

OCSE O&M and Continuous Improvements

# **e-IWO**

## **A Guide to an Employer's Role in the Child Support Program**

### **Appendix D: e-IWO Record Layouts**

Version 4.0

August 25, 2021

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

This document was prepared for the United States Department of Health and Human Services, Office of Child Support Enforcement under Contract Number HHSN316201200034W by Leidos Innovations Corporation. The work was authorized in compliance with the following specific prime task order:

Delivery Order Number:	C-34668-O
Delivery Order Title:	e-IWO
Document Date:	August 25, 2021
Document Number:	C2-C0211H1.80.01

## Table of Contents

Introduction .....	1
Chart D-1: Universal Header (File and Batch).....	2
Chart D-2: Universal Trailer (File and Batch) .....	6
Chart D-3: e-IWO Record Layout .....	8
Chart D-4: e-IWO Acknowledgment Record.....	35
Chart D-5: Summary of Changes .....	45

## Introduction

Appendix D of *A Guide to an Employer's Role in the Child Support Program* ([https://www.acf.hhs.gov/sites/default/files/documents/ocse/employer\\_guide.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ocse/employer_guide.pdf)) contains the various record layouts established for the e-IWO system:

- Chart D-1 is the Universal Header record layout.
- Chart D-2 is the Universal Trailer record layout.
- Chart D-3 is the e-IWO Detail record layout.
- Chart D-4 is the e-IWO Acknowledgment record layout.

Chart D-5 lists the summary of changes for version 4.0.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov).

### Chart D-1: Universal Header (File and Batch)

Element Name	Definition	Location	Length	Type	Req/ Opt	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	R	<p>Required for all headers.</p> <p>First two characters indicate header type:  <b>FH</b> always indicates a file header.  <b>BH</b> always indicates a batch header.</p> <p>The third character indicates the record type. Record types are:  <b>A</b> – Acknowledgment: file sent from an employer to a state (<b>FHA, BHA</b>).  <b>I</b> – IWO Detail: file sent from a state to an employer (<b>FHI, BHI</b>).  <b>K</b> – Acknowledgment Result: file sent from the Portal to an employer (<b>FHK, BHK</b>). Used by the Portal.  <b>S</b> – IWO Result: file sent from the Portal to a state (<b>FHS, BHS</b>). Used by the Portal.</p>

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Control Number	An identifier assigned by the state, tribe, or territory, employer, or payroll processor that uniquely identifies a file or group of records in a batch.	4–25	22	A/N	R	<p>Required for all headers.</p> <p>A unique, alphanumeric element that identifies a specific file or a batch within a file. You cannot reuse previously submitted control numbers.</p> <p>The file header (<b>FH</b>) has a unique control number to identify a file.</p> <p>The state must assign a unique control number for each employer batch (<b>BHI</b>) contained in a file.</p> <p>Recommended format:</p> <p>Five-digit Locator – 21000 (two-digit state Locator Code number followed by three zeros)</p> <p>Date – YYMMDD</p> <p>Time– HHMMSS</p> <p>Sequence # – 0000</p> <p>For acknowledgments, employers can enter an identifier of their choosing.</p> <p>Leading or embedded spaces are not allowed.</p>
State Locator Code	The state/tribe/territory Locator Code. Formerly known as FIPS code.	26–30	5	A/N	CR	<p>Format: 21000 (two-digit state Locator Code number followed by three zeros)</p> <p>IWO detail sent by states:</p> <p><b>FHI</b> – Required; input own Locator Code</p> <p><b>BHI</b> – Required; input own Locator Code</p> <p>Acknowledgment sent by an employer or its payroll processor:</p> <p><b>FHA</b> – Fill with spaces</p> <p><b>BHA</b>– Required; input state, tribe, or territory the batch is intended for</p>

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
EIN Text	Federal Employer Identification Number (FEIN).	31–39	9	A/N	CR	<p>IWO Detail sent by states:  <b>FHI</b> – Fill with spaces  <b>BHI</b> – Required; employer FEIN</p> <p>Acknowledgment sent by employers:  <b>FHA</b> – Required; employer FEIN  <b>BHA</b> – Required; employer FEIN</p> <p>Acknowledgment sent by the primary employer with multiple FEINs or third party:  <b>FHA</b> – Fill with spaces  <b>BHA</b> – Optional; can input primary FEIN</p> <p>Acknowledgment sent to states:  <b>FHA</b> – Fill with spaces  <b>BHA</b> – Employer FEIN</p>
Primary EIN Text	The FEIN of the parent company processing IWOs for its subsidiaries or third-party processing IWOs for an employer.	40–48	9	A/N	CR	<p>Acknowledgment sent by an employer with one FEIN:  <b>FHA</b> – Fill with spaces  <b>BHA</b> – Fill with spaces</p> <p>Acknowledgment sent by the primary employer with multiple FEINs or a third-party processor:  <b>FHA</b> – Required; input primary FEIN  <b>BHA</b> – Required; input primary FEIN</p> <p>IWO Detail sent by states:  <b>FHI</b> – Fill with spaces  <b>BHI</b> – Fill with spaces</p> <p>Acknowledgment sent to states:  <b>FHA</b> – Fill with spaces  <b>BHA</b> – Fill with spaces</p>

