
Oklahoma Department of Human Services
Child Support Services

Reference Guide For Financial Institutions

September 14, 2007

Financial Institution Data Match (FIDM) Program



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FIDM Guide for Financial Institutions

Executive Summary

Purpose

The purpose of the Financial Institution Data Match program (FIDM) is to identify accounts belonging to non-custodial parents who are delinquent in their child support obligations. Once identified, these accounts may be subject to levies issued by child support enforcement agencies.

Steps to FIDM Implementation

A. Decide if data match will be done **by in-house data processing staff or a service provider**. Many financial institutions contract with reporting agents (also known as service agents, service providers, or transmitters) for Internal Revenue Service Form 1099 reporting. Since the specifications for FIDM are similar to the Form 1099 format, these reporting agents/transmitters may also be used to report data match information.

B. Decide which **data match methodology** to use (all accounts or matched accounts). The data matches are done by either of the two methods using data specifications approved by the U. S. Department of Management and Budget. Under Method 1 (all accounts method) the financial institution submits a file containing all open accounts which is matched against records of delinquent obligors. Under Method 2 the financial institution receives a file containing records of delinquent obligors, matches the files against all open accounts, and submits a file of matched records. See page 6.

C. Select the **media** for sending and receiving data to and from the Child support services FIDM Agent, Informatix, Inc. (Informatix). See page 7.

D. Identify **contact person(s)** who will be responsible for the FIDM program within the financial institution. CSS needs to know who will be responsible for the technical aspects of the data match process, the legal aspects of the levy on assets, and overall coordination of the FIDM program. Share a copy of this *Guide* with each contact person. Information about technical aspects begins on page 6, and information about the levy process begins on page 8. The technical contact person will also need a copy of the *Financial Data Match Specification Handbook* and the *Financial Institution Data Match for Calendar Year 2002*.

E. Complete the ***FIDM Agreement Form***, including signature(s) of officers or executives of the financial institution, and return the signed form as directed by CSS.

F. Contact Informatix to **test the data match process**. See page 7.

G. **Start match process** according to the calendar on page 7.

Notice of Levy

If there is a match between a child support obligor and an account in a financial institution, CSS may serve a notice of a levy on the obligor's assets in that financial institution. An explanation of the levy process begins on page 8.

Historical Background & Program Summary

Federal welfare reform was designed to ensure that non-custodial parents who have not done so will take a fair share of the responsibility for the financial support of their children.¹ The



Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) (PRWORA) includes numerous new enforcement tools intended to spur child support collections. One of these new tools is the Financial Institution Data Match (FIDM) Program.

Public Law 104-193 (PRWORA) requires each state, in cooperation with the financial institutions operating in that state, to develop and operate a data match program in which each financial institution doing business in the state will provide quarterly the name, record address, social security number, and other identifying information for each non-custodial parent who maintains an account at such institution and who owes past-due child support. The financial institution is required to encumber or surrender the assets of the delinquent obligor held by the institution in response to a notice of lien or levy issued by the state child support agency.

Public Law 105-200, the Child Support Performance and Incentive Act of 1998, modified PRWORA to permit financial institutions operating in two or more states to elect to conduct the match through the federal Office of Child Support Enforcement's (OCSE) Federal Parent Locator Service (FPLS). OCSE will conduct the data-matching program for multi-state financial institutions based on delinquent parents lists submitted by state child support enforcement agencies and OCSE will turn over the matches to the appropriate state agency.

¹ U.S. Department of Health and Human Services/Office of Child Support Enforcement, "Handbook On Child Support Enforcement," updated September 1997.

On July 1, 1997, a state law went into effect that requires all financial institutions authorized to do business by the state of Oklahoma to participate in a program to report and match account information with delinquent obligors.

Under Section 240.22 of Title 56 of the Oklahoma Statutes, the Oklahoma Department of Human Services' Child Support Services (CSS), in coordination with representatives of the financial industry in Oklahoma, is required to operate a quarterly financial institution data match program using automated data exchanges to the maximum extent feasible. On a quarterly basis, CSS matches a list of child support obligors who are in noncompliance with an order for support against the records of account holders at financial institutions to locate assets. Financial institutions are prohibited from disclosing to an account holder or depositor that the name of such person has been received from or furnished to CSS.

When a match is made, CSS issues a notice of levy to the financial institution. Upon receipt of the levy the financial institution places a hold on the account, up to the amount of the child support levy, for 21 days. Twenty-one days after receiving the levy the financial institution must remit the levied funds to CSS, unless CSS has notified the financial institution that the levy has been released in full or in part. CSS notifies the obligor of the levy and the obligor may challenge the levy by a request, made within fifteen days, for an administrative review.

General Provisions

Authority

42 U.S.C. §666(a)(17) and 56 O.S. §§ 240.22 through 240.22G.

Definitions

“Account” means a demand deposit account, checking or negotiable withdrawal order account, savings account, time deposit account, money-market mutual fund account or brokerage account.

“Financial institution” means any federal or state bank or savings association, federal or state credit union, benefit association, insurance company, safe deposit company, money-market mutual fund or similar entity authorized to do business by the State of Oklahoma.

“IV-D agency” means the single and separate organizational unit in the State that has the responsibility for administering or supervising the administration of the State plan under title IV-D of the Social Security Act. In Oklahoma, the IV-D agency is Child Support Services (CSS) of the Department of Human Services,

“Money market mutual fund” means every regulated investment company within Section 851(a) of the Internal Revenue Code which seeks to maintain a constant net asset value of \$1.00 in accordance with 17 CFR 270.2A-7.



“Noncompliance with an order for support” means that the obligor has failed to make child support payments required by a child support order in an amount equal to the child support payable for at least ninety days as specified in Section 240.22A of Title 56 of the Oklahoma Statutes.

“Obligor” means the person who is required to make payments under an order for support or the natural, legal or adoptive parents who are responsible for the support of such child or children. An obligor is often the non-custodial parent.

“Support” means all payments or other obligations due and owing to the obligee or person entitled by the obligor pursuant to a support order, and may include, but is not limited to, child support, medical insurance or other health care premiums, child care obligations, support alimony payments, and other obligations as specified in Section 118 of Title 43 of the Oklahoma Statutes.

“Support order” means an order for the payment of support issued by a district or administrative court of this state or by any court or agency of another state.

Non-Disclosure to a Depositor or Account Holder

Unless otherwise required by applicable law, a financial institution furnishing a report or providing information to CSS for the FIDM program shall not disclose to a depositor or account holder that the name of such person has been received from or furnished to CSS; however, a financial institution may disclose to its depositors or account holders that under the FIDM reporting system CSS has the authority to request certain identifying information on certain depositors or account holders.²

Protection for Financial Institutions

Section 466 (a)(17)(C) of the Social Security Act establishes that a financial institution shall not be liable under any federal or state law to any person for any disclosure of information to the State IV-D agency for providing the required information covered in section 466 (a)(17)(A)(i) of the Act. Similarly, financial institutions shall not be liable under federal or state law for encumbering or surrendering any assets they hold in response to a notice of lien or levy issued by the IV-D agency. In addition, financial institutions will



² See 56 O. S. § 240.22E (A).

not be held liable for any other action taken in good faith to comply with the requirements of section 466 (a)(17)(A) of the Act.

Fees

1. **Data match process.** \$100.00 per quarter, or satisfactory proof of financial institution's actual cost incurred for performing the data match.
2. **Levying account.** The financial institution may assess a fee not to exceed \$20.00 for each levied account. If the financial institution assesses a fee, the institution must deduct it from the account before surrendering the levied funds to CSS.

Penalties

1. \$1,000.00 for failure to comply with reporting requirements.
2. \$1,000.00 for unauthorized disclosure of information.

Bank Match Procedure

Use of Standardized Specifications and Reporting Methods.

The data matches are done by either of the following two methods using data specifications approved by the U.S. Department of Management and Budget (OMB Control Number: 0970-0196) also known as *Financial Data Match Specification Handbook*. Under Method 1 (all accounts method) the financial institution submits a file containing all open accounts which is matched against records of delinquent obligors. Under Method 2 the financial institution receives a file containing records of delinquent obligors, matches the files against all open accounts, and submits a file of matched records. Refer to Appendix A - *Financial Data Match Specification Handbook*, on page A-13 for information on the data match program.

Multistate Financial Institution (MSFI) Program.

Multistate financial institutions must conduct data matches against their account records with each state in which they do business. MSFIs have the option to conduct their matches through the federal Office of Child Support Enforcement (OCSE) or with individual states in which they do business. OCSE has distributed an Election Form that allows MSFIs to select the means of data transmission, reporting periods, and service providers if appropriate. The Election Form also allows MSFIs to opt out of the OCSE process in favor of participating with the individual States. For information on the Election

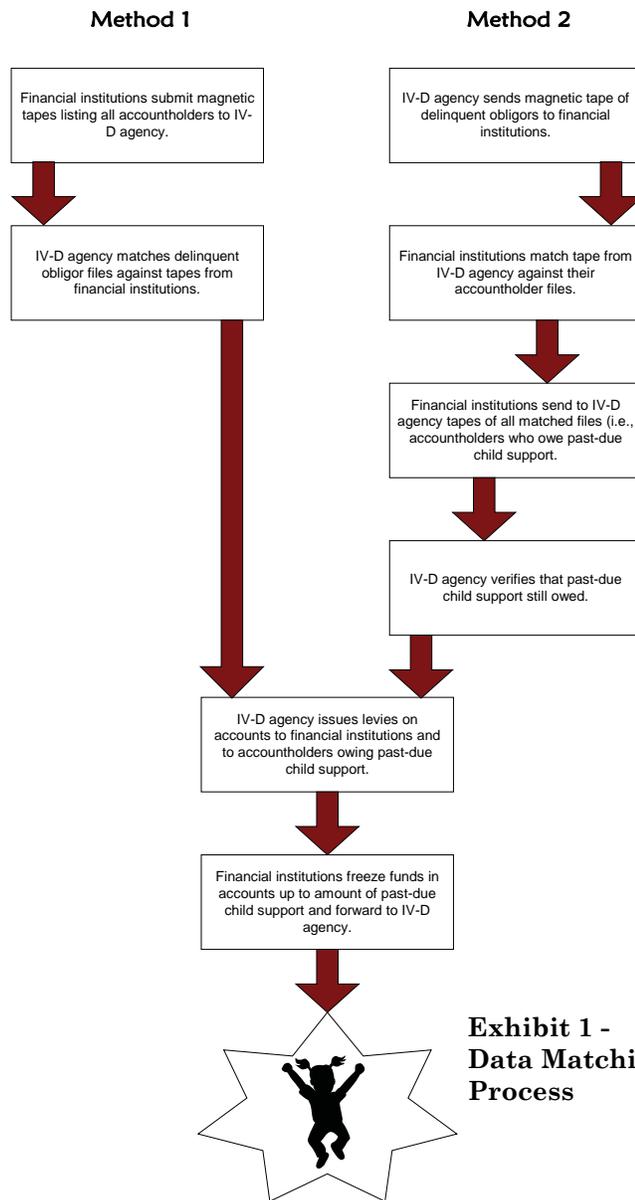
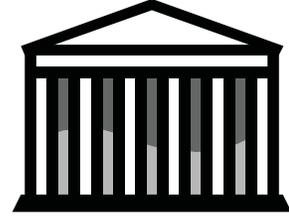


