Federal Parent Locator Service

Electronic Income Withholding Orders

Software Interface Specifications
Appendix D — e-IWO Record Layouts

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D.1 Universal Header (File and Batch) Record Layout

Chart Introduction-1 contains the e-IWO Universal Header (File and Batch) Record layout.

Chart Introduction-1: Universal Header (File and Batch)

Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Document Code	A code that indicates whether the header is for a file or a batch and the type of record that follows.	1–3	3	A	Required	Required for all headers. The first two characters indicate header type: FH – Always indicates a file header. BH – Always indicates a batch header. The third character indicates the record type: A – Acknowledgment. A file sent from an employer to a state (FHA or BHA) I – IWO Detail. A file sent from a state to an employer (FHI or BHI) K – Acknowledgment Result. Used by the Portal when sending a file to an employer (FHK or BHK) S – IWO Result. Used by the Portal when sending a file to a state (FHS or BHS)

Chart Introduction-1: Universal Header (File and Batch)						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Control Number	An identifier assigned by the state, tribe, territory, employer, or payroll processor that uniquely identifies a file or group of records in a batch.	4–25	22	A/N	Required	Required for all headers. A unique, alphanumeric element that identifies a specific file or a batch within a file. Previously submitted Control Numbers cannot be reused. The file header (FH) must have a unique control number to identify a file. The state must assign a unique control number for each employer batch (BHI) contained in a file. Recommended format: Five-digit Locator – Two-digit state Locator Code number followed by three zeros. Example: 21000 Date – YYMMDD Time – HHMMSSS Sequence number – 0000 For acknowledgments, employers may enter an identifier of their choosing. Leading or embedded spaces are not allowed.

Chart Introduction-1: Universal Header (File and Batch)						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
State Locator Code	The state, tribe, or territory locator code. **Note:** Formerly known as FIPS code.	26–30	5	A/N	Conditionally Required	Recommended format: Five-digit Locator – Two-digit state Locator Code number followed by three zeros Example: 21000 For an IWO Detail sent by states: FHI – Required. Input own Locator Code BHI – Required. Input own Locator Code For an acknowledgment sent by an employer or their payroll processor: FHA – Fill with spaces BHA – Required. Input state, tribe, or territory for which the batch is intended
EIN Text	The Federal Employer Identification Number (FEIN).	31–39	9	A/N	Conditionally Required	For an IWO Detail sent by states: FHI – Fill with spaces BHI – Required. employer FEIN For an acknowledgment sent by employers: FHA – Required. Employer FEIN BHA – Required. Employer FEIN For an acknowledgment sent by a primary employer with multiple FEINs or third party: FHA – Fill with spaces BHA – Optional. May input primary FEIN For an acknowledgment sent to states: FHA – Fill with spaces BHA – Employer FEIN

Chart Introduction-1: Universal Header (File and Batch)						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Primary EIN Text	The FEIN of the parent company processing IWOs for its subsidiaries or a third-party processing IWOs for an employer.	40–48	9	A/N	Conditionally Required	For an acknowledgment sent by employer with one FEIN: FHA – Fill with spaces BHA – Fill with spaces For an acknowledgment sent by a primary employer with multiple FEINs or a third-party processor: FHA – Required: Input primary FEIN BHA – Required. Input primary FEIN For an IWO Detail sent by states: FHI – Fill with spaces BHI – Fill with spaces For an acknowledgment sent to states: FHA – Fill with spaces BHA – Fill with spaces
Creation Date	The date the header was generated.	49–56	8	A/N	Required	Required for all headers. Must be a valid date in YYYYMMDD format.
Creation Time	The time the header was generated.	57–62	6	A/N	Required	Required for all headers. Must be a valid time in HHMMSS format.

Chart Introduction-1: Universal Header (File and Batch)						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Error Field Name Text	The list of fields that did not pass the e-IWO edits.	63–80	18	A/N	Optional	Used by the Portal to return the abbreviated field names in error. Each code will be separated by a comma. Valid values: CDT – Creation Date field CNM – Control Number field CTM – Creation Time field DOC – Document Code field DUP – File already received EIN – EIN Text field FPS – State Locator Code PPE – Payroll processor FEIN text
Filler FHI and BHI FHA and BHA FHS and BHS FHK and BHK	 IWO Detail Acknowledgment IWO Result Acknowledgment Result	 81–2406 81–573 81–2406 81–573	Varies 2,326 493 2,326 493	A/N	Optional	The filler length varies according to the file to which it is associated.

D.2 Universal Trailer (File and Batch) Record Layout

Chart Introduction-2 contains the e-IWO Universal Trailer (File and Batch) Record layout.