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Creation Date	The date the header was generated.	49–56	8	A/N	R	Required for all headers. Must be a valid date in CCYYMMDD format.
Creation Time	The time the header was generated.	57–62	6	A/N	R	Required for all headers. Must be a valid time in HHMMSS format.
Error Field Name Text	The list of fields that did not pass the e-IWO edits.	63–80	18	A/N	O	Used only by the Portal to return the abbreviated Version 4.0 field names in error. Each code is separated by a comma. Valid values: <b>CDT</b> – Creation date <b>CNM</b> – Control number <b>CTM</b> – Creation time <b>DOC</b> – Document code <b>DUP</b> – File already received <b>EIN</b> – FEIN text <b>FPS</b> – State Locator Code <b>PPE</b> – 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	Varies: 2326 493 2326 493	A/N	O	The filler length varies based on the file it is associated with.

### Chart D-2: Universal Trailer (File and Batch)

Element Name	Definition	Location	Length	Type	Req/ Opt.	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	R	<p>Required for all trailers.</p> <p>First two characters indicate trailer type. <b>FT</b> always indicates a file trailer; <b>BT</b> always indicates a batch trailer.</p> <p>The third character indicates the record type:</p> <ul style="list-style-type: none"> <li><b>A</b> – Acknowledgment: file sent from an employer to a state (<b>FTA, BTA</b>).</li> <li><b>I</b> – IWO Detail: file sent from a state to an employer (<b>FTI, BTI</b>).</li> <li><b>K</b> – Acknowledgment Result: file sent from the Portal to an employer (<b>FTK, BTK</b>). Used by the Portal.</li> <li><b>S</b> – IWO Result: file sent from the Portal to a state (<b>FTS, BTS</b>). Used by the Portal.</li> </ul>
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	R	<p>Required for all trailers.</p> <p>A unique, alphanumeric element that identifies a specific file or a batch within a file.</p> <p>This must be the same number specified in the corresponding file or batch header control number.</p>
Batch Count	Indicates the number of batches contained in the file.	26-30	5	N	R	<p>Used with file trailers (<b>FTA, FTI, FTK, and FTS</b>).</p> <p>If batch trailers (<b>BTA, BTI, BTK, and BTS</b>), fill with zeros.</p>

Element Name	Definition	Location	Length	Type	Req/ Opt.	Data Element Rules
Record Count	Indicates the number of records contained in a batch.	31–35	5	N	R	Used with batch trailers ( <b>BTA</b> , <b>BTI</b> , <b>BTK</b> , and <b>BTS</b> ). If file trailers ( <b>FTA</b> , <b>FTI</b> , <b>FTK</b> , and <b>FTS</b> ), fill with zeros.
Employer Sent Count	Indicates the number of valid records sent to an employer after the editing process.	36–40	5	N	CR	Used for the IWO Results file ( <b>BTS</b> ). Only used by the Portal. Always fill with zeros.
State Sent Count	Indicates the number of valid records sent to a state after the editing process.	41–45	5	N	CR	Used for the Acknowledgment Results file ( <b>BTK</b> ). 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	O	Used only by the Portal to return the abbreviated Version 4.0 field names in error. Each code is separated by a comma. Valid values: <b>BCT</b> – Batch Count field <b>CNM</b> – Control Number field <b>DOC</b> – Document Code field <b>RCT</b> – Record Count field <b>REC</b> – Invalid file structure
Filler FTI and BTI FTA and BTA FTS and BTS FTK and BTK	IWO Detail Acknowledgment IWO Result Acknowledgment Result	64	Varies 2343 510 2343 510	A/N	O	The filler length varies based on the file it is associated with.

