

## MICHIGAN STATE DIRECTORY OF NEW HIRES



m i c h i g a n  
c h i l d s u p p o r t

### Tab-Delimited 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, no value or a space needs to be provided to represent this element.

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

See the *Example Tabbed File and Template on the File Upload page*

#	Field	Max Length	Status	Type	Comments
1	Employee SSN#	9	Required	Numeric	As reported by employee. Numeric only, no hyphens. 9 digits. Must be a valid SSN
2	Employee First Name	16	Required	Char	At least one character, no special characters.
3	Employee Middle Initial	1	Optional	Char	Must be 1 letter if known.
4	Employee Last Name	20	Required	Char	At least one character, no special characters except hyphen.
5	Employer Name	40	Required	Mixed	At least two characters.
6	Employer FEIN	9	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	Required	Mixed	At least two characters. Please use the same address that is used for the processing of Income Withholding Orders.
8	Employer Address Line 2	35	Optional	Mixed	
9	Employer City	25	Required	Char	At least two characters. May include a hyphen.
10	Employer State	2	Required	Char	Valid state or territory abbreviation.
11	Employer Zip Code	5	Required	Numeric	Must be a U.S. 5 digit zip code.
12	Employer Zip+4	4	Optional	Numeric	If present, must be 4-digits.
13	Employee Address Line 1	35	Required	Mixed	At least two characters.
14	Employee Address Line 2	35	Optional	Mixed	
15	Employee City	25	Required	Char	At least two characters. May include a hyphen.
16	Employee State	2	Required	Char	Valid state or territory abbreviation.
17	Employee Zip Code	5	Required	Numeric	Must be a U.S. 5 digit zip code.
18	Employee Zip+4	4	Optional	Numeric	If present, must be 4-digits.
19	Filler	2	Required	Empty	Reserved for future use.
20	Employee Date of Birth	8	Optional	Numeric	If present, numeric. Format - MMDDYYYY
21	Employee Date of Hire	8	Required	Numeric	Numeric. Format - MMDDYYYY
22	Employee Driver's License Number	16	Optional	Mixed	