Chart Introduction-2: Universal Trailer (File and Batch)

Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Document Code	A code that indicates whether the trailer is for a file or a batch and the type of records.	1–3	3	A	Required	Required for all trailers. The first two characters indicate trailer type. FT – Always indicates a file trailer. BT – Always indicates a batch trailer. The third character indicates the record type: A – Acknowledgment. A file sent from an employer to a state (FTA or BTA) I – IWO Detail. A file sent from a state to an employer (FTI or BTI) K – Acknowledgment Result. A file sent from the Portal to an employer (FTK or BTK). S – IWO Result. A file sent from the Portal to a state (FTS or BTS).
Control Number	An identifier assigned by the state, tribe, or territory that uniquely identifies a file or group of records in a batch.	4–25	22	A/N	Required	Required for all trailers. A unique alphanumeric element that identifies a specific file or a batch within a file. This must be the same number specified in the corresponding file or batch header control number.
Batch Count	The number of batches contained in the file.	26–30	5	N	Required	Used with file trailers (FTA, FTI, FTK, and FTS) If batch trailers (BTA, BTI, BTK, or BTS), fill with zeros.

Chart Introduction-2: Universal Trailer (File and Batch)						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Record Count	The number of records contained in a batch.	31–35	5	N	Required	Used with batch trailers (BTA, BTI, BTK, and BTS) If file trailers (FTA, FTI, FTK, and FTS), fill with zeros.
Employer Sent Count	The number of valid records sent to an employer after the editing process.	36–40	5	N	Conditionally Required	Used for IWO Results file (BTS). Only used by the Portal. Always fill with zeros.
State Sent Count	The number of valid records sent to a state after the editing process.	41–45	5	N	Conditionally Required	Used for Acknowledgment Results File (BTK). Only used by the Portal. Always fill with zeros.
Error Field Name Text	The list of fields that did not pass the e-IWO edits.	46–63	18	A/N	Optional	Used by the Portal to return the abbreviated field names in error. Each code will be separated by a comma. Valid values: BCT – Batch Count field CNM – Control Number field DOC – Document Code field RCT – Record Count field REC – Invalid file structure
Filler FTI and BTI FTA and BTA FTS and BTS FTK and BTK	 IWO Detail Acknowledgment IWO Result Acknowledgment Result	 64–2406 64–573 64–2406 64–573	Varies 2,343 510 2,343 510	A/N	Optional	The filler length varies based on the file to which it is associated.

D.3 e-IWO Detail Record Layout

Chart Introduction-3 contains the e -IWO Detail Record layout.

Chart Introduction-3: e-IWO Detail Record

Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Document Code	A code that indicates the primary e-IWO record follows.	1–3	3	A/N	Required	Value must always be DTL.	N/A
Filler	For future use.	4–6	3	A/N	Optional	For future use.	N/A
Document Action Code	A code that indicates the type of IWO document.	7–9	3	A/N	Required	Valid values: AMD – Amended. Any change for the submitted case number or identifier by the submitting state, except termination to the original order. LUM – Lump Sum. Sent when a state, tribe, or territory is made aware that a lump sum payment will be made, and it is requesting a deduction be made from this lump sum. ORG – Original. New order for the submitted case number or identifier by the submitting state. TRM – Termination. Closure of an order. Stoppage of wage withholding for the submitted case number or identifier by the submitting state.	1a 1b 1c 1d
Document Date	The date the record was generated.	10–17	8	A/N	Required	Must be a valid date in YYYYMMDD format.	1e

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Issuing State-Tribe-Territory Name	The name of the jurisdiction (for example, state, tribe, territory) issuing the document.	18–52	35	A/N	Required	State, tribe, or territory full name. The first character cannot be a space.	1h
Issuing Jurisdiction Name	The name of the county, city, district, or tribe that is issuing the document.	53–87	35	A/N	Optional	If entered, should be a full name.	1j
Case ID	The value assigned by a state to uniquely identify each IV-D case in the state.	88–102	15	A/N	Required	In a state IV-D case, as defined at 45 Code of Federal Regulations (CFR) 305.1, the identifier reported to the Federal Case Registry. No leading spaces, back slashes (\), or asterisks are (*) allowed.	1m
Employer Name	The name of the employer or withholder to whom the withholding order is being sent.	103–159	57	A/N	Required	The first character must be a letter or a number.	2a
Employer Address Line 1 Text	Line 1 of the employer/withholder's address.	160–184	25	A/N	Required	The first character must be a letter or a number.	2b
Employer Address Line 2 Text	Line 2 of the employer/ withholder's address.	185–209	25	A/N	Optional	The first character must be a letter or a number.	2b

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Employer Address City Name	The employer/withholder's city name.	210–231	22	A/N	Required	The first character must be a letter or a number.	2b
Employer Address State Code	The employer/withholder's state code.	232–233	2	A	Required	Valid two-character alphabetic state or territory code.	2b
Employer Address ZIP Code	The employer/withholder's ZIP code.	234–238	5	N	Required	Follows Length and Type instructions.	2b
Employer Address Ext ZIP Code	The employer/withholder's ZIP code extension. **Note:** Also known as the four-digit ending value in ZIP+4.	239–242	4	N	Optional	Follows Length and Type instructions.	2b
EIN Text	The employer/withholder's FEIN.	243–251	9	N	Required	Must contain the FEIN of an employer participating in the e-IWO system. This FEIN must match the FEIN in the batch header.	2c
Employee Last Name	The obligor's last name.	252–271	20	A/N	Required	The first character cannot be a space. All uppercase letters or spaces. The only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Employee First Name	The obligor's first name.	272–286	15	A/N	Required	The first character cannot be a space. All uppercase letters or spaces. The only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3a
Employee Middle Name	The obligor's middle name or initial.	287–301	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. The only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3a
Employee Suffix	The obligor's name suffix.	302–305	4	A/N	Optional	Follows Length and Type instructions.	3a
Employee SSN	The obligor's Social Security number.	306–314	9	N	Required	Follows Length and Type instructions.	3b
Employee Birth Date	The obligor's date of birth.	315–322	8	A/N	Optional	Valid date in YYYYMMDD format. If unknown, fill with spaces.	3c
Obligee Last Name	The obligee's last name.	323–379	57	A/N	Required	The first character cannot be a space. All uppercase letters or spaces. The only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3d