### Chart D-3: e-IWO Record Layout

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Document Code	Code indicating the primary e-IWO record follows.	1-3	3	A/N	R	Value must be <b>DTL</b> .	N/A
Filler	For future use.	4-6	3	A/N	O	For future use.	N/A
Document Action Code	Code indicating the type of IWO document.	7-9	3	A/N	R	Valid values: <b>AMD</b> – Amended: any change for the submitted case number/identifier by the submitting state, except termination to the original order. <b>LUM</b> – 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. <b>ORG</b> – Original: new order for the submitted case number/identifier by the submitting state. <b>TRM</b> – Termination: closure of an order; stoppage of wage withholding for the submitted case number/identifier by the submitting state.	1a 1b 1c 1d
Document Date	Date the record was generated.	10-17	8	A/N	R	Must be a valid date in CCYYMMDD format.	1e

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Issuing State-Tribe-Territory Name	The name of the jurisdiction (for example, state, tribe, territory) issuing the document.	18–52	35	A/N	R	State, tribe, or territory full name. The first character cannot be a space.	1g
Issuing Jurisdiction Name	Name of the county, city, district, or tribe issuing the document.	53–87	35	A/N	O	If entered, must be a full name.	1i
Case ID	Value assigned by a state to uniquely identify each IV-D case in the state.	88–102	15	A/N	R	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 (FCR). No leading spaces, back slashes (\), or asterisks are (*) allowed.	1l
Employer Name	Name of employer/withholder the withholding order is being sent to.	103–159	57	A/N	R	First character must be a letter or a number.	2a
Employer Address Line 1 Text	Line 1 of employer/withholder’s address.	160–184	25	A/N	R	First character must be a letter or a number.	2b
Employer Address Line 2 Text	Line 2 of employer/withholder’s address.	185–209	25	A/N	O	First character must be a letter or a number.	2b
Employer Address City Name	Employer/withholder’s city name.	210–231	22	A/N	R	First character must be a letter or a number.	2b

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Employer Address State Code	Employer/withholder's state code.	232–233	2	A	R	Valid alphabetic, two-character state or territory code.	2b
Employer Address ZIP Code	Employer/withholder's ZIP code.	234–238	5	N	R	Follows Length and Type instructions.	2b
Employer Address Ext ZIP Code	Employer/withholder's extension ZIP code.	239–242	4	A/N	O	Follows Length and Type instructions.	2b
EIN Text	Employer's/withholder's Federal Employer Identification Number (FEIN).	243–251	9	N	R	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	Obligor's last name.	252–271	20	A/N	R	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods (.), hyphens (-), apostrophes ('), and embedded spaces.	3a
Employee First Name	Obligor's first name.	272–286	15	A/N	R	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces.	3a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Employee Middle Name	Obligor's middle name or initial.	287-301	15	A/N	O	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces.	3a
Employee Suffix	Obligor's name suffix.	302-305	4	A/N	O	Follows Length and Type instructions.	3a
Employee SSN	Obligor's Social Security number.	306-314	9	N	R	Follows Length and Type instructions.	3b
Employee Birth Date	Obligor's date of birth.	315-322	8	A/N	O	Valid date in CCYYMMDD format. If unknown, fill with spaces.	3c
Obligee Last Name	Obligee's last name.	323-379	57	A/N	R	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces.	3d
Obligee First Name	Obligee's first name.	380-394	15	A/N	R	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces.	3d
Obligee Middle Name	Obligee's middle name or initial.	395-409	15	A/N	O	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces.	3d

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Obligee Name Suffix	Obligee's name suffix.	410-413	4	A/N	O	Follows Length and Type instructions.	3d
Issuing Tribunal Name	Name of the state, tribe, or territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain the full name.	4
Support Current Child Amount	Dollar amount to be withheld for payment of current child support.	449-459	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	5a
Support Current Child Frequency Code	Interval the current support amount is required to be paid.	460	1	A/N	CR	If a dollar amount other than zero is in the Support Current Child Amount field (positions 449-459), this field is required. Valid values: A – Annually B – Biweekly M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	5b

