



Step 7

Data formats and transmissions

Data Formats and Transmissions

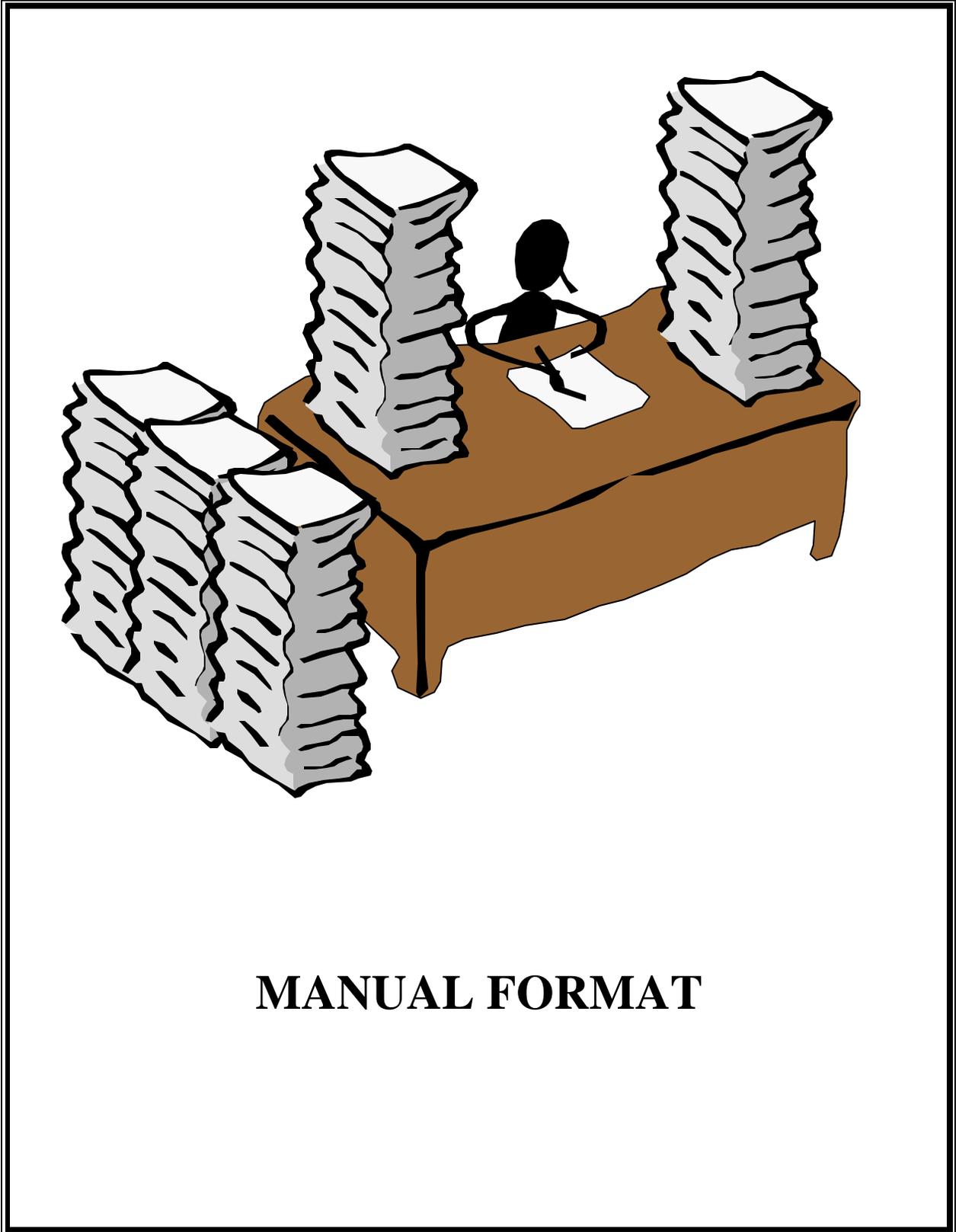
Data submission can be sent to FMS in the below formats. Putting agency data in an accepted format is the responsibility of the referring agency. DMS will work with you to assist you in putting your agency's data into an accepted format.

- **Electronic Submission** – The preferred method of referral is electronically via CONNECT:Direct or CONNECT:Mailbox. Please contact Kechia Kirksey of the Technical Support and Operations Branch at 202-874-8700, 1-800-858-0725, or by email at Debt.Services.Help@fms.treas.gov. to obtain file formats and instructions for electronic submission.

- **Manual Submission** - Data submission may be accomplished manually, using the manual formats provided in this section. The completed forms should be sent to:

Financial Management Service
Debt Management Services
Technical Support and Operations Branch
3700 East West Highway, Room 600B
Hyattsville, MD 20782
Attn: E. Jalloh
(202) 874-8700

All data submissions must be accompanied by an agency certification form (see Step 6)



MANUAL FORMAT

Manual Debt/Debtor Referral Forms

DEBT INFORMATION FORM INSTRUCTIONS

Note: All data submissions must be accompanied by a signed and dated agency certification form. Manual debt referrals are not recommended for large volumes. Items marked with an () indicate mandatory information that must be completed for each form.*

AGENCY*: Enter name of agency or bureau referring the debt. The name should be the same as that entered on the Agency Profile Form (APF).