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Obligee First Name	The obligee's first name.	380–394	15	A/N	Required	The first character cannot be a space. All uppercase letters or spaces. The only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3d
Obligee Middle Name	The obligee's middle name or initial.	395–409	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. The only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3d
Obligee Name Suffix	The obligee's name suffix.	410–413	4	A/N	Optional	Follows Length and Type instructions.	3d
Issuing Tribunal Name	The name of the state, tribe, or territory that issued the support or withholding order.	414–448	35	A/N	Required	Must contain the full name.	4
Support Current Child Amount	The dollar amount to be withheld for payment of current child support.	449–459	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	5a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Support Current Child Frequency Code	The interval over which the current support amount is required to be paid.	460	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Support Current Child Amount field (positions 449–459), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	5b
Support Past Due Child Amount	The dollar amount to be withheld for payment of past due child support.	461–471	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	6a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Support Past Due Child Frequency Code	The interval over which the past due child support amount is required to be paid.	472	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Support Past Due Child Amount field (positions 461–471), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	6b
Support Current Medical Amount	The dollar amount to be withheld for payment of current medical support.	473–483	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	7a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Support Current Medical Frequency Code	The interval over which the current medical support amount is required to be paid.	484	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Support Current Medical Amount field (positions 473–483), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	7b
Support Past Due Medical Amount	The dollar amount to be withheld for payment of past due medical support.	485–495	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	8a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Support Past Due Medical Frequency Code	The interval over which the past due medical support amount is required to be paid.	496	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Support Past Due Medical Amount field (positions 485–495), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	8b
Support Current Spousal Amount	The dollar amount to be withheld for payment of current spousal support.	497–507	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	9a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Support Current Spousal Frequency Code	The interval over which the spousal support is required to be paid.	508	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Support Current Spousal Amount field (positions 497–507), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	9b
Support Past Due Spousal Amount	The dollar amount to be withheld for payment of past due spousal support.	509–519	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	10a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Support Past Due Spousal Frequency Code	The interval over which the past due spousal support amount is required to be paid.	520	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Support Past Due Spousal Amount field (positions 509–519), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	10b
Obligation Other Amount	The dollar amount to be withheld for payment of miscellaneous obligations.	521–531	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	11a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Obligation Other Frequency Code	The interval over which the miscellaneous obligations amount is required to be paid.	532	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Obligation Other Amount field (positions 521–531), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	11b
Obligation Other Description Text	A description of the miscellaneous obligations.	533–567	35	A/N	Conditionally Required	If a dollar amount other than zero is in the Obligation Other Amount field(positions 521–531), then this field is required.	11c
Obligation Total Amount	The sum of the current child support, the past due child support, the current cash medical support, the past due cash medical support, the current spousal support, the past due spousal support, and the miscellaneous obligations.	568–578	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	12a

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Obligation Total Frequency Code	The interval over which the total obligation is required to be paid.	579	1	A/N	Conditionally Required	If a dollar amount other than zero is in the Obligation Total Amount field (positions 568–578), then this field is required. Valid values: A – Annually B – Biweekly (every two weeks) M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	12b
Arrears 12wk Overdue Code	An indicator for whether or not the past due child support is in arrears for a period longer than 12 weeks.	580	1	A	Optional	Valid values: N – Arrears less than 12 weeks Y – Arrears greater than 12 weeks Spaces are allowed.	6c
Income Withholding Deduction Weekly Amount	The amount the employer or income withholder should withhold if the employee is paid weekly.	581–591	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13b

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Income Withholding Deduction Bi-Weekly Amount	The amount the employer or income withholder should withhold if the employee is paid every two weeks.	592–602	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13d
Income Withholding Semimonthly Amount	The amount the employer or income withholder should withhold if the employee is paid twice a month.	603–613	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13c
Income Withholding Monthly Amount	The amount the employer or income withholder should withhold if the employee is paid once a month.	614–624	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13e
State Tribe Territory Name	The state, tribe, or territory that issued the support order.	625–659	35	A/N	Required	Follows Length and Type instructions.	16 and 21

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Begin Withholding Within Days Number	The number of days within which the employer or income withholder must commence income withholding.	660–661	2	N	Required	Follows Length and Type instructions.	17
Income Withholding Start Instruction	Instructions for the implementation date of the income withholding.	662–669	8	A/N	Conditionally Required	This field is only required when the Document Action Code is AMD, LUM, or ORG. For all orders issued on or after 9/30/21, the text entry must be used. The entry should be left justified and contain one of the following instruction words: service receipt mailing Space fill any unused position. Text Instruction entry is based on the issuing state's statute. For electronic orders, the date the e-IWO was received is also the mailing date. If the Document Action Code is TRM, fill with spaces.	18

