

# Financial Data Match Specifications Handbook

(As of November 29, 2007)

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## **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.

### **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:

- **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."

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**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.

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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.

| <b>"A" Record</b> | <b>Size</b> | <b>Description</b>                             | <b>Comments/Format</b>                                                                                                                                     |
|-------------------|-------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)                                                                                                                                                 |
| 034-04 1          | 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<br>(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                                                                                                                   |
| 200-20 1          | 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                |                                                                                                                                                            |
| 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                                         |                                                                                                                                                            |

| <b>"A" Position</b> | <b>Size</b> | <b>Description</b>        |            |
|---------------------|-------------|---------------------------|------------|
| 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. |    |                                             |                            |
| 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.

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|         |    |        |
|---------|----|--------|
| 372-420 | 49 | Blanks |
|---------|----|--------|

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Method One filers should continue to the next section, the *Method One "B" Record*. Method Two filers should skip to the section entitled *Method Two, The Matched Accounts Method*.

**Method One,  
The All Accounts Method**

**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>"B" Record</b> | <b>Size</b> | <b>Description</b>              | <b>Comments/Format</b>                                                                                                                                                                                                           |
|-------------------|-------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br>Zeroes are required if position 361 = 0                                                                                                                                                |
| 358               | 1           | Blank                           |                                                                                                                                                                                                                                  |
| 359               | 1           | Trust Fund Indicator            | Possible values:<br>0 = Not a trust account<br>1 = UTMA/UGMA account<br>2 = IOLTA account<br>3 = Mortgage escrow account<br>4 = Security deposits (incl. Real Estate)<br>5 = Other trust/escrow<br>6 = Information not available |
| 360               | 1           | Account Status Indicator        | Possible values:<br>0 = Open Account<br>1 = Closed Account<br>2 = Inactive Account                                                                                                                                               |
| 361               | 1           | Account Balance Indicator       | Possible values:<br>0 = Not provided<br>1 = Average balance (whether daily, monthly, etc.)<br>2 = Current balance                                                                                                                |
| 362               | 1           | Account Update File Indicator   | Account Update Files only. Possible values:<br>0 = delete (closed account)<br>1 = add (new account since last match)<br>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<br>01 = Savings Account<br>04 = Checking/Demand Deposit Account<br>05 = Term Deposit Certificate<br>06 = Collateral Account<br>11 = Money Market Account<br>12 = IRA/KEOGH<br>14 = ERISA Plan Account        |

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

| "B" Position                                                                                                                     | Size | Description             |
|----------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|
| 002-007                                                                                                                          | 6    | Month and Year          |
| <u>Enter the year and month (century format) the file is generated. For example, April, 1998 would be entered as: "199804. "</u> |      |                         |
| 008-011                                                                                                                          | 4    | Payee Last Name Control |
| Enter the first four characters of the last name on the matched 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") |     |                                     |

|                                                                                                                                                                     |    |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------|
| 162-201                                                                                                                                                             | 40 | 1 st 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. |    |                 |

|                                                                                                                                                          |    |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------|
| 242-32 1                                                                                                                                                 | 80 | 1 st 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. |    |                                                |

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.

|                                                                                                                                                                                 |   |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|
| 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. |   |                          |

9

Enter "1" if an average balance is reported.

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

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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.).

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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.

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371-380                      10                      Blanks

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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               |

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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  |
| 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.

**Method Two, The Matched  
Accounts Method**

## 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:

| <b>"D" Record</b>   | <b>Size</b> | <b>Description</b>                     | <b>Comments/Format</b> |
|---------------------|-------------|----------------------------------------|------------------------|
| 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                                 |                        |
| <b>"I" Record</b>   | <b>Size</b> | <b>Description</b>                     | <b>Comments/Format</b> |
| 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                     |                        |
| 057-07 1            | 15          | Case Pass-Back Information             |                        |
| 072-076             | 5           | FIPS Code Pass-Back Information        |                        |
| 077-099             | 23          | Additional State Pass-Back Information |                        |
| <b>"I" Position</b> | <b>Size</b> | <b>Description</b>                     |                        |
| 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 (057-07 1). If a match is found, matches should be reported for each account with each SSN and Case Pass-Back Information.

|         |    |                             |
|---------|----|-----------------------------|
| 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 |
|---------|----|----------------------------|

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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.**

