

## AIC Debt Clearinghouse Submission Debt file Format

#	Data	Max Length	Field Type	Required Field	Comments
1	Full Primary Owners Name	350	Alphabetic	Conditional Field	Conditional Field. If <i>Primary Last Name and Primary First Name</i> fields are provided, this field can be left blank. If names cannot be parsed as <i>First name , last name</i> etc. provide the unparsed name in this field. Capitalize or not. Variations to the names can be : <i>Husband 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 Field	Conditional Field. If <i>Full Primary Owners Name</i> is provided, this field can be left blank. Field must contain at least 2 Characters. Only Individual names should be in the record. <b>Business names are not accepted.</b> Example: <b>KENNETH</b>
3	Primary Middle Name or Initial	50	Alphabetic	Optional Field	Optional field. Provide if available, else leave blank. Capitalize or not. Example: <b>WILSON</b> Example: <b>W</b>
4	Primary Last Name	50	Alphabetic	Conditional Field	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. <b>Business names are not accepted.</b> Example: <b>GOYINS</b>
5	Primary Name Suffix	10	Alphabetic	Optional Field	Optional Field. Provide if present, else leave blank. Capitalize or not. Suffixes can be in roman numerals or abbreviated. Example: <b>JR</b> Example: <b>III</b>
6	AddressLine1	100	Alphabetic	Required Field	Required Field. Capitalize or not. Example: <b>660 N CAPITOL STREET</b>
7	AddressLine2	100	Alphabetic	Optional Field	Optional Field. Address line 2. Capitalize or not. Example: <b>APT 421</b>
8	City	20	Alphabetic	Required Field	Required Field. Capitalize or not. Example: <b>INDIANAPOLIS</b>
9	State	2	Alphabetic	Required Field	Required Field. US State Abbreviation. Capitalize or not. Example: <b>IN</b>
10	Zip Code	9	Numeric	Required Field	Required Field. (With or without hyphen or dash). Excel cell should be formatted to Text to avoid conversions like 02394 to 2394.
11	Debt Amount	11	Numeric + period if including cents	Required Field	Required Field. Numeric, 0-9 without commas. If your agency debts include cents, the field must contain a "period" with the 2 decimal cents placed to the right of the period. Example: if the debt amount is seventy-two dollars and eighty-three cents: <b>72.83</b> Example: if the debt is fifty dollars and no cents, then <b>50</b> or <b>50.00</b> is acceptable
12	Agency Code	20	Alphanumeric	Required Field	Required Field. Unique Alphanumeric code assigned to each Agency/ County based on the state-assigned code. Please contact Jacqué Clements; <a href="mailto:jclements@indianacounties.org">jclements@indianacounties.org</a> 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. Example : Marion County is <b>49MAR</b> ; all other agencies within the county will have a longer numeric code that may incorporate a dash.
13	Debt Expiration Date	6	Numeric with slashes	Optional Field	Optional Field. 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. Must contain slashes. Example: <b>04/31/2019</b>
14	Debt Compliance Date	8			<b>Field for clearinghouse use only. Leave blank.</b>
15	Debt Unique Key	20	Alphanumeric	Required Field	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, nor should the debt unique key be reused for a different debt. Example : <b>C109451J10A2008</b>

16	Debt Type Key	5	Alphabetic	Optional Field	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. Example : <b>TAXAL</b>
17	Record date	8		Optional Field	<b>Field for clearinghouse use only. Leave blank.</b>
18	SSN	9	Numeric	Optional Field	Optional Field. Should be supplied without any dashes; SSN cannot begin with "000" or "999", cannot be less than 5 digits. Example : <b>239821254</b>
19	Debt Account Number	25	Alphanumeric	Optional Field	Optional Field. Field will be returned back to agency. Can be used by Agency billing system to track account numbers for a particular debt. Example : <b>548354735</b>
20	Source Code	20	Alphabetic	Optional Field	Optional Field. Agency source if any. (TAX, EMS, MH etc.)
21	Secondary First Name	50	Alphabetic	Optional Field	Optional Field. Secondary First Name if exists. Must contain at least 2 characters
22	Secondary Middle Initial	50	Alphabetic	Optional Field	Optional Field. Secondary Last Name if exists. Must contain at least 1 character
23	Secondary Last Name	50	Alphabetic	Optional Field	Optional Field. Secondary Last Name if exists. Must contain at least 2 characters.
24	Email	50	Alphanumeric	Optional Field	Optional Field. Email address of debtor if available. Incorrect format will be ignored.
25	Phone number1	12	Alphanumeric	Optional Field	Optional Field. Phone number formatted as xxx-xxx-xxxx. No parentheses. Any other format will be ignored. Example : <b>317-202-8774</b>
26	Date of Birth	8	Numeric	Optional Field	Optional Field. Date of Birth, YYYYMMDD. Example : Someone born on August 24th in 1985 : <b>19850824</b>

**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|3568.45|49MAR|03/02/2018| |D1001|OTHER| |TAX-236985|TAX|MARIA| |ELLIS| | | | |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| | | | | |

**Excel spreadsheet( .xlsx); 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**