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Support Past Due Child Amount	Dollar amount to be withheld for payment of past due child support.	461–471	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	6a
Support Past Due Child Frequency Code	Interval the past due child support amount is required to be paid.	472	1	A/N	CR	If a dollar amount other than zero is in the Support Past Due Child Amount field (positions 461–471), this field is required. Valid values: A – Annually B – Biweekly M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	6b
Support Current Medical Amount	Dollar amount to be withheld for payment of current medical support.	473–483	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	7a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Support Current Medical Frequency Code	Interval the current medical support amount is required to be paid.	484	1	A/N	CR	If a dollar amount other than zero is in the Support Current Medical Amount field (positions 473–483), this field is required. Valid values: <b>A</b> – Annually <b>B</b> – Biweekly <b>M</b> – Monthly <b>Q</b> – Quarterly <b>S</b> – Semimonthly <b>W</b> – Weekly <b>X</b> – Semiannually Space fill if N/A.	7b
Support Past Due Medical Amount	Dollar amount to be withheld for payment of past due medical support.	485–495	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	8a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Support Past Due Medical Frequency Code	Interval the past due medical support amount is required to be paid.	496	1	A/N	CR	If a dollar amount other than zero is in the Support Past Due Medical Amount field (positions 485–495), this field is required. Valid values: <b>A</b> – Annually <b>B</b> – Biweekly <b>M</b> – Monthly <b>Q</b> – Quarterly <b>S</b> – Semimonthly <b>W</b> – Weekly <b>X</b> – Semiannually Space fill if N/A.	8b
Support Current Spousal Amount	Dollar amount to be withheld for payment of current spousal support.	497–507	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	9a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Support Current Spousal Frequency Code	Interval over which the spousal support is required to be paid.	508	1	A/N	CR	If a dollar amount other than zero is in the Support Current Spousal Amount field (positions 497–507), this field is required. Valid values: A – Annually B – Biweekly M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	9b
Support Past Due Spousal Amount	Dollar amount to be withheld for payment of past due spousal support.	509–519	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	10a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Support Past Due Spousal Frequency Code	Interval over which the past due spousal support amount is required to be paid.	520	1	A/N	CR	If a dollar amount other than zero is in the Support Past Due Spousal Amount field (positions 509–519), this field is required. Valid values: <b>A</b> – Annually <b>B</b> – Biweekly <b>M</b> – Monthly <b>Q</b> – Quarterly <b>S</b> – Semimonthly <b>W</b> – Weekly <b>X</b> – Semiannually Space fill if N/A.	10b
Obligation Other Amount	Dollar amount to be withheld for payment of miscellaneous obligations.	521–531	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	11a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Obligation Other Frequency Code	Interval over which the miscellaneous obligations amount is required to be paid.	532	1	A/N	CR	If a dollar amount other than zero is in the Obligation Other Amount field (positions 521–531), this field is required. Valid values: A – Annually B – Biweekly M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	11b
Obligation Other Description Text	Description of the miscellaneous obligations.	533–567	35	A/N	CR	If a dollar amount other than zero is in the Obligation Other Amount field (positions 521–531), this field is required.	11c
Obligation Total Amount	Sum of the current child support, past due child support, current cash medical support, past due cash medical support, current spousal support, past due spousal support, and miscellaneous obligations.	568–578	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	12a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Obligation Total Frequency Code	Interval over which the total obligation is required to be paid.	579	1	A/N	CR	If a dollar amount other than zero is in the Obligation Total Amount field (positions 568-578), this field is required. Valid values: A – Annually B – Biweekly M – Monthly Q – Quarterly S – Semimonthly W – Weekly X – Semiannually Space fill if N/A.	12b
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580	1	A/N	O	Valid values: Y – Arrears greater than 12 weeks N – Arrears less than 12 weeks Spaces are allowed.	6c
Income Withholding Deduction Weekly Amount	Amount the employer/income withholder should withhold if the employee is paid weekly.	581–591	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13a

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Income Withholding Deduction Bi-Weekly Amount	Amount the employer/income withholder should withhold if the employee is paid every two weeks.	592–602	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13c
Income Withholding Semimonthly Amount	Amount the employer/income withholder should withhold if the employee is paid twice a month.	603–613	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13b
Income Withholding Monthly Amount	Amount the employer/income withholder should withhold if the employee is paid once a month.	614–624	11	N	R	Decimal is assumed. Unsigned. No rounding. Right justified. Zero fill to left. Zero fill if N/A.	13d
State Tribe Territory Name	State, tribe, or territory that issued the support order.	625–659	35	A/N	R	Follows Length and Type instructions.	16 21
Begin Withholding Within Days Number	Number of days the employer/income withholder must start income withholding.	660–661	2	N	R	Follows Length and Type instructions.	17

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Income Withholding Start Instruction	Instruction for the implementation date of the income withholding.	662–669	8	A/N	CR	<p>This field is only required for Document Action Code <b>AMD</b>, <b>LUM</b>, and <b>ORG</b>. Can contain a valid date in the CCYYMMDD format for orders issued before 9/30/21 or the text entry below before or after 9/30/21.</p> <p>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:</p> <p><b>service</b>  <b>receipt</b>  <b>mailing</b></p> <p>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 <b>TRM</b>, fill with spaces.</p>	18
Send Payment Within Days Number	Number of business days within which an income withholder must remit amounts withheld pursuant to the issuing state’s law.	670–671	2	N	R	<p>If the Document Action Code is <b>TRM</b>, fill with zeros. Right justified. Zero fill to left. Zero fill if N/A.</p>	19

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Income Withholding CCPA Percent Rate	Highest percentage of the disposal income that can be withheld from the employee or obligor's wages.	672-673	2	N	R	If the Document Action Code is <b>TRM</b> , fill with zeros.	20
Payee Name	Name of the state disbursement unit, individual, tribunal/court, or tribal child support enforcement agency payments are required to be sent to.	674-730	57	A/N	R	First character must be a letter or a number.	22
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	R	Follows Length and Type instructions.	23
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O	Follows Length and Type instructions.	23
Payee Address City Name	Payee's city address.	781-802	22	A/N	R	Follows Length and Type instructions.	23
Payee Address State Code	Payee's state code.	803-804	2	A	R	Valid alphabetic, two-character state or territory code.	23
Payee Address ZIP Code	Payee's ZIP code.	805-809	5	N	R	Follows Length and Type instructions.	23
Payee Address Ext ZIP Code	Payee's extension ZIP code.	810-813	4	A/N	O	Follows Length and Type instructions.	23