Exhibit 1 - Data Matching Process

Form and data match time lines, refer to the *Financial Institutions and Child Support* on OCSE's FIDM web site.³

In-state Financial Institution Program

CSS is required to enter into agreements with financial institutions doing business in Oklahoma to conduct a quarterly data match. This includes MSFIs who opt out of the OCSE process in favor of participating in the Oklahoma FIDM process. A copy of the agreement form may be obtained from CSS.



To minimize the cost of filing and processing account information, CSS has joined an existing consortium of states called the Interstate Data Exchange Consortium (IDEC). IDEC uses the services of Informatix, Inc. to manage the FIDM process.

Financial institutions may use any of the following media to transfer data: Connect:Direct; FTP File Transfer, secure internet web sight; or CD ROM. (If you need any other media type contact the Interstate Data Exchange Consortium representative for assistance.)

Financial institutions may contact Informatix, Inc for more information about electronic files and data:

Informatix, Inc
IDEC FIDM Operations
1760 Abbey Road,
East Lansing, MI
48823-7394

Contact Person: Paul Peters
Toll-free: (877) 331-4150 Ext. 4757
FAX: (517) 318-4757 or
(517) 318-4696
E-mail: Paul.Peters@informatixinc.com

FIDM Processing Timeline

Informatix operates the data match on a quarterly cycle:

January – March

April – June

July – September

October – December

Each quarter consists of 12 weeks during which the financial institutions can send in their method 1 file or perform the match and return the file to

³ Select "MultiState Election Form" at <http://www.acf.dhhs.gov/programs/cse/fct/fidm/index.htm>. You must have Adobe Reader installed on your computer to view the *Multistate Election Form*.

Informatix. If the financial institution is method 2, they will receive the obligor file for matching on the scheduled week of their choice. Method 1 financial institutions have the flexibility to choose which week to send their “all accounts” file.

On the first day of each quarter (January 1st, April 1st, July 1st, October 1st), Informatix merges all inquiry files received from member states and begins creating files to send to Financial Institutions (FIs) and Service Providers (SPs) who process using Method Two (matched accounts). As updates from the states are received throughout the quarter, Informatix will generate new Inquiry files for financial institutions electing to match later in the quarter.

Reminder emails will be sent to the financial institutions, (both Method 1 and Method 2) the Monday of their scheduled week to ensure on-time filing. Inquiry files are sent out to Method 2 financial institutions that have elected to receive physical media on their scheduled week. The Inquiry file will be made available on the IDEC website for financial institutions to download.

Informatix can receive files from the financial institutions throughout the quarter up until the very last day of each quarter. As files are received they are processed within 48 hours. Results are sent to the IDEC states weekly, monthly or quarterly as determined by each state.

Changes in Reporting Methods, Service Providers, or Types of Media

In-state financial institutions and MSFIs that have opted out of the OCSE process may record changes in reporting methods, service providers, or types of media by completing the *CSS Change Form* included in Appendix B on page B-38.

Bank Levy Procedure

Authority: 56 O.S. § 240.22G and 56 O.S. § 240.23

Levy of Assets in Financial Institutions for Collection of Support

Child Support Services (CSS) is authorized to issue a Notice of Levy for accounts maintained by an obligor in a financial institution. CSS can place a levy on the obligor’s account to collect past-due support in cases where there is an order for child support and the obligor owes at least 90 days worth of support.

Property subject to the levy

Property or rights to property of a delinquent child support obligor held by a financial institution is subject to the levy. CSS may generally levy upon any accounts or property in which the delinquent obligor is listed in the records of the financial institution as an owner. Examples of such property include checking accounts, savings accounts, money market accounts, certificates of deposit, IRA accounts, Keogh Plan accounts, pension accounts, payroll accounts, mutual funds accounts, brokerage firm accounts, life insurance contracts, endowment contracts, and trust or escrow accounts that become payable to the obligor during the period for which the levy remains in force.

Levying on joint accounts

CSS may levy upon accounts held jointly by the delinquent obligor and other persons. A joint tenancy bank account is garnishable by the creditor for a debt incurred by only one of the joint depositors.⁴ A rebuttable presumption exists that each joint tenant owns the entire joint account proceeds.⁵ The burden is on the obligor or the non-obligated joint tenant to prove by introduction of parole evidence⁶ that the joint tenancy account is other than it was created.⁷

Debtor exemption statutes do not apply to collection of support

Although certain sources of funds are statutorily exempt from attachment and execution by creditors (31 O.S. § 1), these statutory debtor exemptions do not generally apply to actions for the collection of support obligations. Children and spouses are not “creditors” within the meaning of the debtor exemption statutes.⁸

Required Action by the Financial Institution

Upon receipt of the Notice of Levy, the financial institution must:

1. Immediately freeze funds in all accounts in which the obligor has an interest up to the amount of the past-due support indicated in the *Notice of Levy* (Appendix D, page D-; and



⁴ See *Baker v. Baker*, 1985 OK CIV APP 35, 710 P.2d 129; see also *United States v. National Bank of Commerce*, 105 S. Ct. 2919, 472 U.S. 713, 86 L.Ed.2d 565 (1985).

⁵ *Baker v. Baker*, 710 P.2d at 134.

⁶ “Parol evidence” refers to evidence other than the joint tenancy bank agreement itself.

⁷ *Baker v. Baker*, 710 P.2d at 134.

⁸ E.g., *Burrows v. Burrows*, 1994 OK 129, 886 P.2d 984; *Abrego v. Abrego*, 812 P.2d 806 (Okla. 1991).

2. Hold the encumbered funds for 21 calendar days from the date of receipt of the levy. The institution must suspend any and all activity with respect to, and payments from, any and all accounts of the obligor up to the amount levied. The suspension (holding period) must continue for 21 days. Additional deposits may be made into the account(s) during the 21-day holding period. No withdrawals may be made upon deposits or other property during the 21-day holding period; and
3. Surrender the encumbered funds to CSS on the first business day after the 21-day holding period (including any additional deposits made into the account during the 21-day holding period and any interest that accrued during the 21-day holding period, up to the amount of the levy), unless CSS has issued a full or partial release of the levy; and
4. Accompany all encumbered monies that are surrendered to CSS in response to the levy with a completed *Financial Institution Response Form* (Appendix D, page D-; and
5. Notify CSS if an account has been closed by completing and returning the *Financial Institution Response Form*; and
6. Remit to CSS any additional deposit made to a levied account, up to the amount of the levy, for a period of 60 days from the date of receipt of the levy.⁹

The financial institution *may* assess a fee not to exceed \$20.00 for each levied account. If this fee is assessed, it must be deducted from the account before the financial institution surrenders the levied funds to CSS.

Notice to the Obligor



CSS will notify the obligor that a levy has occurred. Within three working days *after* the *Notice of Levy* is sent to the financial institution,¹⁰ CSS will send a copy of the *Notice of Levy* to the obligor, together with a notice that the obligor has fifteen calendar days to challenge the levy by requesting an administrative review of the levy.

⁹ To facilitate the remittance of additional deposits made during the 60-day period that the levy remains in effect, the financial institution should make copies of the *Financial Institution Response Form*.

¹⁰ To avoid having the obligor receive the *Notice of Levy* before the financial institution has received its copy of the *Notice of Levy*, child support workers should wait at least two days after the financial institution's copy has been mailed to the financial institution before mailing the obligor's copy to the obligor. This delay prevents the obligor from withdrawing the funds before the bank has a chance to process the levy.

Challenges to the Levy: The Administrative Review Process

Challenges to the levy may be initiated by the obligor or by an account holder of interest.¹¹ A challenge is made by making a written request for an administrative review within fifteen days from the date contained on the *Notice of Levy and Right to Administrative Review* (Appendix D, page D-. A challenge to the levy proceeds through an administrative review process consisting of three different levels of review. These include:

1. Office Administrative Review to resolve obvious mistakes of fact (e.g. wrong person or obligor not three months in arrears);
2. Administrative Hearing if dispute remains and a written request is made within fifteen days of the date contained in the *Notice of Administrative Review Decision*; and
3. Appeal to District Court within 30 days of the administrative order being entered.

Levy Dispute Determinations

Mistake Of Fact

If CSS determines, or if the administrative court finds, that a mistake of fact has occurred, CSS will fully or partially release the levy. CSS will notify the financial institution and the obligor by faxing or mailing the *Full or Partial Release of Levy* form (Appendix D, page D- to the financial institution and mailing the obligor a copy of the form. CSS is not liable for any fees assessed by the financial institution in connection with the child support levy.

Full release of the levy

CSS will fully release the levy if: (a) there is a mistake of identity, (b) the obligor is not in “noncompliance with an order for support”, or (c) the obligor has no interest in the levied funds. If the levied funds have already been surrendered to CSS, CSS will refund the levied funds to the appropriate account holder of interest.

