



**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY**

Kakuhihewa Building
601 Kamokila Boulevard, Suite 251
Kapolei, Hawaii 96707-2021
Oahu: (808) 692-8265 All others: 1-888-317-9081

W-4 File Format For The Employers

1. To send W-4 data through magnetic media, employers or designated processors (Transmitter Agency) must send their W-4 data on a USB flash drive, CD or ASCII formatted 3.5" diskette. Each USB flash drive, CD or diskette must contain exactly one file containing W-4 data. The media should be labeled as follows :

- a) New Hire W-4 Data
- b) Transmitter Agency Name
- c) Contact Name and Phone Number (optional)
- d) Date Stamp
- e) Batch Number

The Transmitter Agency must advise if the media is to be returned and provide the return address.

2. The Transmitter Agency must send the W-4 data in the following file format. The input file must contain three types of records in the following order :

- a) W-4 Transmitter Header Record
- b) W-4 Data Records
- c) W-4 Total Record

3. For additional assistance, please speak to a Customer Service Representative from 9 a.m. to 3 p.m. HST Monday through Friday, except State holidays and furlough days at then following phone numbers: For Hawaii (Hilo): (808) 933-0644; Kaua'i: (808) 241-7112; Maui: (808) 243-5241; Oahu: (808) 692-8265; toll free for Moloka'i, Lana'i and the Mainland: (888) 317-9081. After hours, you may leave a message.

Table - I : W-4 Transmitter Header Record

Field Name	Type	Length	Position	Validation rule
RECORD IDENTIFIER	A	2	1-2	This must contain H4
TRANSMITTER AGENCY FEIN	N	9	3-11	This must contain nine-digit FEIN
TRANSMITTER AGENCY NAME	A	40	12-51	Optional
DATE STAMP	N	8	52-59	This must contain transmitting date in CCYYMMDD format.
BATCH NUMBER	N	6	60-65	This must be a sequential batch number and must not be repeated.
CONTACT PERSON	A	40	66-105	Optional
CONTACT PHONE #	N	12	106-117	Optional

Table - II : W-4 Data Records

Field name	Type	Length	Position	Validation rule
1. RECORD IDENTIFIER	A	2	1-2	This must contain W4
2. TRANSMITTER AGENCY FEIN	N	9	3-11	This must be same as header record
3. DATE STAMP	N	8	12-19	This must be same as header record
4. BATCH NUMBER	N	6	20-25	This must be same as header record
5. EMPLOYEE SSN	N	9	26-34	Mandatory field. Must be nine-digit numeric. If not, system rejects record.
6. EMPLOYEE FIRST NAME	A	16	35-50	Mandatory field. Must be at least one character long. No special characters except hyphen are allowed. If blank, system rejects record
7. EMPLOYEE MIDDLE NAME	A	16	51-66	If non-blank, it must be at least one character long. No special characters except hyphen are allowed.
8. EMPLOYEE LAST NAME	A	30	67-96	Mandatory field. Must be at least one character long. No special characters except hyphen are allowed. If blank, system rejects record
9. EMPLOYEE STREET ADDRESS LINE 1	A	40	97-136	Mandatory field.
10. EMPLOYEE STREET ADDRESS LINE 2	A	40	137-176	Optional.
11. EMPLOYEE STREET ADDRESS LINE 3	A	40	177-216	Optional.
12. EMPLOYEE CITY	A	25	217-241	Mandatory field. This must be at least two characters. No special characters, except hyphen, are allowed.
13. EMPLOYEE STATE	A	2	242-243	Mandatory field. This must be valid two-letter US Postal Service abbreviation of a state or territory (This should be verified through code table 053.).
14. EMPLOYEE ZIP CODE 1	N	5	244-248	Mandatory field. This must be valid five-digit US Postal Service zip code (This should be verified through code table 064 if state is HI.).
15. EMPLOYEE ZIP CODE 2	N	4	249-252	This should be either all spaces or four-digit numeric.
16. EMPLOYEE DATE OF BIRTH	N	8	253-260	This must be in CCYYMMDD format, if present or must be blank
17. EMPLOYEE DATE OF HIRE	N	8	261-268	Mandatory field. This must be in CCYYMMDD format.
18. EMPLOYEE STATE OF HIRE	A	2	269-270	This must be valid two-letter US Postal Service abbreviation of a state or territory, if present (This should be verified through code table 053.).
19. FEDERAL EIN	N	9	271-279	Mandatory field. Must be nine-digit numeric
20. EMPLOYER NAME	A	45	280-324	Mandatory field. This must be at least two characters.
21. EMPLOYER STREET ADDRESS LINE 1	A	40	325-364	Mandatory field. This should be at least two characters.
22. EMPLOYER STREET ADDRESS LINE 2	A	40	365-404	Optional
23. EMPLOYER STREET ADDRESS LINE 3	A	40	405-444	Optional
24. EMPLOYER CITY	A	25	445-469	Mandatory field. This must be at least two characters. No special characters, except hyphen, are allowed.
25. EMPLOYER STATE	A	2	470-471	Mandatory field. This must be valid two-letter US Postal Service abbreviation of a state or territory (This should be verified through code table 053.).
26. EMPLOYER ZIP CODE 1	N	5	472-476	Mandatory field. This must be valid five-digit US Postal Service zip code (This should be verified through code table 064 if state is HI.).
27. EMPLOYER ZIP CODE 2	N	4	477-480	This should be either all spaces or four-digit numeric.

Table - III : W-4 Total Record

Field Name	Type	Length	Position	Validation rule
RECORD IDENTIFIER	A	2	1-2	This must contain 'T4'
TRANSMITTER AGENCY FEIN	N	9	3-11	This must be same as header record
DATE STAMP	N	8	12-19	This must be same as header record
BATCH NUMBER	N	6	20-25	This must be same as header record
DATA RECORD COUNT	N	11	26-36	This must be total number of records in the transmission, including header and trailer records,