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Payee Remittance Locator Code	Locator Code for remitting payments through EFT/EDI. Formerly known as FIPS code.	814-820	7	N	R	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	Name of the tribunal official authorizing the document.	821-890	70	A/N	O	First character must be alphanumeric.	27
Issuing Official Title Text	Title of the governmental official authorizing the document.	891-940	50	A/N	O	First character must be alphanumeric.	28
Filler	For future use.	941	1	A/N	O	For future use.	N/A
Send Employee Copy Indicator	Indicates whether the employer/income withholder is required to provide a copy of the notice to the employee.	942	1	A/N	R	Valid values: <b>Y</b> – Yes <b>N</b> – No	30

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Penalty Liability Info Text	Describes additional/specific state, tribal, or territory penalties or liabilities about the employer's/income withholder's failure to obey the notice.	943-1102	160	A/N	O	States should insert the citation for the appropriate Penalty Liability text from state law.	31
Anti-discrimination Provisions Text	Describes additional/specific information if the employer/income withholder discharges, fails to employ, or disciplines the employee as a result of the notice.	1103-1262	160	A/N	O	States should insert the citation for the appropriate antidiscrimination text from state law.	32
Supplemental Information	Additional information about any state-specific requirements.	1263-1422	160	A/N	O	Follows Length and Type instructions.	33
Employee State Contact Name	Contact's name.	1423-1479	57	A/N	R	Follows Length and Type instructions.	47
Employee State Contact Phone Number	Contact's phone number.	1480-1489	10	A/N	R	Follows Length and Type instructions.	48
Employee State Contact Fax Number	Contact's fax number.	1490-1499	10	A/N	O	Follows Length and Type instructions.	49

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Employee State Contact Email Address Text	Contact's email or website address.	1500–1547	48	A/N	O	Follows Length and Type instructions.	50
Document Tracking Number	Number assigned by the entity sending the document that uniquely identifies the document.	1548–1577	30	A/N	R	First two characters must be the numeric Locator state code.	15
Order ID	A unique identifier associated with a specific child support obligation within a case.	1578–1607	30	A/N	O	Follows Length and Type instructions.	lj
Employer State Contact Name	Employer/income withholder outreach or customer service contact's name.	1608–1664	57	A/N	R	Follows Length and Type instructions.	42
Employer State Contact Address Line 1 Text	Line 1 of the employer/income withholder outreach or customer service contact's address.	1665–1689	25	A/N	O	Follows Length and Type instructions.	46
Employer State Contact Address Line 2 Text	Line 2 of the employer/income withholder outreach or customer service contact's address.	1690–1714	25	A/N	O	Follows Length and Type instructions.	46

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Employer State Contact Address City Name	Employer/income withholder outreach or customer service contact's city address.	1715–1736	22	A/N	O	Follows Length and Type instructions.	46
Employer State Contact Address State Code	Employer/income withholder outreach or customer service contact's state code.	1737–1738	2	A	O	Valid alphabetic, two-character state or territory code.	46
Employer State Contact Address ZIP Code	Employer/income withholder outreach or customer service contact's ZIP code.	1739–1743	5	N	O	Follows Length and Type instructions.	46
Employer State Contact Address Ext ZIP Code	Employer/income withholder outreach or customer service contact's ZIP code extension.	1744–1747	4	A/N	O	Follows Length and Type instructions.	46
Employer State Contact Phone Number	Employer/income withholder outreach or customer service contact's phone number.	1748–1757	10	A/N	R	Follows Length and Type instructions.	43
Employer State Contact Fax Number	Employer/income withholder outreach or customer service contact's fax number.	1758–1767	10	A/N	O	Follows Length and Type instructions.	44

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Employer State Contact Email Address Text	Employer outreach or customer service contact's email or website address.	1768–1815	48	A/N	O	Follows Length and Type instructions.	45
Child 1 Last Name	Child's last name.	1816–1835	20	A/N	R	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's first name.	1836–1850	15	A/N	R	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's middle name or initial.	1851–1865	15	A/N	O	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's name suffix.	1866–1869	4	A/N	O	Follows Length and Type instructions.	3e
Child 1 Birth Date	Child's date of birth.	1870–1877	8	A/N	R	Must be a valid date in CCYYMMDD format.	3f