Although CSS is not liable for any fees assessed by a financial institution, CSS will reimburse the account for any fee assessed by the financial institution if:

1. the financial institution has deducted a fee from the monies of the levied account, and
2. the levied funds are subsequently refunded to the obligor because of either: (a) a mistake of identity, or (b) the obligor was determined not to be in “noncompliance with an order for support”.

¹¹ *Baker v. Baker*, 710 P.2d at 135.

Partial release of the levy

If the obligor is delinquent but the amount of the support delinquency is less than the amount of the levy, CSS will notify the financial institution and the obligor of the revised amount of the levy. The financial institution will remit the revised levy amount to CSS. If the levied funds have already been surrendered to CSS, CSS will refund any levied funds in excess of the revised amount to the obligor.

Partial release of the levy in joint account cases

In joint account cases, if the amount of the levy exceeds the amount of the obligor's interest in the account, CSS will notify the financial institution to release the excess monies and to remit the remaining monies in the amount of the obligor's interest to CSS.

No Mistake Of Fact Found**Office administrative review**

If CSS determines that no mistake of fact has occurred, CSS will issue its preliminary review determination notifying the challenging party that the levy will remain in effect for the amount stated in the levy notice. The notice (Appendix D, page D- will inform the challenging party of his/her right to continue the review process by making a written request for an administrative hearing within 15 days of the date of the notice. If no request for hearing is made, the preliminary determination will stand as the final agency action. The levied funds must be surrendered by the financial institution to CSS for disbursement by CSS to the appropriate recipient.

Court hearing decision

If the administrative court determines that the obligor has an interest in the account and that the amount of the support due is correct, the court will ratify the levy. The financial institution must surrender the levied funds to CSS. If the funds have already been remitted to CSS, CSS will disburse the funds to the appropriate recipient.

Appendix A - Financial Data Match Specifications Handbook

Financial Data Match Specifications Handbook

(As of October 25, 2004)

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¹³Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Background

The **Personal Responsibility and Work Opportunity Reconciliation Act of 1996** (PRWORA) makes it more important than ever that children and their custodial parents receive the child support to which they are entitled, as the Act places time limits on the receipt of welfare assistance. To assist in this effort, the child support enforcement requirements of PRWORA mandate that each State implement a quarterly matching of delinquent non-custodial parents to the accounts maintained at financial institutions. This Handbook establishes the Specifications to be used to conduct this matching.

Introduction

All Data Match filers are to use these Specifications for the reports filed in calendar year 1998. For a general explanation of the institutions and financial assets subject to Data Match reporting, please refer to the Federal Office of Child Support (OCSE) Action Transmittal 98-07, and the Data Match law of the State(s) in which you do business.

"State" is defined below as the State Data Match Reporting Site(s) to which your institution will file reports.

Participation

Check with your State for available reporting options. Many States offer two reporting methods. In those States, each financial institution subject to the Data Match laws must notify the State as to which of the two reporting methods will be used to report Data Match information. The description of each method follows.

Method One (All Accounts Method)

Institutions may elect to submit to the State a file identifying all open accounts by April 30, and quarterly thereafter. Certain States may require only one All Account tape to be filed in the first quarter of the year, followed by quarterly updates of accounts opened and closed. Please check with your State for this information.

Institutions electing Method One may also elect to treat their required Form 1099 filing as part of their obligation under the Data Match Program, making modifications in their 1099 filing to meet Data Match requirements. These institutions are then required to submit a supplemental report containing account information not included in the 1099 file.

¹⁴Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Method Two (Matched Accounts Method)

Institutions may elect to match a file supplied by the State, not more than quarterly, against all accounts maintained at that institution. The file will be submitted to the person designated by the institution. It is to be returned with the Match File or No Match report after processing. Institutions electing this option must report information required by the Department on all accounts at the institution maintained by persons on the State's Inquiry File. These reports must be submitted within 30-45 days of receiving the Inquiry File.

Reporting Agents

Many financial institutions contract with Reporting Agents (also known as Service Agents, Service Providers, or Transmitters) for Internal Revenue Service Form 1099 reporting. As these Specifications are similar to the Form 1099 format, these Reporting Agents may be used to report Data Match information. An institution electing Method Two that designates a Reporting Agent to receive, process and report Data Match information on its behalf must inform the State of this designation. This is to ensure the confidentiality of the information on the State Inquiry File.

Anytime an institution wishes the State to send the Inquiry File to a recipient whose Tax Identification Number (TIN) is different from the institution, the State must be notified.

Exchanging Data Match Information

Electronic Data Transmission is highly a desirable method of sharing Data Match information, yet there are few States or institutions currently capable of utilizing this method of exchanging data. Please check with your State for the availability of electronic filing.

These specifications are for magnetic 9-track tape, and 18-track IBM 3480 and 3490 cartridges. These are the current financial industry standards used to report large amounts of tax data on Form 1099. The general specifications for these media (parity, density, etc.) are to be found in IRS Publication 1220, *Specifications for Filing Forms 1098, 1099, 5498 and W-2G Electronically or on Magnetic Media*. Please consult with your State for any other acceptable forms of magnetic media.

These specifications apply specifically to the files and reports named below. These will hereafter be called:

¹⁵Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

- **Account Tapes.** Files submitted to the State listing all accounts of the financial institution under the option provided by Method One, the All Accounts Method. This includes the supplemental file from institutions that have elected to include their annual Form 1099 filing as part of their Data Match reporting. (For further information, please refer to *Combined 1099 Data Match Filing* in this Handbook.)

- **Account Update Files.** Files submitted to the State reporting new, changed, or recently closed accounts which supplement or update information previously filed under Method One, the All Accounts Method.

- **Inquiry File.** Files sent by the State to financial institutions electing to report under Method Two, the Matched Accounts Method. This file contains a list of persons which the institution will match against its records.

- **Match Tapes.** The files submitted to the State of accounts matched under Method Two, where the State has supplied the institution with an Inquiry File.

All Magnetic Media files submitted to the State under the Data Match Program will contain only three types of records, which are similar in character to those on 1099 files.

| | |
|-----|------------------------------|
| "A" | Financial Institution Record |
| "B" | Account Owner Record |
| "T" | Total Record |

These records are defined in this publication. Many of the field definitions match those used by the IRS in the 1997 Publication 1220 for Form 1099INT/DIV reporting.

These Specifications have been written to allow institutions to copy and modify existing Form 1099 programs, rather than create an entirely new layout. To minimize programming, certain Form 1099 fields are permitted in these Specifications, and are designated as "Optional."

Caution: Institutions copying existing 1099 programs to begin programming Data Match files must be sure to copy from the Tax Year 1997 IRS Publication 1220 for Form 1099 reporting. Beginning in Tax Year 1998, Publication 1220 underwent extensive changes and cannot be copied directly to produce a Data Match reporting layout.

¹⁶Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

These record layouts are used for all accounts which the financial institution must report under the Data Match Program, including those not reportable to the IRS under the 1099 program.

In consideration of Year 2000 concerns, these Specifications follow the format of the Federal Information Processing Standard (FIPS) Publication 4-1, *Representation for Calendar Date and Ordinal Date for Information Exchange* issued by the National Institute of Standards and Technology, and the latest Year 2000 Reporting Standards of the U.S. Treasury Department.

Publication 4-1 may be obtained from the Federal Department of Commerce, National Institute of Standards and Technology, Computer Systems Laboratory, Gaithersburg, MD 20899, telephone (301) 975-3058.

"A" Record: Financial Institution Information

The "A" Record will be used by all filers regardless of the reporting method chosen. Separate "B" Record layouts for each reporting method follow.

| "A" Record | Size | Description | Comments/Format |
|-------------------|-------------|--|--|
| 001 | 1 | Record Type | Constant "A" |
| 002-003 | 2 | Blanks | |
| 004-006 | 3 | Tape Reel Seq. Number | (Optional) |
| 007-015 | 9 | Institution TIN | |
| 016-019 | 4 | Institution Name Control | (Optional) |
| 020-025 | 6 | Year and Month | CCYYMM. For Method One, enter the date the file is created. For Method Two, enter the date from positions 002-007 of the "D" Record from the Inquiry File. |
| 026-031 | 6 | Blanks | |
| 032 | 1 | Test/Corr Indicator | (Optional) |
| 033 | 1 | Service Bureau Indicator | (Optional) |
| 034-041 | 8 | Blanks | (Optional) |
| 042-043 | 2 | Mag Tape Indicator | (Optional) |
| 044-048 | 5 | Blanks | |
| 049 | 1 | Foreign Corporation Indicator | (Optional) |
| 050-089 | 40 | Institution Name | Institution name for levy service |
| 090-129 | 40 | Second Institution Name (or Transfer Agent) | (Optional) |
| 130 | 1 | Transfer Agent Indicator | (Optional) |
| 131-170 | 40 | Institution Street Address | Address to which a levy should be mailed |
| 171-199 | 29 | Institution City | Address to which a levy should be mailed |
| 200-201 | 2 | Institution State | Address to which a levy should be mailed |
| 202-210 | 9 | Institution Zip Code | Address to which a levy should be mailed |
| 211-219 | 9 | Reporting Agent/Transmitter TIN | |

