

Input Record Layout

Record Location	Field Name	Field Size	Field Type	Must Fill*
1-9	SOCIAL SECURITY NUMBER ¹	9	N	YES
10-12	ENTRY CODE- TPV	3	A	YES
13-15	PROCESSING CODE- 217	3	N	YES
16-28	LAST NAME ²	13	A	YES
29-38	FIRST NAME	10	A	YES
39-45	MIDDLE NAME/INITIAL	7	A	NO
46-53	DATE OF BIRTH (MMDDCCYY) ³	8	N	NO
54	GENDER CODE (M =MALE, F =FEMALE, U =UNKNOWN)	1	A	NO
55-74	CONTROL INFORMAITON	20	A/N	NO
75-103	ADDITIONAL CONTROL INFORMATION	29	A/N	NO
104-123	FILLER (DO NOT ENTER ANY DATA)	20	--	NO
124-127	REQUESTER IDENTIFICATION CODE ⁴ - 9ORS	4	A/N	YES
128-130	BLANKS, OR MULTIPLE REQUEST ID ⁵	3	A/N	NO

**If a MUST FILL field does not contain an entry, the item is automatically a not-verified record.*

¹ Must contain 9 digits; if SSN is unknown, enter all zeroes

² Delete all hyphens, apostrophes, blanks, periods and suffixes (e.g., Jr., III) before completing the last name field. Must contain at least 1 character. If SSN is all 000's the edits/requirements for a match are much stricter; no name tolerances are applied. Example:

Rivera-Cruz	enter as	Rivera Cruz
Al Saub	enter as	Al Saub
O'Toole	enter as	Otoole (no space)

³ If date of birth is unknown, leave blank. Do not enter invalid characters in this field- in the verification routine, the date of birth is disregarded when non-numeric characters are present.

⁴ Must enter your four-position alpha/numeric code that was assigned to you by SSA during registration.

⁵ If sending in more than 1 file on same day, you may wish to use this space to enter your own different control identification number for each multiple request file.