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Child 2 Last Name	Child's last name.	1878–1897	20	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 2 First Name	Child's first name.	1898–1912	15	A/N	CR	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 Child 2 Last Name exists.	3e
Child 2 Middle Name	Child's middle name or initial.	1913–1927	15	A/N	O	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's name suffix.	1928–1931	4	A/N	O	Follows Length and Type instructions.	3e
Child 2 Birth Date	Child's date of birth.	1932–1939	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if a Child 2 Last Name exists.	3f

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Child 3 Last Name	Child's last name.	1940–1959	20	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 3 First Name	Child's first name.	1960–1974	15	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 3 Middle Name	Child's middle name or initial.	1975–1989	15	A/N	O	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's name suffix.	1990–1993	4	A/N	O	Follows Length and Type instructions.	3e
Child 3 Birth Date	Child's date of birth.	1994–2001	8	A/N	CR	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces. Required if a Child 3 Last Name exists.	3e

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Child 4 Last Name	Child's last name.	2002–2021	20	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 4 First Name	Child's first name.	2022–2036	15	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 4 Middle Name	Child's middle name or initial	2037–2051	15	A/N	O	The first character must not be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, or embedded spaces.	3e
Child 4 Suffix Name	Child's name suffix.	2052–2055	4	A/N	O	Follows Length and Type instructions.	3e
Child 4 Birth Date	Child's date of birth.	2056–2063	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if a Child 4 Last Name exists.	3f

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Child 5 Last Name	Child's last name.	2064–2083	20	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 5 First Name	Child's first name.	2084–2098	15	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 5 Middle Name	Child's middle name or initial.	2099–2113	15	A/N	O	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's name suffix.	2114–2117	4	A/N	O	Follows Length and Type instructions.	3e
Child 5 Birth Date	Child's date of birth.	2118–2125	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if a Child 5 Last Name exists.	3f

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Child 6 Last Name	Child's last name.	2126–2145	20	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 6 First Name	Child's first name.	2146–2160	15	A/N	CR	First character cannot be a space. All uppercase letters or spaces. Only special characters allowed are periods, hyphens, apostrophes, and embedded spaces. Required if an additional child exists.	3e
Child 6 Middle Name	Child's middle name or initial.	2161–2175	15	A/N	O	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's name suffix.	2176–2179	4	A/N	O	Follows Length and Type instructions.	3e
Child 6 Birth Date	Child's date of birth.	2180–2187	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if a Child 6 Last Name exists.	3f

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Lump Sum Payment Amount	The dollar amount that should be withheld from a Lump Sum payment.	2188–2198	11	N	R	If the Document Action Code (positions 7–9) is <b>LUM</b> , this field is required. If the Document Action Code (positions 7-9) is <b>AMD</b> , <b>ORG</b> , or <b>TRM</b> , 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	O	For future use.	N/A
Remittance Identifier	The identifier that employers/income withholders must include when sending payments for this e-IWO.	2208–2227	20	A/N	R	Identifier that states want the employer 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.	1h
Document Image Text	Uniquely identifies and associates cover letters or other documents with an e-IWO to a data file.	2228–2252	25	A/N	O	First two positions must be the numeric state Locator Code; otherwise, leave blank.	N/A
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	2253–2284	32	A/N	O	Used only by the Portal to return the first element that did not pass the Portal edits.	N/A

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules	Form X-Ref
Second Error Field Name	Name of the second field that did not pass the e-IWO edits.	2285–2316	32	A/N	O	Used only by the Portal to return the second element that did not pass the Portal edits.	N/A
Multiple Error Indicator	Indicates a record with more than two errors.	2317	1	A/N	O	Valid values used only by the Portal: <b>T</b> – True <b>F</b> – False If more than two errors exist in the record, set to <b>T</b> . If fewer than two errors exist in the record, set to <b>F</b> .	
Filler	For future use.	2318–2404	87	A/N	O	For future use.	N/A
Locator Code	Two-digit numeric code for the state sending the order. Formerly known as FIPS code.	2405–2406	2	N	R	The Portal fills in the two-digit state code.	N/A

### Chart D-4: e-IWO Acknowledgment Record

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Document Code	Indicates the acknowledgment record follows.	1-3	3	A/N	R	Value must be <b>ACK</b> .

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Document Action Code	Indicates the type of document.	4-6	3	A/N	R	Valid values: <b>AMD</b> – Amended: The value input by the state, tribe, or territory (positions 7-9 in the Detail Record). <b>EMP</b> – 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 <b>EMP</b> with the following values in the Record Disposition Status Code (positions 154-155): If you notify a state, tribe, or territory about a pending Lump Sum, use <b>L</b> . If you notify a state, tribe, or territory that an employee is in a suspended payment status, use <b>S</b> . If the employee is no longer employed, use <b>T</b> . <b>LUM</b> – Lump Sum: The value input by the state, tribe, or territory (positions 7-9 in the Detail Record). <b>ORG</b> – Original: The value input by the state, tribe, or territory (positions 7-9 in the Detail Record). <b>TRM</b> – Termination: The value input by the state, tribe, or territory (positions 7-9 in the Detail Record).

