Line 3 for a military designation, Canadian province code, or Canadian province. |
| Employer City                                          | 476–500                       | 25             | A                 | <b>Required</b><br>This field must be at least two characters.<br>No special characters are allowed except hyphens.                                                                                                                                         |
| Employer State                                         | 501–502                       | 2              | A                 | <b>Required</b><br>This field must be a valid two-letter USPS abbreviation of a state or territory.<br>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:<br>ZIP Code (1)<br>ZIP Code (2)                                            | 503–507<br>508–511            | 5<br>4         | A/N<br>A/N        | <b>Required: If a U.S. address, first five digits of ZIP code</b><br>This field must be the five-digit USPS ZIP code associated with the employer’s address.<br>The ZIP Code (2) field must be either all spaces or the four-digit extra numeric code; it cannot be all zeros.<br>These fields must be spaces if the employer’s address is a foreign address. |
| Employer Foreign Address:<br>Foreign Country Code<br>Foreign Country Name<br>Foreign ZIP Code | 512–513<br>514–538<br>539–553 | 2<br>25<br>15  | A/N<br>A/N<br>A/N | <b>Required, if foreign address</b><br>For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.”<br>The foreign country name, if present, must be at least two characters.<br>Include military designation or Canadian province code.<br>These fields must be spaces if employer’s address is a U.S. address.                                                 |
| Employer Optional Street Address:<br>Line 1<br>Line 2<br>Line 3                               | 554–593<br>594–633<br>634–673 | 40<br>40<br>40 | A/N<br>A/N<br>A/N | <b>Optional</b><br>This field is the employer’s street address where a child support income withholding order is sent.<br>If an address is less than 40 characters per line, do not concatenate it into one line.<br>Use Line 3 for a military designation, Canadian province code, or Canadian province.                                                     |
| Employer Optional City                                                                        | 674–698                       | 25             | A                 | <b>Optional</b><br>This field, if present, must have at least two characters.<br>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   | <b>Optional</b><br>This field must be a valid two-letter USPS abbreviation of a state or territory if present.<br>This field must be spaces if the employer’s optional address is a foreign address.              |
| Employer Optional ZIP Code:        |          |        |     | <b>Optional</b><br>Each ZIP code field must be either all spaces or all numeric; it cannot be all zeros.                                                                                                          |
| ZIP Code 1                         | 701–705  | 5      | A/N | These fields must be spaces if the employer’s optional address is a foreign address.                                                                                                                              |
| ZIP Code 2                         | 706–709  | 4      | A/N |                                                                                                                                                                                                                   |
| Employer Optional Foreign Address: |          |        |     | <b>Optional</b><br>For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.”                                                                                                                                      |
| Foreign Country Code               | 710–711  | 2      | A/N | The foreign country name, if present, must be at least two characters.<br>These fields must be spaces if the employer’s optional address is a U.S. address or the optional address is not present.                |
| Foreign Country Name               | 712–736  | 25     | A/N |                                                                                                                                                                                                                   |
| Foreign ZIP Code                   | 737–751  | 15     | A/N |                                                                                                                                                                                                                   |
| Filler                             | 752–801  | 50     | A/N | <b>Required</b><br>This field must have all spaces.<br>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 | <b>Required</b><br>This field must have the characters ‘T4’.                                                                                                                                                      |
| Data Record Count                | 3–13     | 11     | N   | <b>Required</b><br>This field must be the number of records in the transmission, including the Header and Total records.                                                                                          |
| Filler                           | 14–801   | 788    | A/N | <b>Required</b><br>This field must have all spaces.<br>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 | <b>Required</b><br>This field must have ‘HQ’.                                                                                                                                                                                                                         |
| Transmitter State Code                              | 3–4      | 2      | A/N | <b>Required for states and territories only</b><br>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.”<br>Federal agencies leave this field blank.             |
| Transmitter Agency Code                             | 5–13     | 9      | A/N | <b>Required for federal agencies</b><br>This field must have the nine-character FEIN or the letter ‘A’ followed by the FIPS code of the federal agency.<br>SWAs leave this field blank.                                                                               |
| Transmission Type                                   | 14–15    | 2      | A/N | <b>Required</b><br>This field must have ‘QW’.                                                                                                                                                                                                                         |
| Department of Defense Code                          | 16       | 1      | A   | <b>Required for DoD only</b><br>This field must have one of these characters:<br>A – Active-duty employees<br>C – Civilian employees<br>P – Pension or retired employees<br>R – Reserve employees<br>SWAs and federal agencies other than DoD leave this field blank. |
