

AIC Debt Clearinghouse Submission Debt file Format

#	Data	Max Length	Required Field	Comments
1	Full Primary Owners Name	350	C	Conditional Field. If Primary Last Name and Primary First name fields are provided this field can be left blank. Unable to parse names as First name ,last name etc. Provide the deeded name in this field. Variations to the names can be : <i>Husband and wife names on property : DENNIS , SPARROW H & SAMNTHA</i> <i>2 different names on one property : GOYINS, KENNETH W & HORNICK, JAMES K</i> <i>Single name on property : CHASTAIN, JANICE S</i> <i>Single name on property : CAMPOS, MARIO</i>
2	Primary First Name	50	C	Conditional Field. If Full Primary Owners Name is provided this field can be left blank. Field is At least 2 Characters. Only Individual names should be in the record. Business names are not accepted.
3	Primary Middle Name or Initial	50	O	Optional field. Provide if present else blank
4	Primary Last Name	50	C	Conditional Field. If Full Primary Owners Name is provided this field can be left blank. At least 2 characters. Only Individual names should be in the record. Business names are not accepted.
5	Primary Name Suffix	10	O	Optional Alpha. Provide if present else blank
6	AddressLine1	100	R	Required Field
7	AddressLine2	100	O	Optional Field. Address line 2
8	City	20	R	Required Field
9	State	2	R	Required Field. US State Abbreviation
10	Zip Code	9	R	Required Field. Without hyphen or dash
11	Debt Amount	11	R	Required Field. Numeric, 0-9 without commas / decimal points should be supplied. Last 2 digits will be taken as decimal part of the amount. Ex. \$1,234.56 would be submitted as 00000123456.
12	Agency Code	8	R	Required Field. Unique Alpha numeric code assigned to each Agency/ County. State-assigned code.
13	Debt Expiration Date	6	O	Optional Field. mm/dd/yyyy Month debt is no longer valid for submission to the Department of Revenue. This debt will remain in the Clearinghouse database until the agency changes it to \$0.00. Any debt that has an expiration date that has passed then it no longer is submitted for collection. The date cannot be in past.
14	Debt Compliance Date	8	O	Leave blank
15	Debt Unique Key	20	R	Required Field. This field should be uniquely identifying the debt record for the agency. It should be alphanumeric. When the record is sent again in subsequent files this key should not change for a given record.
16	Debt Type	5	O	Optional Field. Debt Types matrix assigned by NACo.
17	Record Date	8	O	Leave blank
18	SSN	9	O	Optional Field. Should be supplied without any dashes; SSN cannot begin with "000" or "999", cannot be less than 5 digits.
19	Debt Account Number	25	O	Optional Field. Field will be returned back to agency. Can be used by Agency billing system to track account numbers for a particular debt
20	Source Code	20	O	Optional Field. Agency source if any. (TAX, EMS, MH etc.)
21	Secondary First Name	50	O	Optional Field. Secondary First Name if exists .At least 2 Characters
22	Secondary Middle Initial	50	O	Optional Field. Secondary Last Name if exists .At least 1 Character
23	Secondary Last Name	50	O	Optional Field. Secondary Last Name if exists .At least 2 Characters
24	Email	50	O	Optional Field. email Id of debtor if available. Incorrect format will be ignored.
25	Phone number1	12	O	Optional Field. Phone number formatted as (xxx-xxx-xxxx). Any other format will be ignored
26	Date of Birth	8	O	Optional Field. Date of Birth, YYYYMMDD

All optional fields can be left blank

File format info: 2 options for submission

PIPE delimited ASCII file(.TXT)

PIPE DELIMITED Sample Record

Dennis M Ellis| |||2775 Meridian Pkwy| |Indianapolis|IN|277137805|00003569875|49MAR|03/02/2018| |D1001|OTHER| |TAX-236985|TAX|MARIA| |ELLIS| |||

ELLIS, DENNIS M Jr| |||2775 Meridian Pkwy| |Durham|NC|277137805|00003569875|MC0110|201706|20170801|D1001|20170914|TAX| |TAX-236985| |MARIA| |ELLIS| |||

GOYINS, KENNETH W & HORNICK, JAMES K| |||123 Main St. | |Indianapolis|IN|277137805|00003569875|MC0110|201706|20170801|D1001|20170914|TAX| |TAX-236985| ||| |||

Excel spreadsheet(.xls); Version 2010 or later

Structure of excel file should be as per the Excel template provided.

File Name:

File names sent by each agency should be unique for the agency . A date/time stamp with file name is preferred in a file name . E.g. MARION_201709300922435

Valid Debt type Keys for Field#16

Debt Type	5 character Debt Type Key	Debt Type	5 Character Debt Type Key
Animal Violations	ANIMA	Parking Tickets	PARKI
Assessments	ASSES	Property Damages	PROPE
Cemetery	CEMET	Property Tax Real	TAXRE
Daycare	DAYCA	Property Tax Mobile Home	TAXMH
Demolitions	DEMOL	Property Tax Agriculture	TAXAG
Dental	DENTA	Property Tax Other	TAXOT
Employees	EMPLO	Property Tax Personal	TAXPP
Environmental Health	ENVIR	Privilege License	PRIVI
False Alarms	FALSE	Recreation	RECRE
Fines (library, other)	FINES	Rental/Lease Agreements	RENTA
EMS	EMSAM	Returned Checks	RETC
Health	HEALT	Room Occupancy	ROOMO
Hydrant Usage	HYDRA	Sewer Tap	SEWER
Insurance Premiums	INSUR	Solid Waste	SOLID
Judgements	JUDGE	Storm Water	STORM
Maintenance (lawns/trees)	MAINT	Utilities	UTILI
Nuisance	NUISA	Other	OTHER
Ordinance Violations	ORDIN		