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Case ID	A value assigned by a state to uniquely identify each IV-D case in the state.	7–21	15	A/N	R	The Case ID input by the state (positions 88–102 in the Detail Record).
EIN Text	The employer/withholder’s Federal Employer Identification Number (FEIN).	22–30	9	N	R	Required field follows Length and Type instructions.
Employee Last Name	Obligor’s last name.	31–50	20	A/N	R	Letters A–Z or spaces. No special characters are allowed, except periods (.), hyphens (–), apostrophes (’), or embedded spaces. The first character must not be a space.
Employee First Name	Obligor’s first name.	51–65	15	A/N	R	Letters A–Z or spaces. No special characters are allowed, except periods, hyphens, apostrophes, or embedded spaces. The first character must not be a space.
Employee Middle Name	Obligor’s middle name or initial.	66–80	15	A/N	O	Letters A–Z or spaces. No special characters are allowed, except periods, hyphens, apostrophes, or embedded spaces. The first character must not be a space.
Employee Name Suffix	Obligor’s name suffix.	81–84	4	A/N	O	Optional field follows Length and Type instructions.
Employee SSN	Obligor’s Social Security number.	85–93	9	N	R	Required field follows Length and Type instructions.

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Document Tracking Number	Assigned by the entity sending the document that uniquely identifies the document.	94–123	30	A/N	CR	The Document Tracking Number input by the state (positions 1548–1577 in the 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 within a case.	124–153	30	A/N	O	The Order ID input by the state (positions 1578–1607 in the Detail Record).
Record Disposition Status Code	Indicates whether a record was accepted or rejected by the employer/withholder.	154–155	2	A/N	R	Valid values: <b>A</b> – Record accepted <b>R</b> – Record rejected The following codes are used only with an Employer Initiated Acknowledgment Document Action Code (EMP) (positions 4–6 in the Acknowledgment Record): <b>L</b> – Lump Sum <b>S</b> – Suspension <b>T</b> – Termination

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Disposition Reason Code	The reason an e-IWO record is being accepted or rejected by an employer/ withholder.	156–158	3	A/N	CR	<p>If the value in the Record Disposition Status Code (positions 154–155) equals <b>A</b>, a Disposition Reason Code is optional.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li><b>B</b> – Name mismatch</li> <li><b>S</b> – Employee is in a suspense status at employer</li> <li><b>W</b> – Incorrect FEIN received for employee</li> </ul> <p><b>Spaces</b></p> <p>If the value in the Record Disposition Status (position 154–155) equals <b>R</b>, a reason code is required.</p> <p>Rejected values:</p> <ul style="list-style-type: none"> <li><b>B</b> – Name mismatch</li> <li><b>D</b> – Duplicate IWO</li> <li><b>M</b> – IWO received from multiple states</li> <li><b>N</b> – NCP no longer at the employer</li> <li><b>O</b> – Other reason</li> <li><b>S</b> – Employee is in a suspense status at employer</li> <li><b>U</b> – NCP not known to employer</li> <li><b>W</b> – Incorrect FEIN received for employee</li> <li><b>X</b> – Employer could not electronically process this record</li> <li><b>Z</b> – Termination cannot be processed; no current IWO in place</li> </ul>
Filler	For future use.	159	1	A/N	O	For future use.

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Termination Date	Date an employee left or was terminated by an employer/ withholder.	160–167	8	A/N	O	Must be a valid date in CCYYMMDD 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	O	Optional field 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	O	Optional field follows Length and Type instructions.
NCP Last Known Address City Name	NCP’s last known city address.	218–239	22	A/N	O	Optional field follows Length and Type instructions.
NCP Last Known Address State Code	NCP’s last known state code.	240–241	2	A	O	Valid, two-character, alphabetic state or territory code.
NCP Last Known Address ZIP Code	NCP’s last known five-digit ZIP Code.	242–246	5	N	O	Optional field follows Length and Type instructions.
NCP Last Known Address Ext ZIP Code	NCP’s last known four-digit ZIP Code extension.	247–250	4	A/N	O	Optional field follows Length and Type instructions.
Final Payment Made Date	Date of the final payment sent to the SDU.	251–258	8	A/N	O	Must be a valid date in CCYYMMDD format. Space fill if N/A.