| Version Control Number                              | 17–18    | 2      | A/N | <b>Required</b><br>This field must have ‘01’. OCSE will tell you when this changes.                                                                                                                                                                                   |
| Date Stamp                                          | 19–26    | 8      | N   | <b>Required</b><br>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   | <b>Required</b><br>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 | <b>Required</b><br>This field must have all spaces.<br>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         | <b>Required</b><br>This field must have ‘QW’.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Employee SSN                                             | 3–11                    | 9              | N           | <b>Required</b><br>This is the nine-digit number SSA assigns to an individual.<br>This field must have a nine-digit SSN.<br>If this field is all zeros, blank, or has any alphabetic characters, NDNH rejects the record.                                                                                                                                                                                                                                                                                                                                                                    |
| Employee Name:<br>First Name<br>Middle Name<br>Last Name | 12–27<br>28–43<br>44–73 | 16<br>16<br>30 | A<br>A<br>A | <b>Required</b><br>This is the employee’s first name, middle name or initial, and last name.<br>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.<br>No special characters are allowed except hyphens.<br>The first and last name cannot begin with a space or hyphen.<br>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           | <b>Required</b><br>This is the aggregate wages paid to an employee during the reporting period.<br>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.<br>The last two positions are decimal places. Do not include a decimal point as part of this field.<br>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   | <b>Required</b><br>This is the calendar quarter and year when the employee’s wages were paid in QYYYYY format.<br>Q – Reporting quarter:<br>1 – January 1 through March 31<br>2 – April 1 through June 30<br>3 – July 1 through September 30<br>4 – October 1 through December 31<br>YY – Year |
| Federal EIN                           | 90–98    | 9      | N   | <b>Required</b><br>This is the nine-digit number IRS assigns to an employer.<br>This field is the FEIN IRS assigns to an employer.                                                                                                                                                             |
| State EIN                             | 99–110   | 12     | A/N | <b>Optional</b><br>This field is a number a state can assign to an employer.                                                                                                                                                                                                                   |
| Employer Name                         | 111–155  | 45     | A/N | <b>Required</b><br>This is the name of the entity that employs the individual.<br>This field must be at least two characters.<br>No special characters are allowed except hyphens.                                                                                                             |

**Chart E-5: Quarterly Wage Data Record**

| Field Name                                             | Location                      | Length         | A/N               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------|-------------------------------|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employer Street Address:<br>Line 1<br>Line 2<br>Line 3 | 156–195<br>196–235<br>236–275 | 40<br>40<br>40 | A/N<br>A/N<br>A/N | <b>Required: Line(1)</b><br>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.<br>If an address is less than 40 characters per line, do not concatenate into one line.<br>Use Line 3 for a military designation, Canadian province code, or Canadian province. |
| Employer City                                          | 276–300                       | 25             | A                 | <b>Required</b><br>This field must be at least two characters.<br>No special characters are allowed except hyphens.                                                                                                                                                                                                                                                                                                                                                             |
| Employer State                                         | 301–302                       | 2              | A                 | <b>Required</b><br>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.”<br>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:<br>ZIP Code (1)<br>ZIP Code (2)                                            | 303–307<br>308–311            | 5<br>4         | A/N<br>A/N        | <b>Required: If a U.S. address, first five digits of ZIP code</b><br>This field is the five-digit USPS ZIP code associated with the employer’s address.<br>The ZIP Code (2) field must be either all spaces or the four-digit extra numeric code; it cannot be all zeros.<br>These fields must be spaces if employer’s address is a foreign address.                                                                    |
| Employer Foreign Address:<br>Foreign Country Code<br>Foreign Country Name<br>Foreign ZIP Code | 312–313<br>314–338<br>339–353 | 2<br>25<br>15  | A/N<br>A/N<br>A/N | <b>Required, if foreign address</b><br>For foreign FIPS codes, see Appendix C.2.1, “FIPS Codes.”<br>The foreign country name, if present, must be at least two characters.<br>Include military designation or Canadian province code.<br>These fields must be spaces if employer’s address is a U.S. address.                                                                                                           |
| Employer Optional Street Address:<br>Line 1<br>Line 2<br>Line 3                               | 354–393<br>394–433<br>434–473 | 40<br>40<br>40 | A/N<br>A/N<br>A/N | <b>Optional</b><br>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.<br>If an address is less than 40 characters per line, do not concatenate it into one line.<br>Use Line 3 for a military designation, Canadian province code, or Canadian province. |