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Send Payment Within Days Number	The number of days within which an income withholder must remit amounts withheld pursuant to the issuing state's law.	670–671	2	N	Required	If the Document Action Code is TRM, fill with zeros. Right justified. Zero fill to left. Zero fill if N/A.	19
Income Withholding CCPA Percent Rate	The highest percentage of disposable income that can be withheld from the employee or obligor's wages.	672–673	2	N	Required	If the Document Action Code is TRM, fill with zeros.	20
Payee Name	The name of the state disbursement unit, individual, tribunal, court, or tribal child support enforcement agency to which payments are required to be sent.	674–730	57	A/N	Required	The first character must be a letter or a number.	22
Payee Address Line 1 Text	Line 1 of the payee's address.	731–755	25	A/N	Required	Follows Length and Type instructions.	23
Payee Address Line 2 Text	Line 2 of the payee's address.	756–780	25	A/N	Optional	Follows Length and Type instructions.	23
Payee Address City Name	The payee's city name.	781–802	22	A/N	Required	Follows Length and Type instructions.	23
Payee Address State Code	The payee's state code.	803–804	2	A	Required	Valid two-character alphabetic state or territory code.	23

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Payee Address ZIP Code	The payee's ZIP code.	805–809	5	N	Required	Follows Length and Type instructions.	23
Payee Address Ext ZIP Code	The payee's ZIP code extension. **Note:** Also known as the four-digit ending value in ZIP+4.	810–813	4	N	Optional	Follows Length and Type instructions.	23
Payee Remittance Locator Code	The locator code for remitting payments through EFT/EDI. **Note:** Formerly known as Payee Remittance FIPS code.	814–820	7	N	Required	Either state and county Locator or tribal place code: The first two characters are the numeric state code. The next three are the county code. The last two are completed by the user. Only the first five characters (state and county codes) are required.	24
Issuing Official Name	The name of the tribunal official authorizing the document.	821–890	70	A/N	Optional	The first character must be alphanumeric.	27
Issuing Official Title Text	The title of the governmental official authorizing the document.	891–940	50	A/N	Optional	The first character must be alphanumeric.	28
Filler	For future use.	941	1	A/N	Optional	For future use.	N/A

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Send Employee Copy Indicator	An indicator for whether or not the employer or income withholder is required to provide a copy of the notice to the employee.	942	1	A	Required	Valid values: N – No Y – Yes	30
Penalty Liability Info Text	A description of the additional or specific state, tribal, or territory penalties or liabilities if the employer or income withholder fails to obey the notice.	943–1102	160	A/N	Optional	States should insert the citation for the appropriate Penalty Liability text from state law.	31
Anti-discrimination Provisions Text	A description of the additional or specific information if the employer discharges, fails to employ, or disciplines the employee as a result of the notice.	1103–1262	160	A/N	Optional	States should insert the citation for the appropriate anti-discrimination text from state law.	32
Supplemental Information	Additional Information about any state-specific requirements.	1263–1422	160	A/N	Optional	Follows Length and Type instructions.	33
Employee State Contact Name	The contact's name.	1423–1479	57	A/N	Required	Follows Length and Type instructions.	47

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Employee State Contact Phone Number	The contact's phone number.	1480–1489	10	A/N	Required	Follows Length and Type instructions.	48
Employee State Contact Fax Number	The contact's Fax number.	1490–1499	10	A/N	Optional	Follows Length and Type instructions.	49
Employee State Contact Email Address Text	The contact's email or website address.	1500–1547	48	A/N	Optional	Follows Length and Type instructions.	50
Document Tracking Number	The number assigned by the entity sending the document that uniquely identifies the document.	1548–1577	30	A/N	Required	The first two characters must be the numeric Locator state code.	15
Order ID	A unique identifier that is associated with a specific child support obligation in a case.	1578–1607	30	A/N	Optional	Follows Length and Type instructions.	1k
Employer State Contact Name	The employer's or income withholder's outreach or customer service contact's name.	1608–1664	57	A/N	Required	Follows Length and Type instructions.	42
Employer State Contact Address Line 1 Text	Line 1 of the employer's or income withholder's outreach or customer service contact's address.	1665–1689	25	A/N	Optional	Follows Length and Type instructions.	46

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Employer State Contact Address Line 2 Text	Line 2 of the employer's or income withholder's outreach or customer service contact's address.	1690–1714	25	A/N	Optional	Follows Length and Type instructions.	46
Employer State Contact Address City Name	The employer's or income withholder's outreach or customer service contact's city name.	1715–1736	22	A/N	Optional	Follows Length and Type instructions.	46
Employer State Contact Address State Code	The employer's or income withholder's outreach or customer service contact's state code.	1737–1738	2	A	Optional	Valid two-character alphabetic state or territory code.	46
Employer State Contact Address ZIP Code	The employer's or income withholder's outreach or customer service contact's ZIP code.	1739–1743	5	N	Optional	Follows Length and Type instructions.	46