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Final Payment Amount	Amount of the final payment sent to the SDU. This only applies when an employee was terminated or left their employer.	259–269	11	N	R	The last payment/wages paid to an NCP who left or was terminated. Numeric. Decimal assumed. Unsigned. No rounding. Right justify. Zero fill to left. Zero fill if N/A.
New Employer Name	Name of NCP’s new employer/income payor.	270–326	57	A/N	O	Optional field follows Length and Type instructions.
New Employer Address Line 1 Text	Line 1 of new employer’s/income payor’s address.	327–351	25	A/N	O	Optional field follows Length and Type instructions.
New Employer Address Line 2 Text	Line 2 of new employer’s/income payor’s address.	352–376	25	A/N	O	Optional field follows Length and Type instructions.
New Employer Address City Name	New employer’s/income payor’s city name.	377–398	22	A/N	O	Optional field follows Length and Type instructions.
New Employer State Code	New employer’s/income payor’s state code.	399–400	2	A	O	Valid, two-character, alphabetic state or territory code
New Employer Address ZIP Code	New employer’s/ income payor’s five-digit ZIP Code.	401–405	5	N	O	Optional field follows Length and Type instructions.

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
New Employer Address Ext ZIP Code	New employer's/ income payor's four-digit ZIP Code extension.	406-409	4	A/N	O	Optional field follows Length and Type instructions.
Payment Lump Sum Date	The date an employer/ income payor anticipates that a Lump Sum Payment will be disbursed to an employee.	410-417	8	A/N	CR	Must be a valid date in CCYYMMDD format. If the Document Action Code (positions 7-9 in the Detail Record) is <b>EMP</b> , and the Record Disposition Status Code (position 154-155) equals <b>L</b> , this field must be filled with a valid future date. If the Document Action Code (positions 7-9 in the Detail Record) is <b>EMP</b> , and the Record Disposition Status Code (positions 154-155) equals <b>T</b> , this field must be filled with spaces.

Element Name	Definition	Location	Length	Type	Req/ Opt	Data Element Rules
Payment Lump Sum Amount	The amount an employer/ income payor intends to issue as a Lump Sum Payment to the employee.	418–428	11	N	R	Numeric. Decimal assumed. Unsigned. No rounding. Right justify. Zero fill to left. Zero fill if N/A. If the Document Action Code (positions 7–9 in the Detail Record) is <b>EMP</b> , and the Record Disposition Status Code (positions 154–155) equals <b>L</b> , 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 Detail Record) is <b>EMP</b> and the Record Disposition Status Code (positions 154–155) equals <b>T</b> , this field must be filled with zeros.
Payment Lump Sum Type Text	The type of Lump Sum Payment to be disbursed to an employee. Examples of a Lump Sum Payment include bonus, severance, and commission.	429–463	35	A/N	O	Possible values are <b>bonus</b> , <b>severance</b> , or other unique identifiers. If the Document Action Code (positions 7–9 in the Detail Record) is <b>EMP</b> and the Record Disposition Status Code (positions 154–155) equals <b>L</b> , this field must be filled. If the Document Action Code (positions 7–9 in the Detail Record) is <b>EMP</b> and the Record Disposition Status Code (positions 154–155) equals <b>T</b> , this field must be blank.

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

## Chart D-5: Summary of Changes

Field Name	Location	Change
Chart D-1		
General	—	All references to FIPS in previous versions are now Locator.
Chart D-3		
General	—	Edited all Data Element Rule descriptions to remove redundancies provide clear, concise, and consistent instructions.
Issuing State–Tribe–Territory Name	15–52	Replaced <b>Sending State–Tribe–Territory Name</b> field name with <b>Issuing State–Tribe–Territory Name</b> to match the paper form.
Case ID	88–102	Edited the Data Element Rule as it applies to the Issuing State–Tribe–Territory.
Income Withholding Start Instruction	662–669	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	672–673	Changed the element definition to clarify that the CCPA limit is applied to disposable income.
Employee State Contact Email Address Text	1500–1547	Changed the field definition to match the revised paper form instructions.
Document Tracking Number	1548–1577	Changed Form X–Ref to match the revised paper form instructions.
Employer State Email Address Text	1768–1815	Changed the field definition to match the revised paper form instructions.

Field Name	Location	Change
Child 1 Birth Date	1870–1877	Changed the Form X–Ref to match the revised paper form.
Child 2 Birth Date	1932–1939	Changed the Form X–Ref to match the revised paper form. Clarified when the date is required.
Child 3 Birth Date	1994–2001	Changed the Form X–Ref to match the revised paper form. Clarified when the date is required.
Child 4 Birth Date	2056–2063	Changed the Form X–Ref to match the revised paper form. Clarified when the date is required.
Child 5 Birth Date	2118–2125	Changed the Form X–Ref to match the revised paper form. Clarified when the date is required.
Child 6 Birth Date	2180–2187	Changed the Form X–Ref to match the revised paper form. Clarified when the date is required.