¹⁷Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

| | | |
|---------|----|----------------------------------|
| 220-290 | 71 | Reporting Agent/Transmitter Name |
| 291-330 | 40 | Transmitter Street Address |
| 331-359 | 29 | Transmitter City |
| 360-361 | 2 | Transmitter State |
| 362-370 | 9 | Transmitter Zip Code |
| 371 | 1 | Data Match File Indicator |
| 372-420 | 49 | Blanks |

| "A" Position | Size | Description |
|--------------|------|---|
| 004-006 | 3 | Tape Reel Sequence Number (Optional) This field is for the convenience of institutions filing multiple tapes. Enter the reel sequence number incremented by 1 for each tape or diskette on the file starting with 001. This field is not relevant to Data Match, and may be left blank. |
| 007-015 | 9 | Institution TIN Must be the valid nine-digit Taxpayer Identification Number assigned to your financial institution. Do not enter blanks, hyphens, or alpha characters. |
| 016-019 | 4 | Institution Name Control (Optional) The Payer Name Control can be obtained only from the mail label on the Package 1099 that is mailed to most payers each December. If a Package 1099 has not been received or the Payer Name Control is unknown, this field must be blank filled. |
| 020-025 | 6 | Year and Month For Method One, enter the year and month (in the century format) the file is generated. For Method Two, enter in the century format, the date the Inquiry File was generated from the "D" Record. For example, April, 1998 would be entered as: "199804" |
| 032 | 1 | Test/Corr Indicator (Optional) Provide a valid test/corr indicator. Where allowed, enter a "T" if this is a test file, otherwise, enter blank. |
| 033 | 1 | Service Bureau Indicator (Optional) Filers should enter a "1" if they used a person or organization to prepare and/or submit Data Match information. A parent company submitting data for a subsidiary is not considered a Service Agent. |
| 042-043 | 2 | Magnetic Tape Indicator (Optional) Enter the letters "LS" if you are filing a magnetic tape or cartridge, otherwise, leave blank. |
| 049 | 1 | Foreign Corporation Indicator (Optional) Enter a "1" if the financial institution is a foreign corporation. If not, enter a blank. A Foreign corporation is any corporation organized or created other than in or under the laws of the United States, any of its States, the District of Columbia, or territories. |
| 050-089 | 40 | Institution Name Enter the name of the institution whose TIN appears in positions 007-015 of this "A" Record. Enter the name to be used by the State for proper levy processing. This is especially important for mutual funds. |
| 090-129 | 40 | Second Institution Name (or Transfer Agent) (Optional) If the Transfer Agent Indicator in position 130 contains a "0" (zero) signifying there is no Transfer Agent, this field may be used to continue the Institution Name above. If the Indicator in Position 130 contains a "1," this field may contain the name of the Transfer Agent. Transfer Agents are not relevant to Data Match, but this information will be accepted from institutions that modify their Form 1099 programming for Data Match reporting. Fill unused positions with blanks. |

18Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

| | | | |
|---|----|-----------------------------------|----------------------------|
| 130 | 1 | Transfer Agent Indicator | (Optional) |
| Enter a "1" if the entity in 090-129 is the Transfer Agent. A Transfer Agent is used by institutions to pay certain taxes. Transfer Agents are not relevant to Data Match, but this information will be accepted from institutions that modify their Form 1099 programming for Data Match reporting. Fill unused positions with blanks. | | | |
| 131-170 | 40 | Institution Street Address | (Address for Levy Service) |
| This address may be different from that entered in these positions for Internal Revenue Service 1099 reporting, particularly for larger institutions. Please verify and enter the address that is authorized to receive a State levy served upon your institution. | | | |
| 211-219 | 9 | Reporting Agent/Transmitter TIN. | |
| This must be the valid nine-digit Taxpayer Identification Number assigned to the Reporting Agent/Transmitter filing the report. This is for both Method One and Method Two Reporting Agents/Transmitters. For Method Two filers, this TIN would belong to the agent designated to receive the Data Match Inquiry Tape on an institution's behalf. This TIN must be the one entered on the State Magnetic Media Transmitter Report. Do not enter hyphens or alpha characters. If the Institution TIN (positions 007-015) and the Reporting Agent/Transmitter TIN are the same, enter blanks. | | | |
| 220-290 | 71 | Reporting Agent/Transmitter Name. | |
| This is not required if the Institution Name (positions 050-089) and Reporting Agent/Transmitter Name are the same. | | | |
| 371 | 1 | Data Match File Indicator | |
| M = The file submitted is a match tape (M); the institution has elected Method Two, has matched its accounts to a State Inquiry File and is remitting a list of those accounts owned by persons on that Inquiry File. | | | |
| A = The file submitted is an account tape (A); the institution has elected Method One and is submitting the tape quarterly for the State to use in its internal data matching system. | | | |
| U = The file submitted is a quarterly Account Update File (U); in States where permitted, an institution that has elected Method One may have the option to submit a quarterly tape to update the first quarter account tape, identifying those accounts opened and closed in the prior quarter. | | | |
| 372-420 | 49 | Blanks | |
| Method One filers should continue to the next section, the <i>Method One "B" Record</i> . Method Two filers should skip to the section entitled <i>Method Two, The Matched Accounts Method</i> . | | | |

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Method One, The All Accounts Method

²⁰Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Method One, The All Accounts Method
Method One "B" Record

This record layout is for filers electing Method One, the All Accounts Method of reporting Data Match information.

| "B" Record | Size | Description | Comments/Format |
|-------------------|-------------|---------------------------------|--|
| 001 | 1 | Record Type | Constant "B" |
| 002-007 | 6 | Year and Month CCYYMM | From "A" Record position 020- 025 |
| 008-011 | 4 | Payee Last Name Control | First 4 letters or non-blank characters |
| 012-014 | 3 | Blanks | |
| 015-023 | 9 | Payee SSN | |
| 024-043 | 20 | Payee's Account Number | |
| 044-060 | 17 | Blanks | |
| 061-160 | 100 | Account Full Legal Title | (Optional) |
| 161 | 1 | Payee Foreign Country Indicator | "1" = foreign (Optional) |
| 162-201 | 40 | 1st Payee Name | |
| 202-241 | 40 | 2nd Payee Name | |
| 242-281 | 40 | 1st Payee Street Address | |
| 282-310 | 29 | 1st Payee City | |
| 311-312 | 2 | 1st Payee State | |
| 313-321 | 9 | 1st Payee Zip Code | |
| 322-350 | 29 | Blanks | |
| 351-357 | 7 | Account Balance | Numeric, whole dollars, sign trailing. Zeroes are required if position 361 = 0 |
| 358 | 1 | Blank | |
| 359 | 1 | Trust Fund Indicator | Possible values: 0 = Not a trust account 1 = UTMA/UGMA account 2 = IOLTA account 3 = Mortgage escrow account 4 = Security deposits (incl. Real Estate) 5 = Other trust/escrow 6 = Information not available |
| 360 | 1 | Account Status Indicator | Possible values: 0 = Open Account 1 = Closed Account 2 = Inactive Account |
| 361 | 1 | Account Balance Indicator | Possible values: 0 = Not provided 1 = Average balance (whether daily, monthly, etc.) 2 = Current balance |
| 362 | 1 | Account Update File Indicator | Account Update Files only. Possible values: 0 = delete (closed account) 1 = add (new account since last match) 2 = change (either name/address change) |
| 363-370 | 8 | Date of Birth CCYYMMDD | Default: blanks if not available |
| 371-380 | 10 | Blanks | |
| 381-382 | 2 | Account Type | 00 = Not Applicable 01 = Savings Account |

21 Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

- 04 = Checking/Demand Deposit Account
- 05 = Term Deposit Certificate
- 06 = Collateral Account
- 11 = Money Market Account
- 12 = IRA/KEOGH
- 14 = ERISA Plan Account
- 16 = Cash Balances
- 17 = Compound Account
- 18 = Other

| | | |
|---------|----|---------------|
| 383-410 | 28 | Blanks |
| 411-419 | 9 | 2nd Payee SSN |
| 420 | 1 | Blank |

| "B" Position | Size | Description |
|--------------|------|--|
| 002-007 | 6 | Month and Year Enter the year and month (century format) the file is generated. For example, April, 1998 would be entered as: "199804. " |
| 008-011 | 4 | Payee Last Name Control Enter the first four characters of the last name on the matched account |
| 015-023 | 9 | Payee SSN Enter the Social Security Number of the primary owner of the account. |
| 061-160 | 100 | Account Full Legal Title (Optional) Report the full account title of the account reported. Some institutions may find this helpful to report trust accounts, or other titles (i.e. Law Office of") |
| 161 | 1 | Payee Foreign Country Indicator If the address of the payee is in a foreign country, enter a "1" (one) in this field; otherwise enter blank |
| 162-201 | 40 | 1st Payee Name Enter the name of the primary owner of the account (preferably surname first) whose Social Security Number (SSN) was provided in positions 15-23 of the "B" Record. |
| 202-241 | 40 | 2nd Payee Name If there are multiple payees, (e.g., joint owners, partners or spouses), use this field for those names not associated with the SSN provided in positions 12-20 of the "B" Record. If none, enter blanks. |
| 242-321 | 80 | 1st Payee Name Address, City, State, Zip Code Enter the address of the person whose SSN has been entered in positions 0 15-023. If this does not exist, enter the address of the second account owner. |
| 322-350 | 29 | Blanks |
| 351-357 | 7 | Account Balance The account balance is necessary to prevent financial institutions from receiving large numbers of State levies for accounts with insufficient funds. Show the account balance or value in whole dollars only with the sign trailing (positive/negative). For brokerage firms reporting margin accounts, the balance or value is the account holders equity position, or the value of the account less any borrowed amount. For closed accounts, or where the information is unavailable, fill with zeroes. For accounts with balances greater than 9,999,999, enter 9,999,999. |
| 359 | 1 | Trust Fund Indicator |

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The Trust Fund Indicator is necessary for effective State levy service. Enter a single digit (0-6) to indicate whether the account registration indicates it is a trust or escrow account. For closed accounts, a zero may be entered but not a blank.

- 0 = Not a Trust Account or Closed Account
- 1 = UTMA/UGMA Account
- 2 = IOLTA Account
- 3 = Mortgage Escrow Account
- 4 = Security Deposits (incl. Real Estate)
- 5 = Other Trust/Escrow
- 6 = Information Not Available

360 1 Account Status Indicator
 Enter "0" if the account is open.
 Enter "1" if the account is closed.
 Enter "2" if the account is inactive. An inactive account is an account that has not had activity for a specified period of time to be determined by the financial institution.

361 1 Account Balance Indicator
 Enter "0" if the Account Balance to be entered in positions 351-357 has not been provided.
 Enter "1" if an average balance is reported.
 Enter "2" if a current balance (as of the day the report is created) is provided.

362 1 Account Update File Indicator
 For Account Update files only. Those filing Account Tapes will leave this blank.
 Enter "0" if this account has been closed.
 Enter "1" if this is a new account, opened since the last report filed by the financial institution.
 Enter "2" if there is revised account information from the last report filed by the financial institution (changes in address, ownership, etc.).

363-370 8 Date of Birth
 Report the date of birth of the account owner in CCYYMMDD format. If not available, enter blanks. Example: August 1, 1970 = 19700801.