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Employer State Contact Address Ext ZIP Code	The employer's or income withholder's outreach or customer service contact's ZIP code extension. **Note:** Also known as the four-digit ending value in ZIP+4.	1744–1747	4	N	Optional	Follows Length and Type instructions.	46
Employer State Contact Phone Number	The employer's or income withholder's outreach or customer service contact's phone number.	1748–1757	10	A/N	Required	Follows Length and Type instructions.	43
Employer State Contact Fax Number	The employer's or income withholder's outreach or customer service contact's Fax number.	1758–1767	10	A/N	Optional	Follows Length and Type instructions.	44
Employer State Contact Email Address Text	The employer's or income withholder's outreach or customer service contact's email or website address.	1768–1815	48	A/N	Optional	Follows Length and Type instructions.	45

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Child 1 Last Name	Child 1's last name.	1816–1835	20	A/N	Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 1 First Name	Child 1's first name.	1836–1850	15	A/N	Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 1 Middle Name	Child 1's middle name or initial.	1851–1865	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 1 Suffix Name	Child 1's name suffix.	1866–1869	4	A/N	Optional	Follows Length and Type instructions.	3e
Child 1 Birth Date	Child 1's date of birth.	1870-1877	8	A/N	Required	Must be a valid date in YYYYMMDD format.	3f
Child 2 Last Name	Child 2's last name.	1878–1897	20	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a second child exists.	3e

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Child 2 First Name	Child 2's first name.	1898–1912	15	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a second child exists.	3e
Child 2 Middle Name	Child 2's middle name or initial.	1913–1927	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 2 Suffix Name	Child 2's name suffix.	1928–1931	4	A/N	Optional	Follows Length and Type instructions.	3e
Child 2 Birth Date	Child 2's date of birth.	1932–1939	8	A/N	Conditionally Required	Must be a valid date in YYYYMMDD format. Required if the Child 2 Last Name field contains data.	3f
Child 3 Last Name	Child 3's last name.	1940–1959	20	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a third child exists.	3e

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Child 3 First Name	Child 3's first name.	1960–1974	15	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a third child exists.	3e
Child 3 Middle Name	Child 3's middle name or initial.	1975–1989	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 3 Suffix Name	Child 3's name suffix.	1990–1993	4	A/N	Optional	Follows Length and Type instructions.	3e
Child 3 Birth Date	Child 3's date of birth.	1994–2001	8	A/N	Conditionally Required	Must be a valid date in YYYYMMDD format. Required if the Child 3 Last Name field contains data.	3f
Child 4 Last Name	Child 4's last name.	2002–2021	20	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a fourth child exists.	3e

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Child 4 First Name	Child 4's first name.	2022–2036	15	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a fourth child exists.	3e
Child 4 Middle Name	Child 4's middle name or initial.	2037–2051	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 4 Suffix Name	Child 4's name suffix.	2052–2055	4	A/N	Optional	Follows Length and Type instructions.	3e
Child 4 Birth Date	Child 4's date of birth.	2056-2063	8	A/N	Conditionally Required	Must be a valid date in YYYYMMDD format. Required if the Child 4 Last Name field contains data.	3f
Child 5 Last Name	Child 5's last name.	2064–2083	20	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a fifth child exists.	3e

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Child 5 First Name	Child 5's first name.	2084–2098	15	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a fifth child exists.	3e
Child 5 Middle Name	Child 5's middle name or initial.	2099–2113	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 5 Suffix Name	Child 5's name suffix.	2114–2117	4	A/N	Optional	Follows Length and Type instructions.	3e
Child 5 Birth Date	Child 5's date of birth.	2118–2125	8	A/N	Conditionally Required	Must be a valid date in YYYMMDD format. Required if the Child 5 Last Name field contains data.	3f
Child 6 Last Name	Child 6's last name.	2126–2145	20	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a sixth child exists.	3e

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Child 6 First Name	Child 6's first name.	2146–2160	15	A/N	Conditionally Required	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces. Required if a sixth child exists.	3e
Child 6 Middle Name	Child 6's middle name or initial.	2161–2175	15	A/N	Optional	The first character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.	3e
Child 6 Suffix Name	Child 6's name suffix.	2176–2179	4	A/N	Optional	Follows Length and Type instructions.	3e
Child 6 Birth Date	Child 6's date of birth.	2180–2187	8	A/N	Conditionally Required	Must be a valid date in YYYYMMDD format. Required if the Child 6 Last Name field contains data.	3f

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Lump Sum Payment Amount	The dollar amount that should be withheld from a Lump Sum payment.	2188–2198	11	N	Required	If the Document Action Code (positions 7–9) is LUM, then this field is required. If the Document Action Code (positions 7–9) is AMD, ORG, or TRM, then fill this field with zeros. Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	14
Filler	For future use.	2199–2207	9	A/N	Optional	For future use.	N/A
Remittance Identifier	The identifier that an employer or income withholder must include when sending payments for this e-IWO.	2208–2227	20	A/N	Required	Identifier that states want the employer or income withholder to use so the state or tribe can identify and apply the payment correctly. This identifier can, but is not required to be, the Case ID designated by the state, tribe, or territory.	1i
Document Image Text	Uniquely identifies and associates cover letters, or other documents with an e-IWO to a data file.	2228–2252	25	A/N	Optional	The first two positions must be the numeric state Locator Code; otherwise, leave blank.	N/A

