COLORADO
Office of Economic Security
Division of Child Support Services

COLORADO STATE DIRECTORY OF NEW HIRES

Comma-Delimited File Layout & Instructions

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

Optional fields must be included but if no data is available, no value or a space may be provided to represent this element.

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

Quotes can be used around field values but is not required unless there is a comma in the field value.

See the Example Comma File and Template on the File Upload page

Field	Type	Length	Status	Comments
Employer FEIN	**Numeric**	**9**	**Required**	**Federal Employer Identification Number, must be 9 digits (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.**
Filler1	**Char**	**0**	**Required**	**Leave Blank. Reserved for future use.**
Employer Name	**Char**	**45**	**Required**	**At least two characters.**
Employer Address Line 1	**Char**	**40**	**Required**	**At least two characters.** **Please use the same address that is used for the processing of Income Withholding Orders.**
Employer Address Line 2	Char	40	Optional	
Employer City	**Char**	**25**	**Required**	**At least two characters, no special characters except hyphen.**
Employer State	**Char**	**2**	**Required**	**Valid state or territory abbreviation.**
Employer Postal Code	**Numeric**	**5**	**Required**	**U.S. 5 digit zip code.**
Employer Zip+4	Numeric	4	Optional	If present, must be 4 digits.
Employer Country Code	Char	2	Optional	Must be "US" or blank.
Employee First Name	**Char**	**16**	**Required**	**At least one character, no special characters.**
Employee Middle Name	Char	16	Optional	If non-blank must be at least one character, no special characters.
Employee Last Name	**Char**	**30**	**Required**	**At least one character, no special characters except hyphen.**
Employee SSN#	**Numeric**	**9**	**Required**	**Must be 9 digits, no hyphens.**
Employee Address Line 1	**Char**	**40**	**Required**	**At least two characters.**
Employee Address Line 2	Char	40	Optional	
Employee City	**Char**	**25**	**Required**	**At least two characters.**
Employee State	**Char**	**2**	**Required**	**Valid state or territory abbreviation.**
Employee Postal Code	**Char**	**20**	**Required**	**U.S. 5 digit zip code.**
Employee Zip+4	Numeric	4	Optional	If present, must be 4 digits.
Employee Date of Birth	Numeric	8	Optional	If present, numeric. Format - MMDDYY
Employee Date of Hire	**Numeric**	**8**	**Required**	**Numeric. Format - MMDDYY**
Employee State of Hire	Char	2	Optional	Valid state or territory abbreviation.
Independent Contractor?	**Char**	**1**	**Required**	**Y for Yes, N or blank for No.**
Filler3	**Char**	**0**	**Required**	**Leave blank. Reserved for future use.**
Employer Contact #	Numeric	10	Optional	10 digits, no dashes
Employer Contact Name	Char	30	Optional	