371-380 10 Blanks
 381-382 2 Account Type

Enter two digits for the code which identifies the type of account. If an IRA or ERISA Plan contains any of the others, identify the account only as an IRA or ERISA Plan. A Compound Account is an investment account where portions of the balance are in differing funds - stock, money market, bonds etc..

- 00 = Not Applicable
- 01 = Savings Account
- 04 = Checking/Demand Deposit Account
- 05 = Term Deposit Certificate
- 06=Collateral Account
- 11 = Money Market Account
- 12 = IRA/Keogh Account
- 14 = ERISA Plan Accounts
- 16 = Cash Balances
- 17 = Compound Account
- 18 = Other

411-419 9 2nd Payee SSN
 Enter the SSN of the second owner of the account. If none, enter blanks.

Method One Totals Record

| "T" Record | Size | Description | Comments/Format |
|------------|------|---|-------------------------|
| 001 | 1 | Record Type | Constant "T" |
| 002-010 | 9 | Total Number of Accounts Reported | Numeric, sign trailing |
| 011-019 | 9 | Number of Closed Accounts Reported | Numeric, sign trailing; |
| | | Account Update Files Only | |
| 020-028 | 9 | Constant zero | Numeric, sign trailing |
| 029-037 | 9 | Number of Trust Accounts Reported (All Types) | Numeric, sign trailing |

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| | | | |
|---------|-----|--|---|
| 038-046 | 9 | Number of New Accounts Reported | Account Update Files Only Numeric, sign trailing |
| 047-055 | 9 | Blanks | |
| 056-064 | 9 | Number of Address/Owner Changes Reported | Account Update Files Only Numeric, sign trailing |
| 065-073 | 9 | Blanks | |
| 074-082 | 9 | Constant zero | Numeric, sign trailing |
| 083-091 | 9 | Total Dollar Amount Reported | Numeric, sign trailing |
| 092-100 | 9 | Total Number of IRAs Reported | Numeric, sign trailing |
| 101-420 | 320 | Filler | |

Method One filers should skip to the *Combined 1099/Data Match Filing* section.

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Method Two, the Matched Accounts Method

²⁵Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Method Two, The Matched Accounts Method

The Inquiry File: Specifications for Files to be Given to Financial Institutions for Data Matching

Financial Institutions (or their Reporting Agents) electing to perform the matching under Method Two, the Matched Accounts Method, will receive from the State a magnetic media "Inquiry File" containing a list of persons to be matched.

Files submitted by the State to institutions for matching purposes must be matched against all open accounts maintained by the institution and all account owners, including secondary owners. Note that institutions must match this file against accounts not normally considered for 1099 reporting, including non-interest bearing accounts and accounts earning less than \$10.00 in interest or dividends.

Files sent out by the State will likely be those most frequently used for 1099 reporting: IBM 3480 and 3490 tape cartridges or 9-track magnetic tape. Please consult with State for tape parity and density.

Inquiry Files will contain only 3 kinds of records:

- "D" A record identifying the year and month the file was created by the State.
- "I" The basic inquiry record, identifying the person to be matched.
- "T" The total record showing the number of inquiry records on this file.

All records will have a length of 99 characters and the records will be blocked in groups of 100 records. These records are further defined below:

| "D" Record | Size | Description | Comments/Format |
|---------------------|-------------|--|------------------------|
| 001 | 1 | Record Type | Constant "D" |
| 002-007 | 6 | Year and Month File Generated | CCYYMM |
| 008 | 1 | Data Match File Indicator | Constant "M" |
| 009-099 | 91 | Blanks | |
| "I" Record | Size | Description | Comments/Format |
| 001 | 1 | Record Type | Constant "I" |
| 002-010 | 9 | Inquiry Social Security Number | |
| 011-020 | 10 | State Pass-Back Information | |
| 021-040 | 20 | Inquiry Last Name | |
| 041-056 | 16 | Inquiry First Name | |
| 057-071 | 15 | Case Pass-Back Information | |
| 072-076 | 5 | FIPS Code Pass-Back Information | |
| 077-099 | 23 | Additional State Pass-Back Information | |
| "I" Position | Size | Description | |
| 002-010 | 9 | Inquiry Social Security Number (SSN) | |

This is the SSN of the person to be matched. A match is to be reported by the financial institution anytime an account with the SSN indicated on the Inquiry File is found. It is possible that a single SSN will appear more than once on the inquiry tape. These multiple entries will be differentiated by entries in the Case Pass-Back Information (057-071). If a match is found, matches should be reported for each account with each SSN and Case Pass-Back Information.

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| 011-020 | 10 | State Pass-Back Information | |
|---|------|--|------------------------|
| This field is a 10-digit alphanumeric (may be blank) entry which has significance to the State in its administration of the Data Match System. This information must be passed back to the State if a match is found. (If this field is blank, a blank is passed back.) | | | |
| 021-040 | 20 | Inquiry Last Name | |
| This alphanumeric field will be left-justified and filled with blanks. If the name to be recorded in this field exceeds 20 characters, it will be continued in positions 041-056. Matches identified by a corresponding SSN should be reported by the financial institution even if the name does not match the inquiry record. | | | |
| 041-056 | 16 | Inquiry First Name. | |
| Left-justified and filled with blanks. | | | |
| 057-071 | 15 | Case Pass-Back Information | |
| This 18-digit alphanumeric field (may be blank) has significance to the State for its Child Support case administration. This field must be passed back to the State if a match is found. (If the ID Suffix is a blank, a blank is passed back.) | | | |
| 072-076 | 5 | FIPS Code Pass-Back Information | |
| This field is a 5-digit alphanumeric field which contains the FIPS code of the State inquiring of the SSN. This information must be passed back to State if a match is found. Financial institutions will use this code to determine which State will receive the account information for the match. | | | |
| "T" Record | Size | Description | Comment/Format |
| 001 | 1 | Record Type | Constant "T" |
| 002-011 | 10 | Number of Inquiry Records on this file | Numeric, sign trailing |
| 012-099 | 88 | Blanks | |

The Inquiry File contains highly confidential data. Therefore all Method Two filers are to return the Inquiry File with their Data Match File.

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The Match File: Specifications for Files to be Given to State by Financial Institutions

Method Two "A" Record

| "A" Record | Size | Description | Comments/Format |
|------------|------|-------------|-----------------|
|------------|------|-------------|-----------------|

The character "M" (Match Tape) must be entered in position 371. Otherwise, The Matched Accounts "A" Record is nearly identical to the "A" Record found earlier in this specifications document. Please refer to it for filing instructions.

Method Two "B" Record

Once having matched an Inquiry SSN to an account, the financial institution will report account information on the following "B" Record. Be sure to read the note regarding Primary and Secondary SSN reporting at the end of the record description.

| "B" Record | Size | Description | Comments/Format |
|------------|------|--|--|
| 001 | 1 | Record Type | Constant "B" |
| 002-007 | 6 | Year and Month | CCYYMM Inquiry File data (passed back from "A" Record, positions 020-025) |
| 008-011 | 4 | Payee Last Name Control | First four characters of last name |
| 012-014 | 3 | Blanks | |
| 015-023 | 9 | Matched SSN | |
| 024-043 | 20 | Payee's Account Number | |
| 044-060 | 17 | Blanks | |
| 061-160 | 100 | Account Full Legal Title | (Optional) |
| 161 | 1 | Matched Name Foreign Country Indicator | "1" = Foreign |
| 162-201 | 40 | Matched Name | |
| 202-241 | 40 | 2nd Payee Name | |
| 242-281 | 40 | Matched Name Street Address | |
| 282-310 | 29 | Matched Name City | |
| 311-312 | 2 | Matched Name State | |
| 313-321 | 9 | Matched Name Zip Code | |
| 322-326 | 5 | FIPS Code Pass-Back Information | FIPS Code Pass-Back Info from "I" Record, positions 072-076 |
| 327-349 | 23 | Additional State Pass-Back Information | Pass-Back from "I" Record, positions 077-099 |
| 350 | 1 | Blank | |
| 351-357 | 7 | Account Balance | Numeric, whole dollars, sign trailing. If position 361 = 0, then zeroes are required. |
| 358 | 1 | Match Flag | The FIN will compare SSN and first four characters of last name. Possible values: 0 = unwilling/unable to complete comparison 1 = did comparison & name/SSN matched 2 = did comparison & name did not match |
| 359 | 1 | Trust Fund Indicator | Possible values: 0 = Not a trust account 1 = UTMA/UGMA account 2 = IOLTA account |

28 Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

| | | | |
|---------|----|-----------------------------|--|
| | | | 3 = Mortgage escrow account |
| | | | 4 = Security deposits (incl. Real Estate) |
| | | | 5 = Other trust/escrow |
| | | | 6 = Information not available |
| 360 | 1 | Account Status Indicator | Possible values: 0 = open 1 = closed 2 = inactive |
| 361 | 1 | Account Balance Indicator | Possible values: 0 = not provided 1 = average balance (whether daily, monthly, etc.) 2 = current balance |
| 362 | 1 | Blank | |
| 363-370 | 8 | Date of Birth | CCYYMMDD Default: zero if not available |
| 371-380 | 10 | State Pass-Back Information | |
| 381-382 | 2 | Account Type | 00 = Not applicable 01 = Savings account 04 = Checking/demand deposit account 05 = Term deposit certificate 06 = Collateral Account 11 = Money market account 12 = IRA/KEOGH 14 = ERISA Plan Account 16 = Cash Balances 17 = Compound Account 18 = Other |
| 383-397 | 15 | Case Pass-Back | Case Pass-Back Information from "I" Record, positions 057-071 |
| 398-400 | 3 | Blanks | |
| 401 | 1 | Payee Indicator | Possible values: 0 = if match is primary and sole account holder 1 = if match is secondary holder 2 = if match is primary, but not sole account holder |
| 402-410 | 9 | Primary SSN | |
| 411-419 | 9 | 2nd Payee SSN | |
| 420 | 1 | Blank | |

| "B" Position | Size | Description |
|--------------|------|--|
| 002-007 | 6 | Year and Month Enter the year and month (century format) the file is generated. For example, April, 1998 will be entered as "199804." |
| 015-023 | 9 | Matched SSN Enter the numeric social security number matched from the Inquiry File (see note below) |
| 061-160 | 100 | Account Full Legal Title (Optional) Report the full account title of the account matched. Some institutions may find this helpful to report trust accounts, or other titles (i.e. Law Office of...) |
| 161 | 1 | Matched Name Foreign Country Indicator If the address of the payee is in a foreign country, enter a "1" (one) in this field; otherwise, enter blank |

