

NEW HIRE DATA RECORD LAYOUT FOR DIRECT UPLOAD

Field Name	Position	Length	Alpha/Numeric	Description	Required	Optional
Record Identifier	1-2	2	A	Constant "HD"	R	
Federal Employer ID Number	3-11	9	N	Fed Employer Identification Number, all zeroes will be rejected. No hyphen.	R	
Employer Name	12-56	45	A/N	Employer name. No special characters except hyphen.*	R	
Employer:Address (Line 1)	57-96	40	A/N	The address where child support orders would be sent.	R	
Address (Line 2)	97-136	40	A/N	If none, fill with blanks. No special characters except for hyphen.		O
City	137-161	25	A	No special characters except for hyphen.	R	
State	162-163	2	A	State or territory in US Postal Service format.	R	
Zip Code (1)	164-168	5	A/N	Alpha or Numeric, depending whether address is US of foreign.	R	
Zip Code (2)	169-172	4	A/N	If four digit zip code extension is present.		O
Employer Phone	173-182	10	N	Employer contact phone number.		O
Employer Health Coverage	183	1	A	"Y" or "N" if employer offers dependent health insurance coverage.		O
Employer Transmission Date	184-191	8	N	Date the diskette or cartridge is created. Format: CCYYMMDD	R	
Filler	192-240	49		Enter blanks.		
Record Identifier	1-2	2	A/N	Constant "W4"	R	
Employee SSN	3-11	9	N	All zeroes will be rejected. No hyphens.	R	
Employee: Last Name	12-41	30	A	Full last name, no suffixes such as "Jr," "Sr," or "III"	R	
First Name	42-57	16	A	Full first name, no suffixes such as "Jr," "Sr," or "III"	R	
Middle Name	58-73	16	A	Enter middle name or middle initial, if known. If none, fill with a blank.		O
Address (Line 1)	74-113	40	A/N	Non-blank. No special characters except for hyphen.	R	
Address (Line 2)	114-153	40	A/N	If none, fill with blanks. No special characters except for hyphen.		O
City	154-178	25	A	No special characters except for hyphen.	R	
State	179-180	2	A	State or territory in US Postal Service format.	R	
Zip Code (1)	181-185	5	A/N	Alpha or Numeric, depending whether address is US or foreign.	R	
Zip Code (2)	186-189	4	A/N	If four digit zip code extension is present.		O
Employee State of Hire	190-191	2	A	The state in which the employee was hired.		O
Employee Date of Hire	192-199	8	N	Employee's first day of work for this employer. Format: CCYYMMDD	R	
Employee Date of Birth	200-207	8	N	Employee's date of birth. Format: CCYYMMDD		O
Filler	208-240	33		Enter blanks.		

**Do not use any special characters such as periods, commas, quotes, apostrophes, colons, semicolons or pound signs anywhere in the report. The only special character allowed is a hyphen, but not in the FEIN or SSNs.*