| Employer Optional City                                                                        | 474–498                       | 25             | A                 | <b>Optional</b><br>This field must be at least two characters if present.<br>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   | <b>Optional</b><br>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.”<br>This field must be spaces if employer’s optional address is a foreign address. |
| Employer Optional ZIP Code:        |          |        |     | <b>Optional</b><br>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: |          |        |     | <b>Optional</b><br>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.<br>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.<br>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 | <b>Required</b><br>This field must have ‘TQ’.                                                                                                                                                              |
| Data Record Count                      | 3–13     | 11     | N   | <b>Required</b><br>This field must be the number of records in the transmission, including the Header and Total records.                                                                                   |
| Filler                                 | 14–601   | 588    | A/N | <b>Required</b><br>This field is all spaces.<br>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 | <b>Required</b><br>This field must have ‘HU’.                                                                                                                                                        |
| Transmitter State Code | 3–4      | 2      | A/N | <b>Required</b><br>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 | <b>Required</b><br>This field is for future versions. For this version, it is all spaces.                                                                                                            |
| Transmission Type      | 14–15    | 2      | A/N | <b>Required</b><br>This field must have ‘UI’.                                                                                                                                                        |
| Filler                 | 16       | 1      | A/N | <b>Required</b><br>This field is for future versions. For this version, it is all spaces.                                                                                                            |
| Version Control Number | 17–18    | 2      | A/N | <b>Required</b><br>This field must have ‘01’. OCSE will tell you when this changes.                                                                                                                  |
| Date Stamp             | 19–26    | 8      | N   | <b>Required</b><br>This field must have the transmission date of the UI data to the NDNH in YYYYMMDD format.                                                                                         |
| Batch Number           | 27–32    | 6      | N   | <b>Required</b><br>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 | <b>Required</b><br>This field must have all spaces.<br>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               | <b>Required</b><br>This field must have ‘UI’.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Claimant SSN                                             | 3–11                         | 9              | N                 | <b>Required</b><br>This is the nine-digit number SSA assigns to an individual.<br>This field must have a nine-digit SSN.<br>If this field is all zeros, blank, or has any alphabetic characters, NDNH rejects the record.                                                                                                                                                                                                                                                      |
| Claimant Name:<br>First Name<br>Middle Name<br>Last Name | 12–27<br>28–43<br>44–73      | 16<br>16<br>30 | A<br>A<br>A       | <b>Required</b><br>This is the claimant’s first name, middle name or initial, and last name.<br>This field must have least one character in the first name and one character in the last name.<br>If both the first and last names are blank, NDNH rejects the record.<br>If the claimant middle name is non-blank, it must have at least one character.<br>The first and last names cannot begin with a space or hyphen.<br>No special characters are allowed except hyphens. |
| Claimant Street Address:<br>Line 1<br>Line 2<br>Line 3   | 74–113<br>114–153<br>154–193 | 40<br>40<br>40 | A/N<br>A/N<br>A/N | <b>Required: Line (1)</b><br>This is the number, street name, PO box or rural route, city, state, and ZIP code where an individual resides.<br>This field must be at least two characters.<br>If an address is less than 40 characters per line, do not concatenate it into one line.<br>Use Line 3 for a military designation or the Canadian province code.                                                                                                                  |
| Claimant City                                            | 194–218                      | 25             | A                 | <b>Required</b><br>This field must be at least two characters.<br>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          | <b>Required</b><br>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:<br>ZIP Code (1)<br>ZIP Code (2) | 221–225<br>226–229 | 5<br>4 | A/N<br>A/N | <b>Required: First five digits</b><br>This field must be the five-digit USPS ZIP code associated with the claimant’s address.<br>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          | <b>Required</b><br>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.<br>The last two positions are decimal places. All zeros are allowed. Do not include a decimal point as part of this field.<br>Negative values are not allowed. |
| Reporting Period                                   | 241–245            | 5      | N          | <b>Required</b><br>This is the calendar quarter and year when the UI benefits were paid or activity occurred, in QYYYYY format:<br>Q– Reporting quarter:<br>1 – January 1 through March 31<br>2 – April 1 through June 30<br>3 – July 1 through September 30<br>4 – October 1 through December 31<br>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.<br>Do not use the Filler field. This Filler field is strictly reserved for OCSE.<br>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 | <b>Required</b><br>This field must have ‘TU’.                                                                                                                                                                     |
| Data Record Count                              | 3–13     | 11     | N   | <b>Required</b><br>This field must be the number of records in the transmission, including the Header and Total records.                                                                                          |
| Filler                                         | 14–295   | 282    | A/N | <b>Required</b><br>This field must have all spaces.<br>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. |