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
First Error Field Name	The name of the first field that did not pass the e-IWO edits.	2253–2284	32	A/N	Optional	Used only by the Portal to return the first field that did not pass the Portal edits.	N/A
Second Error Field Name	The name of the second field that did not pass the e-IWO edits.	2285–2316	32	A/N	Optional	Used only by the Portal to return the second field that did not pass the Portal edits.	N/A
Multiple Error Indicator	An indicator for whether or not a record has more than two errors.	2317	1	A/N	Optional	Valid values used only by the Portal: F – False T – True If fewer than two errors exist in the record, set to F. If more than two errors exist in the record, set to T.	N/A
Obligor Reported as Employee	An Indicator that the obligor may have been reported as an employee.	2318	1	A	Optional	Valid values: N – No Y – Yes	1f
Obligor Reported as Independent Contractor	An Indicator that the obligor may have been reported as an Independent Contractor.	2319	1	A	Optional	Valid values: N – No Y – Yes	1f

Chart Introduction-3: e-IWO Detail Record							
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules	Form Cross Reference
Income Withholding Daily Amount	The amount the employer or income withholder should withhold if the employee is paid daily.	2320–2330	11	N	Required	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13a
Filler	For future use.	2331–2404	74	A/N	Optional	For future use.	N/A
Locator Code	A code for the state sending the order. **Note:** Formerly the FIPS code.	2405–2406	2	N	Required	The Portal fills in the two-digit state code.	N/A

D.4 e-IWO Acknowledgment Record Layout

Chart Introduction-4 contains the e-IWO Acknowledgment Record layout.

Chart Introduction-4: e-IWO Acknowledgment Record

Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Document Code	A code indicating that the acknowledgment record follows	1–3	3	A/N	Required	Value must be ACK.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Document Action Code	A code indicating the type of document.	4–6	3	A/N	Required	Valid values: AMD – Amended. The value input by the state, tribe, or territory (positions 7–9 in the e-IWO Detail record). EMP – Employer Initiated. The value input by the employer to inform the state, tribe, or territory about an action that has or will be initiated by them. Use EMP with the following values in the Record Disposition Status Code (positions 154–155): L – If you notify a state, tribe, or territory about a pending Lump Sum. S – If you notify a state, tribe, or territory that an employee is in a suspended payment status. T – If the employee is no longer employed. LUM – Lump Sum. The value input by the state, tribe, or territory (positions 7–9 in the e-IWO Detail record). ORG – Original. The value input by the state, tribe, or territory (positions 7–9 in the e-IWO Detail record). TRM – Termination. The value input by the state, tribe, or territory (positions 7–9 in the e-IWO Detail record).
Case ID	A value assigned by a state to uniquely identify each IV-D case in the state.	7–21	15	A/N	Required	The Case ID input by the state (positions 88–102 in the e-IWO Detail record).

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
EIN Text	The employer's or income withholder's FEIN.	22–30	9	N	Required	Follows Length and Type instructions.
Employee Last Name	The obligor's last name.	31–50	20	A/N	Required	The first character must not be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.
Employee First Name	The obligor's first name.	51–65	15	A/N	Required	The first character must not be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.
Employee Middle Name	The obligor's middle name or initial.	66–80	15	A/N	Optional	The first character must not be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes (‘), and embedded spaces.
Employee Name Suffix	The obligor's name suffix.	81–84	4	A/N	Optional	Follows Length and Type instructions.
Employee SSN	The obligor's Social Security number.	85–93	9	N	Required	Follows Length and Type instructions.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	94–123	30	A/N	Conditionally Required	The Document Tracking Number input by the state (positions 1548–1577 in the e-IWO Detail record). The Document Tracking Number is not used for an employer-initiated acknowledgment (EMP).
Order ID	A unique identifier associated with a specific child support obligation in a case.	124–153	30	A/N	Optional	The Order ID input by the state (positions 1578–1607 in the e-IWO Detail record).
Record Disposition Status Code	An indicator for whether or not a record was accepted or rejected by the employer or income withholder.	154–155	2	A/N	Required	Valid values: A – Record accepted R – Record rejected The following codes are used only with an employer-initiated acknowledgment with a Document Action Code of EMP) (positions 4–6 in the e-IWO Acknowledgment record): L – Lump Sum S – Suspension T – Termination

