



STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
Ka 'Oihana O Ka Loio Kuhina
CHILD SUPPORT ENFORCEMENT AGENCY
601 Kamokila Boulevard, Suite 251, Kapolei, Hawaii 96707-2021
(808) 207-9915 Mainland: 1-888-314-0037

W-4 File Format For The Employers

1. To send W-4 data through FTP, employers or designated processors (Transmitter Agency) must send their W-4 data in a text file (*filename.txt*) and upload the file to their designated folder.
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. A carriage return, line feed (CR LF) must be inserted at the end of each line and the file should be viewable in notepad in aligned rows and columns.
4. 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 (808) 207-9915. Mainland toll-free at 1-888-314-0037. 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 |

| Field name | Type | Length | Position | Validation rule |
|------------------------------------|------|--------|----------|--|
| 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, |