²⁹Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

| | | | | | | | | | | | |
|-----------------------------|---|--|---|-------------------------|---|-----------------------|------------------------|-------------------|-------------------------------|-----------------------------|--|
| 162-201 | 40 | Matched Name | Enter the name on the account from the financial institution account records. Be sure to enter both the first and last name. (See note below). | | | | | | | | |
| 202-241 | 40 | 2nd Payee Name | Method Two filers having matched an account to the name entered in positions 162-201, will enter the name of any other owner of the account. If none exists, leave blank. (See note below). If the secondary owner has been entered in position 162-201, enter the primary owner name. | | | | | | | | |
| 242-321 | 80 | Matched Name Address, City, State, Zip Code. | Enter the address of the Matched Name whose S SN has been entered in positions 0 15-023. If this does not exist, enter the address of the second account owner. | | | | | | | | |
| 322-326 | 5 | FIPS Code Pass-Back Information | For Federal data matching, insert the two-letter abbreviation of the state where the account is located. The FIPS Code Pass-Back Information field supplied by the state on the Inquiry File for matching purposes must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual appears on the State Inquiry File. | | | | | | | | |
| 327-349 | 23 | Additional State Pass-Back Information | For Federal data matching, this field may be left blank. The Additional State Pass-Back Information field supplied by the State on the Inquiry File for matching purposes must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual appears on the State file. | | | | | | | | |
| 351-357 | 7 | Account Balance | The Account Balance is necessary to prevent financial institutions from receiving large numbers of State levies for accounts with insufficient funds. Show the account balance or value in whole dollars only with the sign trailing (positive/negative). Do not include decimals. For brokerage firms reporting margin accounts, the balance or value is the account holders equity position, or the value of the account less any borrowed amount. For closed accounts, or where the information is unavailable, fill with zeroes. For accounts with balances greater than 9,999,999, enter 9,999,999. | | | | | | | | |
| 358 | 1 | Match Flag | All SSN matches identified by a corresponding SSN should be reported by the institution. An additional comparison of the matched last name to the last name on the Inquiry File may prevent the financial institution from receiving incorrect levies. Enter "0" if the institution is unable to match the last name. Enter "1 " if the first four letters of the matched last name, and that of the Inquiry File last name are the same. Enter "2" if the first four letters of the matched last name, and that of the Inquiry File last name are not the same. | | | | | | | | |
| 359 | 1 | Trust Fund Indicator | Enter a single digit (0-6) to indicate whether the account registration indicates it is a trust or escrow account. Enter a zero (0) if the account is not registered as a trust or escrow. For closed accounts, a zero may be entered but not a blank. <table style="margin-left: 40px;"> <tr> <td>0 = Not a Trust Account</td> <td>4 = Security Deposits (incl. Real Estate)</td> </tr> <tr> <td>1 = UTMA/UGMA Account</td> <td>5 = Other Trust/Escrow</td> </tr> <tr> <td>2 = IOLTA Account</td> <td>6 = Information Not Available</td> </tr> <tr> <td>3 = Mortgage Escrow Account</td> <td></td> </tr> </table> | 0 = Not a Trust Account | 4 = Security Deposits (incl. Real Estate) | 1 = UTMA/UGMA Account | 5 = Other Trust/Escrow | 2 = IOLTA Account | 6 = Information Not Available | 3 = Mortgage Escrow Account | |
| 0 = Not a Trust Account | 4 = Security Deposits (incl. Real Estate) | | | | | | | | | | |
| 1 = UTMA/UGMA Account | 5 = Other Trust/Escrow | | | | | | | | | | |
| 2 = IOLTA Account | 6 = Information Not Available | | | | | | | | | | |
| 3 = Mortgage Escrow Account | | | | | | | | | | | |
| 360 | 1 | Account Status Indicator | | | | | | | | | |

30Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Enter "0" if account is open.

Enter "1" if account is closed.

Enter "2" if account is inactive. An inactive account is an account that has not had activity for a specified period of time to be determined by the financial institution.

361 1 Account Balance Indicator

Enter "0" if the Account Balance to be entered in positions 351-357 has not been provided.

Enter "1" if an average balance is reported.

Enter "2" if a current balance (as of the day the report is created) is provided.

363-370 8 Date of Birth

Report the date of birth of the matched account owner, if known, in CCYYMMDD format, otherwise, enter zeros (0). Example: August 1, 1970 = 19700801.

371-380 10 State Pass-Back Field

The State Pass-Back field supplied on the Inquiry File must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual appears on the State file.

381-382 2 Account Type

Enter two digits for the code which identifies the type of account. If an IRA or ERISA Plan contains any of the others, identify the account only as an IRA or ERISA Plan. A Compound Account is an investment account where portions of the balance are in differing funds - stock, money market, bonds etc.

00 = Not Applicable 12 = IRA/Keogh Account

01 = Savings Account 14 = ERISA plan Accounts

04 = Checking/Demand Deposit Account 16 = Cash Balances

05 = Term Deposit Certificate

06 = Collateral Account 17 = Compound Account

11 = Money Market Account 18 = Other

383-397 15 Case Pass-Back Information

The Case Pass-Back field supplied by the State on the Inquiry File must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual SSN appears on the State file.

401 1 Payee Indicator

Enter "0" if the matched account owner is the sole owner of the account.

Enter "1" if a match is generated against a secondary owner's SSN.

Enter "2" if the matched account is to the primary owner, and there are secondary owners to the same account.

402-410 9 Primary SSN

If the SSN matched to an account is a secondary owner (and a "1" has been entered in position 401), enter the account's primary-owner SSN (see note below).

411-419 9 2nd Payee SSN

Enter the SSN of the second owner of the account (see note below).

Note for Method Two Filers Regarding Primary and Secondary SSN Matching.

Generally, if there are multiple owners of an account, the Primary Owner is the SSN designated for tax reporting. A Secondary Owner would be any other(s). The following are instructions to clarify the Primary and Secondary owners reporting. All other fields not specified below are to be filled as instructed in the "B" Record layout above.

³¹Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

If an SSN matched from the State Inquiry File is found to be the **Primary Owner** of an account, follow these instructions:

- the Matched SSN is entered in the Matched SSN field in positions 0 15-023
- the Matched Name is entered in the Matched Name field in positions 162-201
- the Secondary Owner's name will be entered in the 2nd Payee Name field in positions 202-241
- if the account owner is the sole owner of the account, enter "0" in the Payee Indicator field in position 401; enter "2" in position 401 if more than one owner exists.
- the Secondary Owner's SSN will be entered in the 2nd Payee SSN in positions 411-419.
- All other fields are to be filled as instructed in the "B" Record layout.

If an SSN from the State Inquiry File is found to be a **Secondary Owner** of an account, follow these instructions:

- the Matched SSN is entered in the Matched SSN field in positions 0 15-023
- the Matched Name is entered in the Matched Name field in positions 162-201
- the Primary Owner's name will be entered in the 2nd Payee Name field in positions 202-241
- a "1" is entered in the Payee Indicator field in position 401
- the Primary Owner's SSN will be entered in the Primary SSN field in positions 402-410
- All other fields are to be filled as instructed in the "B" Record layout

| "T" Record | Size | Description | Comments/Format |
|------------|------|--|------------------------|
| 001 | 1 | Record Type | Constant "T" |
| 002-010 | 9 | Total Number of Accounts Reported | Numeric, sign trailing |
| 011-019 | 9 | Constant zero | Numeric, sign trailing |
| 020-028 | 9 | Number of Accounts with Match Flags | Numeric, sign trailing |
| 029-037 | 9 | Number of Trust Accounts Reported (All Types) | Numeric, sign trailing |
| 038-046 | 9 | Constant zero | Numeric, sign trailing |
| 047-055 | 9 | Blanks | |
| 056-064 | 9 | Constant zero | Numeric, sign trailing |
| 065-073 | 9 | Blanks | |
| 074-082 | 9 | Total Number of Accounts Compared Against State File | Numeric, sign trailing |
| 083-091 | 9 | Total Dollar Amount Reported | Numeric, sign trailing |
| 092-100 | 9 | Total Number of IRAs Reported | Numeric, sign trailing |
| 101-420 | 320 | Blanks | |

| "T" Position | Size | Description |
|--------------|------|---|
| 002-010 | 9 | Total Number of Accounts Reported Enter the total number of accounts matched to the SSNs on the Inquiry File. |
| 020-028 | 9 | Number of Accounts with Match Flags Enter the total number of matches identified by SSN and the first four letters of the last name which are reported by the institution (where "B" Record position 358 = 1). This comparison of the matched last name to the last name on the Inquiry File may prevent financial institutions from receiving incorrect levies. |

How to Report No Matches Found

³²Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Those filing under Method Two may have no matches to report after comparing their accounts against the State Inquiry File. Reporting agents, and institutions that process Data Match Method Two in-house each have separate No Match directions.

For a Reporting Agent filing reports for more than one institution, follow these instructions:

- a) If the Agent finds **no matches for any institution**, it may file a report by entering "No Matches" on a completed Magnetic Media Transmitter Report. Attach a list containing every institution name, TIN and the total number of accounts compared against the Inquiry File for each.
- b) Agents **reporting both matches and no matches**, must include a **complete "A" and "T" Record** on the Match Tape for every institution it compares against the Inquiry File. Do not omit those institutions with no matches, but enter zeroes in the appropriate positions of the "T" Record. An institution that has been omitted may find itself in violation of Data Match filing requirements.
- c) Agents reporting for a single institution may follow the single institution instructions below.

A financial institution that files a Method Two report for itself, and finds no matches after comparing its accounts to the Inquiry File, may file a No Match Report by entering "No Matches" on a completed transmittal report. Include the total number of accounts compared against the Inquiry File.