## 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                           |                                                                                                                                                                                                                                  |
| 202-24 1   | 40   | 2nd Payee Name                         |                                                                                                                                                                                                                                  |
| 242-28 1   | 40   | Matched Name Street Address            |                                                                                                                                                                                                                                  |
| 282-310    | 29   | Matched Name City                      |                                                                                                                                                                                                                                  |
| 311-312    | 2    | Matched Name State                     |                                                                                                                                                                                                                                  |
| 3 13-321   | 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:<br>0 = unwilling/unable to complete comparison<br>1 = did comparison & name/SSN matched<br>2 = did comparison & name did not match             |
| 359        | 1    | Trust Fund Indicator                   | Possible values:<br>0 = Not a trust account<br>1 = UTMA/UGMA account<br>2 = IOLTA account<br>3 = Mortgage escrow account<br>4 = Security deposits (incl. Real Estate)<br>5 = Other trust/escrow<br>6 = Information not available |
| 360        | 1    | Account Status Indicator               | Possible values:<br>0 = open<br>1 = closed<br>2 = inactive                                                                                                                                                                       |
| 361        | 1    | Account Balance Indicator              | Possible values:<br>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<br>01 = Savings account<br>04 = Checking/demand deposit account<br>05 = Term deposit certificate<br>06 = Collateral Account<br>11 = Money market account<br>12 = IRA/KEOGH<br>14 = ERISA Plan Account<br>16 = Cash Balances<br>17 = Compound Account<br>18 = Other |
| 383-397                                                                                                                                                                                                                                                                                | 15          | Case Pass-Back                         | Case Pass-Back Information from "I"<br>Record, positions 057-07 1                                                                                                                                                                                                                      |
| 398-400                                                                                                                                                                                                                                                                                | 3           | Blanks                                 |                                                                                                                                                                                                                                                                                        |
| 401                                                                                                                                                                                                                                                                                    | 1           | Payee Indicator                        | Possible values:<br>0 = if match is primary and sole account holder<br>1 = if match is secondary holder<br>2 = if match is primary, but not sole account holder                                                                                                                        |
| 402-410                                                                                                                                                                                                                                                                                | 9           | Primary SSN                            |                                                                                                                                                                                                                                                                                        |
| 411-419                                                                                                                                                                                                                                                                                | 9           | 2nd Payee SSN                          |                                                                                                                                                                                                                                                                                        |
| 420                                                                                                                                                                                                                                                                                    | 1           | <b>Blank</b>                           |                                                                                                                                                                                                                                                                                        |
| <b>"B" Position</b>                                                                                                                                                                                                                                                                    | <b>Size</b> | <b>Description</b>                     |                                                                                                                                                                                                                                                                                        |
| 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                                                                                                                                                                           |             |                                        |                                                                                                                                                                                                                                                                                        |
| 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).                                                                                                                                         |             |                                        |                                                                                                                                                                                                                                                                                        |
| 202-24 1                                                                                                                                                                                                                                                                               | 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. |             |                                        |                                                                                                                                                                                                                                                                                        |

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|         |    |                                              |
|---------|----|----------------------------------------------|
| 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.

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|         |   |                                 |
|---------|---|---------------------------------|
| 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.

---

|          |   |                 |
|----------|---|-----------------|
| 35 1-357 | 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.

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 |
|-----|---|--------------------------|

---

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.

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|         |    |                       |
|---------|----|-----------------------|
| 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             |

---

|          |    |                            |
|----------|----|----------------------------|
| 383-3 97 | 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).

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### **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.

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 202-24 1
- 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 S SN is entered in the Matched S SN 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 202-24 1
- 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 |
| 03 8-046   | 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

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:

- 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.
- 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.

### **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.

| <b>"A" Record</b>                                                                                                                                                | <b>Size</b> | <b>Description</b> | <b>Comments/Format</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|------------------------|
| 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>"B" Record</b> | <b>Size</b> | <b>Description</b> | <b>Comments/Format</b> |
|-------------------|-------------|--------------------|------------------------|
| 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  |                                            |
| 664-67 1                                  | 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. |    |                           |                                            |

| <b>"T" Record</b>                                                  | <b>Size</b> | <b>Description</b> |
|--------------------------------------------------------------------|-------------|--------------------|
| 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.

### 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 1099 file 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**

### **Data Match Filing Schedule**

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

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|                                      |                                                                                                                                                                                                                             |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| November:                            | Contact the State to obtain updated Specifications if necessary.                                                                                                                                                            |
| Mid-December for the following year: | <b>Data Match Election Form due where required.</b>                                                                                                                                                                         |
| 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                            | <b>Method One</b> (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                            | <b>Method Two</b> (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.

### **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.

| <b>FIPS Code</b> | <b>State</b>         | <b>FIPS Code</b> | <b>State/Territory</b>      |
|------------------|----------------------|------------------|-----------------------------|
| 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              |