

## Required File Format for TRECS Debt Submission

#	Data Type	Max Length	Field Type	Field Requirements	Explanation and Samples
1	Full Primary Owners Name	350	Alphabetic	Conditional	Conditional Field. If <i>Primary Last Name</i> and <i>Primary First Name</i> fields are provided, this field can be left blank. If names cannot be parsed as <i>First Name</i> , <i>Last Name</i> , etc., provide the unparsed name in this field. Capitalize or not. Variations to the names can be : <i>Huband and wife names on property : DENNIS , SPARROW H &amp; SAMNTHA</i> <i>2 different names on one property : GOYINS, KENNETH W &amp; 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	Alphabetic	Conditional	Conditional Field. If <i>Full Primary Owners Name</i> is provided, this field can be left blank. Must contain at least 2 characters. Only Individual names should be in the field. Capitalize or not. <b>Business names are not accepted.</b> <i>Example : KENNETH</i>
3	Primary Middle Name or Initial	50	Alphabetic	Optional	Optional field. Provide if available, else leave blank. Capitalize or not. <i>Example : WILSON</i> <i>Example : W</i>
4	Primary Last Name	50	Alphabetic	Conditional	Conditional Field. If <i>Full Primary Owners Name</i> is provided, this field can be left blank. Must contain at least 2 characters. Only Individual names should be in the field. Capitalize or not. <b>Business names are not accepted.</b> <i>Example : GOYINS</i>
5	Primary Name Suffix	10	Alphabetic	Optional	Optional Field. Provide if available, else leave blank. Capitalize or not. Suffixes can be in roman numerals or abbreviated. <i>Example : JR</i> <i>Example : III</i>
6	AddressLine1	100	Alphanumeric	Required	Required Field. Capitalize or not. <i>Example : 660 N CAPITOL STREET</i>
7	AddressLine2	100	Alphanumeric	Optional	Optional Field. Address line 2. Capitalize or not. <i>Example : APT 421</i>
8	City	50	Alphabetic	Required	Required Field. Capitalize or not. <i>Example : INDIANAPOLIS</i>
9	State	2	Alphabetic	Required	Required Field. US State Abbreviation. Capitalize or not. <i>Example : IN</i>
10	Zip Code	10	Numeric	Required	Required Field. (with or without dash). <b>Excel cell should be formatted to Text to avoid conversions like 02394 to 2394.</b>
11	Debt Amount	11	Numeric + period if including cents	Required	Required Field. Numeric, 0-9. If your agency debts include cents, the field must contain a "period" with the 2 decimal cents placed to the right of the period. <i>Example : If the debt amount is seventy-two dollars and eighty-three cents : 72.83</i> <i>Example : if the debt is fifty dollars and no cents, then 50 or 50.00 is acceptable.</i>
12	Agency Code	20	Alphanumeric	Required	Required Field. Unique Alphanumeric code assigned to each Agency/ County based on the state-assigned code. Please contact Jacque Clements; jclements@indiancounties.org if you need your agency code. Counties will have their agency code assigned as their 2-digit budget code followed by the first 3 letters of their county name. <i>Example : Marion County is 49MAR; all other agencies within the county will have a longer numeric code that may incorporate a dash.</i>
13	Debt Expiration Date	10	Numeric with slashes	Optional	Optional Field. mm/dd/yyyy This is the date that the agency no longer wishes to submit for offset at the Department of Revenue. Please note that an agency cannot use an expiration date to expire a debt that has already been matched to an intercepted refund. In order to release an already intercepted refund, the agency must change the record debt amount to 0.00 and resubmit the file. Must contain slashes. <i>Example : 04/31/2019</i>
14	Debt Compliance Date	8			Field for clearinghouse use only. Leave blank
15	Debt Unique Key	20	Alphanumeric	Required	Required Field. This field should be uniquely identifying the debt record for the agency. When the record is sent again in subsequent files, this key should not change for a given record. <i>Example : C10945110A2008</i>
16	Debt Type	5	Alphabetic	Optional	Optional Field. Debt Types matrix assigned on second page. ( 5 Character Debt Type Key). Please note that examples are presented in all capital letters but this is not a requirement. Must be Alpha. <i>Example : TAXAL</i>
17	Record Date	8			Field for clearinghouse use only. Leave blank
18	SSN	9	Numeric	Optional	Optional Field. Should be supplied without any dashes; SSN cannot begin with "000" or "999" and cannot be less than 5 digits. <i>Example : 239821254</i>
19	Debt Account Number	25	Alphanumeric	Optional	Optional Field. Field will be returned back to the agency. Can be used by Agency billing system to track account numbers for a particular debt. <i>Example : 548354735</i>
20	Source Code	20	Alphabetic	Optional	Optional Field. Agency source if any. (TAX, EMS, MH etc.)
21	Secondary First Name	50	Alphabetic	Optional	Optional Field. Secondary First Name if exists. Must contain at least 2 characters.
22	Secondary Middle Initial	50	Alphabetic	Optional	Optional Field. Secondary Last Name if exists. Must contain at least 1 character.
23	Secondary Last Name	50	Alphabetic	Optional	Optional Field. Secondary Last Name if exists. Must contain at least 2 characters.
24	Email	50	Alphanumeric	Optional	Optional Field. Email address of debtor if available. Incorrect format will be ignored.
25	Phone number1	12	Alphanumeric	Optional	Optional Field. Phone number formatted as xxx-xxx-xxxx. No parentheses. Any other format will be ignored.. <i>Example : 317-202-8774</i>
26	Date of Birth	8	Numeric	Optional	Optional Field. Date of Birth, YYYYMMDD. <i>Example : Someone born on August 24th in 1985 : 19850824</i>

All optional fields can be left blank

### File format info: 2 options for submission

#### 1. PIPE delimited ASCII file( .TXT)

##### PIPE DELIMITED Sample Record

```
Dennis M Ellis ||| 2775 Meridian Pkwy || Indianapolis | IN | 277137805 | 3568.45 | 49MAR | 03/02/2018 | | D1001 | OTHER | | TAX-236985 | TAX | MARIA | | ELLIS | |||
ELLIS, DENNIS M Jr ||| 2775 Meridian Pkwy || Durham | NC | 277137805 | 2345.67 | MC0110 | 201706 | 20170801 | D1001 | 20170914 | TAX | | TAX-236985 | | MARIA | | ELLIS | |||
GOYINS, KENNETH W & HORNICK, JAMES K ||| 123 Main St. || Indianapolis | IN | 277137805 | 120.00 | MC0110 | 201706 | 20170801 | D1001 | 20170914 | TAX | | TAX-236985 | |||||
```

#### 2. Excel spreadsheet( .xls); Version 2010 or later

Structure of excel file should mirror the Excel template as 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