³³Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Combined 1099/Data Match Under Method One Filing

Where permitted, institutions making the election to report under Method One and include Data Match account information with their annual Form 1099 filing must modify their 1099 "A" & "B" Records. Because Form 1099 specifications can vary from state to state, the format below may not be suitable for your institution. You must contact your State for further information on this filing option.

| "A" Record | Size | Description | Comments/Format |
|--|-------------|--------------------|------------------------|
| The character "A" (Account Tape) must be entered in position 371. Otherwise, positions 1-750 are to be filled as required in IRS Publication 1220 for Form 1099. | | | |

| "B" Record | Size | Description | Comments/Format |
|-------------------|-------------|--------------------|------------------------|
| 001 | 1 | Record Type | Constant "B" |
| 002-005 | 4 | Year | (CCYY) |

Positions 6-662 are to be filled as required in IRS Publication 1220. However, the following additional fields must be added to the "B" Record in the positions 663-684, where the IRS permits States to add "Special Data Entries." With the exception of the Account Status Indicator defined below, these fields and their description are found in the complete Method One "B" Record layout, however their location (position numbers) will be different.

| | | | |
|---------|----|---------------------------|--|
| 663 | 1 | Account Status Indicator | |
| 664-671 | 8 | Account Balance | Whole Dollars Only, Numeric, sign trailing |
| 672 | 1 | Trust Fund Indicator | |
| 673-674 | 2 | Account Type | |
| 675-683 | 9 | 2nd Payee SSN | |
| 684 | 1 | Account Balance Indicator | |
| 685-722 | 38 | Blank | |
| 350 | 1 | Account Status Indicator | Enter "0" if the account is still open. Enter "1" if the account has been closed. |

| "T" Record | Size | Description |
|--|-------------|--------------------|
| There are no modifications to be made to the Form 1099 "T" Record. | | |

After filing combined information by the February 28 due date, a Data Match supplemental report will be due April 30. This will include all accounts not included on the 1099 file (i.e. non-interest bearing accounts), and all accounts opened and closed since January 1. An institution may file a complete All Accounts file in place of this supplementary report.

³⁴Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Common Data Match Errors

The State encourages filers to verify the content of their Data Match files to ensure the accuracy of the data. This may eliminate the need for State to return your file for correction. This is especially important to those who have their reports prepared by a Reporting Agent.

Rejected files will be returned to the filing institution with an explanation for the rejection. The institution is to make the appropriate corrections and resubmit the file as soon as possible.

The following were frequently encountered problems experienced by the Massachusetts Department of Revenue in the first year of its Bank Match operation.

- **Form 1099 reports submitted in place of Method One Data Match reports.**
Although the magnetic media specifications for 1099 and Data Match reporting are similar, a 1099 report cannot be filed in place of a Data Match report as there are important differences. An institution may elect to combine 1099 and Data Match filing, but only after electing to do so on the BMRS-I, Data Match Election Form. Even so, *the 1099file must be modified* as instructed in this Handbook.
- **Non-interest bearing accounts omitted or excluded.**
Although such accounts may be exempt from IRS 1099 reporting, these accounts are not excludable under the laws governing Data Match reporting.
- **Transmittal Report not included with Data Match tape.**
This slows the processing of your tape.
- **Transmitter TINXID omitted on Transmittal.**
- **"A" Record: The institution or money market fund TIN/FID is omitted, positions 007-015.**
Only numerals are to be entered in these positions. Hyphens and blanks between digits are also common errors.
- **Levy service mailing address is incorrect or omitted, positions 131-210.**
The levy service address may be different from that entered on the IRS 1099 report or the general street address.
- **"B" Record: Account Balance is omitted, positions 351-357**

³⁵Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Data Match Filing Schedule

These are general filing guidelines. Please consult with the State Data Match Reporting site for specific dates.

| | |
|--------------------------------------|---|
| November: | Contact the State to obtain updated Specifications if necessary. |
| Mid-December for the following year: | Data Match Election Form due where required. |
| February 28 | Combined 1099/Data Match files due where permitted. |
| April 30 | Account file is due if the All Accounts Method is elected. |
| April 30 | Combined 1099/Data Match filers submit a supplemental file to complete their first quarter Data Match reporting. |
| Quarterly | Method One (All Accounts Method) files are due 30 days after the end of each quarter. Where allowed, Update files are due. State will accept an All Accounts File in place of an Account Update File when necessary. |
| Quarterly | Method Two (Matched Accounts Method) Inquiry File sent to institutions. Institutions must match this file against their records and remit a list of matched accounts within 30-45 days of receipt. A completed Magnetic Media Transmitter Report, must accompany all Data Match Reports. |

Where to Send Data Match Forms and Files

Please consult your State Data Match Reporting site for this address. Method Two institutions reporting matched accounts to different States should use the FIPS Code Directory below to determine where to file their report.

Special Delivery

To ensure timely receipt, institutions are advised to send Data Match Tapes by courier mail.

Where to Get Help

If you have any questions, regarding these specifications, please call your State's Data Match Liaison.

³⁶Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Data Match FIPS Code Directory

The State Inquiry File contains the Name, SSN, and other information for matching purposes. Included in this information is the 5-digit Federal Information Processing Standard (FIPS) Code. The first two digits of this Code identifies the State which requested the match information.

To facilitate the return of the match information, the following list provides the FIPS Codes, and their corresponding State or territory.

| FIPS Code | State | FIPS Code | State/Territory |
|------------------|----------------------|------------------|-----------------------------|
| 01 | Alabama | 33 | New Hampshire |
| 02 | Alaska | 34 | New Jersey |
| 04 | Arizona | 35 | New Mexico |
| 05 | Arkansas | 36 | New York |
| 06 | California | 37 | North Carolina |
| 08 | Colorado | 38 | North Dakota |
| 09 | Connecticut | 39 | Ohio |
| 10 | Delaware | 40 | Oklahoma |
| 11 | District of Columbia | 41 | Oregon |
| 12 | Florida | 42 | Pennsylvania |
| 13 | Georgia | 44 | Rhode Island |
| 15 | Hawaii | 45 | South Carolina |
| 16 | Idaho | 46 | South Dakota |
| 17 | Illinois | 47 | Tennessee |
| 18 | Indiana | 48 | Texas |
| 19 | Iowa | 49 | Utah |
| 20 | Kansas | 50 | Vermont |
| 21 | Kentucky | 51 | Virginia |
| 22 | Louisiana | 53 | Washington |
| 23 | Maine | 54 | West Virginia |
| 24 | Maryland | 55 | Wisconsin |
| 25 | Massachusetts | 56 | Wyoming |
| 26 | Michigan | 60 | American Samoa |
| 27 | Minnesota | 66 | Guam |
| 28 | Mississippi | 69 | Northern Mariana Islands |
| 29 | Missouri | 70 | Palau |
| 30 | Montana | 72 | Puerto Rico |
| 31 | Nebraska | 74 | U.S. Minor Outlying Islands |
| 32 | Nevada | 78 | Virgin Islands |

³⁷Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions and maintaining the data needed, and reviewing the collection of information. An agency may not conduct, or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control number. OMB Control number is 0970-0196, Expiration Date 10/31/2007.

Appendix B - Change Form

For use by financial institutions to make changes after the Memorandum of Agreement for Financial Data Match has been signed.

Oklahoma Financial Institution Data Match Change Form

Name of Financial Institution: _____ FEIN: _____

Change of Media:

We will receive files from the Department on:

- Connect: Direct
- FTP File Transfer
- Secure internet website
- CD ROM

We will send files to the Department on:

- Connect: Direct
- FTP File Transfer
- Secure internet website
- CD ROM

(If you need any other media type contact the Interstate Data Exchange Consortium representative.)

Change of Reporting Method:

- Method One
- Method Two

Change of Institution Contact Information:

Contact Person: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Delivery Address (if different): _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ Fax: (____) _____
 E-mail Address: _____

Change of Service Provider Contact Information:

Service Provider: _____
 FEIN: _____
 Contact Person: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Delivery Address (if different): _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ Fax: (____) _____
 E-mail Address: _____

All changes are effective 30 days after receipt of written notification by the State of Oklahoma FIDM Unit. Send this change or any other written communication to:

FIDM UNIT
 Oklahoma Child Support Services
 Capital Station, Box 53552
 Oklahoma City, OK 73152

 Signature Title Date

Comments: _____

Appendix C - Community Reinvestment Act

Financial institutions may be able to use the Community Reinvestment Act to defray programming and other costs of the FIDM program.

Community Reinvestment Act (12 U.S.C. Chapter 30)

§2901. Congressional findings and statement of purpose.

§2902. Definitions.

§2903. Financial institutions; evaluation.

(a) In general.

(b) Majority-owned institutions.

§2904. Report to Congress.

§2905. Regulations.

§2906. Written evaluations.

(a) Required.

(b) Public section of report.

(c) Confidential section of report.

(d) Institutions with interstate branches.

(e) Definitions.

§2907. Operation of branch facilities by minorities and women.

(a) In general.

(b) Definitions.

Sec. 2901. Congressional findings and statement of purpose

(a) The Congress finds that -

(1) regulated financial institutions are required by law to demonstrate that their deposit facilities serve the convenience and needs of the communities in which they are chartered to do business;

(2) the convenience and needs of communities include the need for credit services as well as deposit services; and

(3) regulated financial institutions have continuing and affirmative obligation to help meet the credit needs of the local communities in which they are chartered.

(b) It is the purpose of this chapter to require each appropriate Federal financial supervisory agency to use its authority when examining financial institutions, to encourage such institutions to help meet the credit needs of the local communities in which they are chartered consistent with the safe and sound operation of such institutions.