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Disposition Reason Code	The reason an e-IWO record is being accepted or rejected by an employer or withholder.	156–158	3	A/N	Conditionally Required	If the value in the Record Disposition Status Code (positions 154–155) equals A, a Disposition Reason Code is optional. Valid values: B – Name mismatch S – Employee is in a suspense status at employer W – Incorrect FEIN received for employee Spaces If the value in the Record Disposition Status (positions 154–155) equals R, a Disposition Reason Code is required. Rejected values: B – Name mismatch D – Duplicate IWO M – IWO received from multiple states N – Noncustodial parent (NCP) no longer at the employer O – Other reason S – Employee is in a suspense status at employer U – NCP not known to employer W – Incorrect FEIN received for employee X – Employer could not electronically process this record Z – Termination cannot be processed; no current IWO in place
Filler	For future use.	159	1	A/N	Optional	For future use.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Termination Date	The date an employee left or was terminated by an employer or income withholder.	160–167	8	A/N	Optional	Must be a valid date in YYYYMMDD format. Space fill if N/A.
NCP Last Known Address Line 1 Text	Line 1 of the NCP's last known address.	168–192	25	A/N	Optional	Follows Length and Type instructions.
NCP Last Known Address Line 2 Text	Line 2 of the NCP's last known address.	193–217	25	A/N	Optional	Follows Length and Type instructions.
NCP Last Known Address City Name	The NCP's last known city name.	218–239	22	A/N	Optional	Follows Length and Type instructions.
NCP Last Known Address State Code	The NCP's last known state code.	240–241	2	A	Optional	Valid two-character alphabetic state or territory code.
NCP Last Known Address ZIP Code	The NCP's last known ZIP code.	242–246	5	N	Optional	Follows Length and Type instructions.
NCP Last Known Address Ext ZIP Code	The NCP's last known ZIP code extension. **Note:** Also known as the four-digit ending value in ZIP+4.	247–250	4	N	Optional	Follows Length and Type instructions.
Final Payment Made Date	The date of the final payment sent to the SDU.	251–258	8	A/N	Optional	Must be a valid date in YYYYMMDD format. Space fill if N/A.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Final Payment Amount	The amount of the final payment sent to the SDU. This only applies when an employee has been terminated or left his/her employer.	259–269	11	N	Required	The last payment or wages paid to an NCP who left or was terminated. Decimal assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.
New Employer Name	The name of the NCP's new employer or income payer.	270–326	57	A/N	Optional	Follows Length and Type instructions.
New Employer Address Line 1 Text	Line 1 of the new employer's or income payer's address.	327–351	25	A/N	Optional	Follows Length and Type instructions.
New Employer Address Line 2 Text	Line 2 of the new employer's or income payer's address.	352–376	25	A/N	Optional	Follows Length and Type instructions.
New Employer Address City Name	The new employer's or income payer's city name.	377–398	22	A/N	Optional	Follows Length and Type instructions.
New Employer State Code	The new employer's or income payer's state code.	399–400	2	A	Optional	Valid two-character alphabetic State or Territory Code.
New Employer Address ZIP Code	The new employer's or income payer's ZIP code.	401–405	5	N	Optional	Follows Length and Type instructions.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
New Employer Address Ext ZIP Code	The new employer's or income payer's ZIP code extension. **Note:** Also known as the four-digit ending value in ZIP+4.	406–409	4	A/N	Optional	Follows Length and Type instructions.
Payment Lump Sum Date	The date an employer anticipates that a Lump Sum Payment will be disbursed to an employee.	410–417	8	A/N	Conditionally Required	Must be a valid date in YYYYMMDD format. If the Document Action Code (positions 7–9 in the e-IWO Detail record) is EMP, and the Record Disposition Status Code (positions 154–155) equals L, then this field must be filled with a valid future date. If the Document Action Code (positions 7–9 in the e-IWO Detail record) is EMP, and the Record Disposition Status Code (positions 154–155) equals T, then this field must be filled with spaces.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
Payment Lump Sum Amount	The amount the employer or income payor intends to issue as a Lump Sum Payment to the employee.	418–428	11	N	Required	Decimal assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A. If the Document Action Code (positions 7–9 in the e-IWO Detail record) is EMP and the Record Disposition Status Code (positions 154–155) equals L, then the dollar amount in this field must be filled with zeros or an amount greater than $0.00. If the Document Action Code (positions 7–9 in the e-IWO Detail record) is EMP and the Record Disposition Status Code (positions 154–155) equals T, than this field must be zero filled.
Payment Lump Sum Type Text	The type of Lump Sum Payment that will be disbursed to an employee. Examples of a Lump Sum Payment includes a bonus, severance, and commission.	429–463	35	A/N	Conditionally Required	Possible values are bonus, severance or other unique identifiers. If the Document Action Code (positions 7–9 in the e-IWO Detail record) is EMP and the Record Disposition Status Code (positions 154–155) equals L, then this field must be filled. If the Document Action Code (positions 7–9 in the e-IWO Detail record) is EMP and the Record Disposition Status Code (positions 154–155) equals T, this field must be blank.

Chart Introduction-4: e-IWO Acknowledgment Record						
Element Name	Definition	Location	Length	Type	Required/ Optional	Data Element Rules
NCP Last Known Phone Number	The last known phone number for the NCP.	464–473	10	A/N	Optional	Follows Length and Type instructions.
First Error Field Name	The name of the first field that did not pass the e-IWO edits.	474–505	32	A/N	Optional	Used only by the Portal to return the first field that did not pass the Portal edits.
Second Error Field Name	The name of the second field that did not pass the e-IWO edits.	506–537	32	A/N	Optional	Used only by the Portal to return the second field that did not pass the Portal edits.
Multiple Error Indicator	An indicator for whether or not a record has more than two errors.	538	1	A/N	Optional	Valid values used only by the Portal: F – False T – True If fewer than two errors exist in the record, set to F. If more than two errors exist in the record, then set to T.
Correct FEIN	The actual FEIN under which the employee is working.	539–547	9	N	Conditionally Required	If the Record Disposition Code is W, this field is required.
Multi IWO State Code	The state code for which an employer already has an IWO in place for the employee and the IWO just received is a duplicate.	548–549	2	A	Conditionally Required	If the Record Disposition Code is M, this field is required.
Filler	For future use.	550–573	24	A/N	Optional	For future use.

