

MICHIGAN STATE DIRECTORY OF NEW HIRES



m i c h i g a n
child support

Fixed-Width Text File Layout & Instructions

All fields listed below must be included in the order provided.

Optional fields **must** be included but if no data is available, make sure to fill with spaces to the length specified.

Provide one line per record followed by a carriage return and line feed (CRLF).

See the Example Fixed-Width File on the File Upload page

#	Field	Max Length	Position	Status	Type	Comments
1	Employee SSN#	9	1-9	Required	Numeric	As reported by employee. Numeric only, no hyphens. 9 digits. Must be a valid SSN
2	Employee First Name	16	10-25	Required	Char	At least one character, no special characters.
3	Employee Middle Initial	1	26-26	Optional	Char	Must be 1 letter or a space if unknown.
4	Employee Last Name	20	27-46	Required	Char	At least one character, no special characters except hyphen.
5	Employer Name	40	47-86	Required	Mixed	At least two characters, left justify.
6	Employer FEIN	9	87-95	Required	Numeric	Federal Employer Identification Number (no hyphens). Use the same FEIN under which employee quarterly wages will be reported. 9 digits. All zeros will be rejected.
7	Employer Address Line 1	35	96-130	Required	Mixed	At least two characters, left justify. Please use the same address that is used for the processing of Income Withholding Orders.
8	Employer Address Line 2	35	131-165	Optional	Mixed	Left justify if present. Spaces if unused
9	Employer City	25	166-190	Required	Char	At least two characters, left justify. May include a hyphen.
10	Employer State	2	191-192	Required	Char	Valid state or territory abbreviation.
11	Employer Zip Code	5	193-197	Required	Numeric	Must be a U.S. 5 digit zip code, left justified.
12	Employer Zip+4	4	198-201	Optional	Numeric	If present, must be 4-digits. Spaces if unknown.
13	Employee Address Line 1	35	202-236	Required	Mixed	At least two characters, left justify.
14	Employee Address Line 2	35	237-271	Optional	Mixed	Left justify. Spaces if unused.
15	Employee City	25	272-296	Required	Char	At least two characters, left justify. May include a hyphen.
16	Employee State	2	297-298	Required	Char	Valid state or territory abbreviation.
17	Employee Zip Code	5	299-303	Required	Numeric	Must be a U.S. 5 digit zip code, left justified.
18	Employee Zip+4	4	304-307	Optional	Numeric	If present, must be 4 digits. Numeric only, no hyphens.
19	Filler	2	308-309	Required	Spaces	Fill with spaces. Reserved for future use.
20	Employee Date of Birth	8	310-317	Optional	Numeric	If present, numeric. Format - MMDDYYYY
21	Employee Date of Hire	8	318-325	Required	Numeric	Numeric. Format - MMDDYYYY
22	Employee Driver's License Number	16	326-341	Optional	Mixed	

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The Michigan New Hires Operation Center is a service of the Michigan Department of Health and Human Services, Child Support Division.