Sec. 2902. Definitions

For the purposes of this chapter -

(1) the term "appropriate Federal financial supervisory agency" means
(A) the Comptroller of the Currency with respect to national banks;

- (B) the Board of Governors of the Federal Reserve System with respect to State chartered banks which are members of the Federal Reserve System and bank holding companies;
- (C) the Federal Deposit Insurance Corporation with respect to State chartered banks and savings banks which are not members of the Federal Reserve System and the deposits of which are insured by the Corporation; and
- (2)¹² section 1818 of this title, by the Director of the Office of Thrift Supervision, in the case of a savings association (the deposits of which are insured by the Federal Deposit Insurance Corporation) and a savings and loan holding company;
- (2) the term "regulated financial institution" means an insured depository institution (as defined in section 1813 of this title); and
- (3) the term "application for a deposit facility" means an application to the appropriate Federal financial supervisory agency otherwise required under Federal law or regulations thereunder for -
- (A) a charter for a national bank or Federal savings and loan association;
- (B) deposit insurance in connection with a newly chartered State bank, savings bank, savings and loan association or similar institution;
- (C) the establishment of a domestic branch or other facility with the ability to accept deposits of a regulated financial institution;
- (D) the relocation of the home office or a branch office of a regulated financial institution;
- (E) the merger or consolidation with, or the acquisition of the assets, or the assumption of the liabilities of a regulated financial institution requiring approval under section 1828(c) of this title or under regulations issued under the authority of title IV of the National Housing Act (12 U.S.C. 1724 et seq.); or
- (F) the acquisition of shares in, or the assets of, a regulated financial institution requiring approval under section 1842 of this title or section 408(e) of the National Housing Act (12 U.S.C. 1730a(e)).
- (4) A financial institution whose business predominately consists of serving the needs of military personnel who are not located within a defined geographic area may define its "entire community" to include its entire deposit customer base without regard to geographic proximity.

Sec. 2903. Financial institutions; evaluation

(a) In general

In connection with its examination of a financial institution, the appropriate Federal financial supervisory agency shall -

¹² So in original. Text reading "(2) section 1818 of this title, by the Director" probably should read "(D) the Director".

- (1) assess the institution's record of meeting the credit needs of its entire community, including low- and moderate-income neighborhoods, consistent with the safe and sound operation of such institution; and
- (2) take such record into account in its evaluation of an application for a deposit facility by such institution.

(b) Majority-owned institutions

In assessing and taking into account, under subsection (a) of this section, the record of a nonminority-owned and nonwomen-owned financial institution, the appropriate Federal financial supervisory agency may consider as a factor capital investment, loan participation, and other ventures undertaken by the institution in cooperation with minority- and women-owned financial institutions and low-income credit unions provided that these activities help meet the credit needs of local communities in which such institutions and credit unions are chartered.

Sec. 2904. Report to Congress

Each appropriate Federal financial supervisory agency shall include in its annual report to the Congress a section outlining the actions it has taken to carry out its responsibilities under this chapter.

Sec. 2905. Regulations

Regulations to carry out the purposes of this chapter shall be published by each appropriate Federal financial supervisory agency, and shall take effect no later than 390 days after October 12, 1977.

Sec. 2906. Written evaluations

(a) Required

(1) In general

Upon the conclusion of each examination of an insured depository institution under section 2903 of this title, the appropriate Federal financial supervisory agency shall prepare a written evaluation of the institution's record of meeting the credit needs of its entire community, including low- and moderate-income neighborhoods.

(2) Public and confidential sections

Each written evaluation required under paragraph (1) shall have a public section and a confidential section.

(b) Public section of report

(1) Findings and conclusions

(A) Contents of written evaluation The public section of the written evaluation shall -

- (i) state the appropriate Federal financial supervisory agency's conclusions for each assessment factor identified in the regulations prescribed by the Federal financial supervisory agencies to implement this chapter;
- (ii) discuss the facts and data supporting such conclusions; and
- (iii) contain the institution's rating and a statement describing the basis for the rating.

(B) Metropolitan area distinctions

The information required by clauses (i) and (ii) of subparagraph (A) shall be presented separately for each metropolitan area in which a regulated depository institution maintains one or more domestic branch offices.

(2) Assigned rating

The institution's rating referred to in paragraph (1)(C)¹³ shall be 1 of the following:

- (A) "Outstanding record of meeting community credit needs".
- (B) "Satisfactory record of meeting community credit needs".
- (C) "Needs to improve record of meeting community credit needs".
- (D) "Substantial noncompliance in meeting community credit needs". Such ratings shall be disclosed to the public on and after July 1, 1990.

(c) Confidential section of report

(1) Privacy of named individuals The confidential section of the written evaluation shall contain all references that identify any customer of the institution, any employee or officer of the institution, or any person or organization that has provided information in confidence to a Federal or State financial supervisory agency.

(2) Topics not suitable for disclosure The confidential section shall also contain any statements obtained or made by the appropriate Federal financial supervisory agency in the course of an examination which, in the judgment of the agency, are too sensitive or speculative in nature to disclose to the institution or the public.

(3) Disclosure to depository institution The confidential section may be disclosed, in whole or part, to the institution, if the appropriate Federal financial supervisory agency determines that such disclosure will promote the objectives of this chapter. However, disclosure under this paragraph shall not identify a person or organization that has provided information in confidence to a Federal or State financial supervisory agency.

(d) Institutions with interstate branches

(1) State-by-State evaluation In the case of a regulated financial institution that maintains domestic branches in 2 or more States, the appropriate Federal financial supervisory agency shall prepare -

- (A) a written evaluation of the entire institution's record of performance under this chapter, as required by subsections (a), (b), and (c) of this section; and
- (B) for each State in which the institution maintains 1 or more domestic branches, a separate written evaluation of the institution's record of performance within such State under this chapter, as required by subsections (a), (b), and (c) of this section.

¹³ So in original. Probably should be paragraph "(1)(A)(iii)".

(2) Multistate metropolitan areas

In the case of a regulated financial institution that maintains domestic branches in 2 or more States within a multistate metropolitan area, the appropriate Federal financial supervisory agency shall prepare a separate written evaluation of the institution's record of performance within such metropolitan area under this chapter, as required by subsections (a), (b), and (c) of this section. If the agency prepares a written evaluation pursuant to this paragraph, the scope of the written evaluation required under paragraph (1)(B) shall be adjusted accordingly.

(3) Content of State level evaluation

A written evaluation prepared pursuant to paragraph (1)(B) shall -

(A) present the information required by subparagraphs (A) and (B) of subsection (b)(1) of this section separately for each metropolitan area in which the institution maintains 1 or more domestic branch offices and separately for the remainder of the nonmetropolitan area of the State if the institution maintains 1 or more domestic branch offices in such nonmetropolitan area; and

(B) describe how the Federal financial supervisory agency has performed the examination of the institution, including a list of the individual branches examined.

(e) Definitions

For purposes of this section the following definitions shall apply:

(1) Domestic branch The term "domestic branch" means any branch office or other facility of a regulated financial institution that accepts deposits, located in any State.

(2) Metropolitan area

The term "metropolitan area" means any primary metropolitan statistical area, metropolitan statistical area, or consolidated metropolitan statistical area, as defined by the Director of the Office of Management and Budget, with a population of 250,000 or more, and any other area designated as such by the appropriate Federal financial supervisory agency.

(3) State

The term "State" has the same meaning as in section 1813 of this title.

Sec. 2907. Operation of branch facilities by minorities and women

(a) In general

In the case of any depository institution which donates, sells on favorable terms (as determined by the appropriate Federal financial supervisory agency), or makes available on a rent-free basis any branch of such institution which is located in any predominantly minority neighborhood to any minority depository institution or women's depository institution, the amount of the contribution or the amount of the loss incurred in connection with such activity may be a factor in determining whether the depository institution is

meeting the credit needs of the institution's community for purposes of this chapter.

(b) Definitions

For purposes of this section -

(1) Minority depository institution The term "minority institution"¹⁴ means a depository institution (as defined in section 1813(c) of this title) -

(A) more than 50 percent of the ownership or control of which is held by 1 or more minority individuals; and

(B) more than 50 percent of the net profit or loss of which accrues to 1 or more minority individuals.

(2) Women's depository institution

The term "women's depository institution" means a depository institution (as defined in section 1813(c) of this title) -

(A) more than 50 percent of the ownership or control of which is held by 1 or more women;

(B) more than 50 percent of the net profit or loss of which accrues to 1 or more women; and

(C) a significant percentage of senior management positions of which are held by women.

(3) Minority

The term "minority" has the meaning given to such term by section 1204(c)(3) of the Financial Institutions Reform, Recovery and Enforcement Act of 1989.

¹⁴ So in original. Probably should be "minority depository institution".

Appendix D - Levy Process Forms

The information provided in the list below are examples of levy process forms that financial institutions will come in contact with during the FIDM levy process.

1. Notice of Levy and Right to Administrative Review
2. Notice of Levy Copy to Financial Institution/Obligor/CSS copy
3. Financial Institution Levy Response Form
4. Notice of Administrative Review Decision - Bank Levy
5. Full or Partial Release of Levy

Appendix E – Contacts and Web Sites Related to FIDM

CSS FIDM Contact:

These numbers are for financial institution use only.

Andrew Szymak FIDM Coordinator

Phone: (877) 608-4725 Toll-free FIDM hotline

Fax: (405) 522-4570

Andrew.Szymak@okdhs.org

Interstate Data Exchange Consortium (IDEC) agent Informatix, Inc:

This contact is for financial institution use only:

Paul Peters

Phone: (877) 331-4150 Ext. 4757

Fax: (517) 318-4757 or (517) 318-4696

Paul.Peters@informatixinc.com

Interstate Data Exchange Consortium (IDEC) web site:

<http://www.ideconsortium.com>

CSS CARE Customer Service:

These numbers can be given to your customers if they have a question regarding a levy action:

Oklahoma City Metro Area: (405) 522-2273

Tulsa Metro Area: (918) 295-3500

Toll Free (800) 522-2922

You will need to have Adobe Acrobat Reader installed on your computer to read several of the documents that are available at these web sites.

CSS web site:

<http://www.okdhs.org>

This is Oklahoma Department of Human Service's (DHS) web site. It includes a variety of information about all of the services provided by Oklahoma DHS. To access information regarding CSS, click on the Child Support Services link.

OCSE FIDM web site:

<http://www.acf.dhhs.gov/programs/cse/fct/fidm/dataspecs.pdf>

This is the federal Office of Child Support Enforcement's FIDM specification site. It contains the *Financial Data Match Specifications Handbook (dated October 25, 2004)*.