D.5 Revision History

Chart Introduction-5 contains a description of the changes that have been made to the record layouts.

Chart Introduction-5: Summary of Changes

Date	Section(s) Affected	Description of Changes
---	Entire document	v1.0 — Initial release
8/2011	Entire document	v3.0 — Minor edits
8/2021	Charts D-1 and D-3	v4.0 — The following changes were included in this update: • Chart D-1: All references to FIPS in previous versions are now Locator. • Chart D-3: - Edited all Data Element Rules to remove redundancies and to provide clear, concise, and consistent instructions. - The following changes were made to the mentioned fields: ■ Issuing State-Tribe-Territory Name: Renamed Sending State-Tribe-Territory Name field to Issuing State-Tribe-Territory Name to match the paper form. ■ Case ID: Edited the Data Element Rule as it applies to the Issuing State-Tribe-Territory. ■ Income Withholding Start Instruction: Updated the Element Name, Definition, and Data Element Rules to match the directions on the revised Income Withholding Order form. The date was replaced with an instruction for the start date of the withholding order. The issuing states, tribes, and territories have until September 30, 2021, to migrate to the new newly approved form. This means the e-IWO can have a date in the CCYYMMDD format until this date. ■ Income Withholding CCPA Percent Rate: Changed the element definition to clarify that the CCPA limit is applied to disposable income. ■ Employee State Contact Email Address Text: Changed the field definition to match the revised paper form instructions. ■ Document Tracking Number: Changed Form X–Ref to match the revised paper form

Chart Introduction-5: Summary of Changes		
Date	Section(s) Affected	Description of Changes
		instructions. ■ Employer State Email Address Text: Changed the field definition to match the revised paper form instructions. ■ Child 1 Birth Date: Changed the form cross reference to match the revised paper form. ■ Child 2 Birth Date: Changed the form cross reference to match the revised paper form and clarified when the date is required. ■ Child 3 Birth Date: Changed the form cross reference to match the revised paper form and clarified when the date is required. ■ Child 4 Birth Date: Changed the form cross reference to match the revised paper form and clarified when the date is required. ■ Child 5 Birth Date: Changed the form cross reference to match the revised paper form. Clarified when the date is required. ■ Child 6 Birth Date: Changed the form cross reference to match the revised paper form. Clarified when the date is required.
M/YYYY	Entire document	v4.1— The following changes were included in this update: • Definitions and Data Element Rules were updated with minor edits. • Changed date formats from CCYYMMDD to YYYYMMDD. • Chart D-1: - The following changes were made to the mentioned fields: ■ Error Field Name Text: Removed references to Version 4.0 field names. ■ Filler: Updated the Location information. • Chart D-2: - The following changes were made to the mentioned fields: ■ Error Field Name Text: Removed references to Version 4.0 field names. ■ Filler: Updated the Location information. • Chart D-3: - The following changes were made to the

Chart Introduction-5: Summary of Changes		
Date	Section(s) Affected	Description of Changes
		mentioned fields: ■ Added the following fields: o Obligor Reported as Employee o Obligor Reported as Independent Contractor o Income Withholding Daily Amount ■ Issuing State-Tribe-Territory Name: Changed Form Cross Reference from 1g to 1h ■ Issuing Jurisdiction Name: Changed Form Cross Reference from 1i to 1j ■ Case ID: Changed Form Cross Reference from 1l to 1m ■ Order ID: Changed Form Cross Reference from 1j to 1k ■ Remittance Identifier: Changed Form Cross Reference from 1h to 1i ■ Employer Address Ext ZIP Code: Changed Type from A/N to N ■ Arrears 12wk Overdue Code: Changed Type from A/N to N ■ Income Withholding Deduction Weekly Amount: Changed Form Cross Reference from 13a to 13b ■ Income Withholding Deduction Bi-Weekly Amount: Changed Form Cross Reference from 13c to 13d ■ Income Withholding Semimonthly Amount: Changed Form Cross Reference from 13b to 13c ■ Income Withholding Monthly Amount: Changed Form Cross Reference from 13d to 13e ■ Payee Address Ext ZIP Code: Changed Type from A/N to N ■ Employer State Contact Address Ext ZIP Code: Changed Type from A/N to N ■ NCP Last Known Address Ext ZIP Code: Changed Type from A/N to N ■ New Employer Address Ext ZIP Code: Changed Type from A/N to N ■ Send Employee Copy Indicator: Changed Type from A/N to A

Chart Introduction-5: Summary of Changes		
Date	Section(s) Affected	Description of Changes
		■ Filler: Changed the Location and Length