AGENCY DEBT NUMBER*: Enter referring agency number which can be a combination of alpha and numeric characters with a maximum field up to 40 characters.

DEBT DESCRIPTION*: Select either consumer (a personal activity) or commercial (a business activity regardless of whether that activity has been undertaken by an individual or business).

DEBT SECURITY*: Select either secured or unsecured. Security is something given/pledged to guarantee the repayment of a loan or the fulfillment of an obligation.

DEBT TYPE*: Select loan if money was supplied on credit and skip to Program name entry. Select administrative if other debt type applies and identify below.

ADMINISTRATIVE CLASSIFICATION*: If administrative is applicable for debt type, select only one of the following types of debt: grant, overpayment, fine, penalty, fee, employee advance or miscellaneous debt.

PROGRAM*: Identify agency program name under which the debt arose. The name should be the same as that entered on the Agency Profile Form (APF). Each program should have an APF completed and submitted to FMS.

DATE OF DELINQUENCY*: Enter date debt became delinquent (as determined by each agency) in DD/MM/YY format.

ORIGINAL VALUE OF DEBT*: Enter dollar amount of debt, which should be the original principal amount.

BALANCE AT TIME OF REFERRAL TO THE DMSC:
Enter applicable dollar amounts of the debt up to two decimal points.

PRINCIPAL*: Enter dollar amount owed by the debtor to the government, excluding interest, penalties, administrative costs, fees and prepaid charges.

Manual Debt/Debtor Referral Forms

FINANCING INTEREST*: Enter applicable dollar amount of interest and late charges associated with the debt only if it is for a loan.

ADDITIONAL INTEREST (LATE CHARGE)*: Enter applicable dollar amounts accrued and assessed on a delinquent debt for all other types of debt. An agency can not charge both financing and late interest. Either financing or additional interest should be entered, not both.

ADMINISTRATIVE COST*: Enter dollar amount of costs incurred in processing and handling a delinquent debt. Costs should be accrued and assessed from the date of delinquency.

PENALTY*: Enter applicable dollar amount of punitive charge assessed for delinquent debts assessed from the date of delinquency.

TOTAL*: Enter applicable total dollar amounts that represent the sum of the principal, financing interest, additional interest, administrative cost and penalty associated with the debt.

The following items are needed but are not mandatory for data submission. However, if interest applies the items are mandatory.

TYPE OF INTEREST RATE: Select either financing interest or additional late charge assessed as a cost of extending credit as distinguished from late payment interest charged on a delinquent debt.

INTEREST RATE: Enter percentage rate using two decimal points. Do not enter fractions (example 6.25% not 6 1/4 %).

DATE OF LAST INTEREST CALCULATION: Enter date, DD/MM/YY, interest was last calculated.

HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION AGENCY FOR 1ST REFERRAL: Select yes if debt has been referred to a private collection agency by your agency. Select no if it has not been referred.

HAS DEBT BEEN REFERRED TO PRIVATE COLLECTION AGENCY FOR 2ND REFERRAL: Select yes if the debt has been referred to a second private collection agency by your agency or no if it has not been.

Manual Debt/Debtor Referral Forms

IS DEBT IN JUDGMENT: Select yes if the debt has been through judgment proceedings, select no if it has not.

(If yes to any of the above, please complete Additional Debt Information form)

CONTACT FOR DEBT INQUIRIES: Enter the name of the key point of contact within the referring organization that can respond to questions about the debt.

CONTACT PHONE NUMBER: Enter the phone and fax number of the key point of contact. Include E-mail address if available.

ADDITIONAL INFORMATION: If additional information is available, there are supplemental forms available for each of the Debt and Debtor information forms. An agency may also provide additional information or documentation to aid in the collection process, such as tax returns, financial statements and debt history.

INDIVIDUAL DEBTOR FORM INSTRUCTIONS

Note: All data submissions must be accompanied by a Debt Information Form with an Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an () indicate mandatory information.*

ASSOCIATED AGENCY DEBT NUMBER: Enter referring agency number, which should be the same as on the Debt Information Form.

TIN: Enter Taxpayer Identification Number e.g., Social Security Number or Employee Identification Number. If provided case can be referred to the Treasury Offset Program.

LAST NAME*: Enter last name of debtor.

FIRST NAME*: Enter first name of debtor.

MIDDLE INITIAL: Enter middle initial of debtor.

GENERATION: Select one if applicable.

GENDER: Select one.

AKA / FKA/ DBA: Enter applicable alias names by which the debtor may be known; Also Known As, Formerly Known As, Doing Business As.

Manual Debt/Debtor Referral Forms

ADDRESS LINE 1*: Enter last known address of debtor.

ADDRESS LINE 2: Continuation of last known address.

CITY*: Enter last known city.

STATE*: Enter last known state.

PHONE: Enter last known telephone number of debtor.

PRIMARY DEBTOR*: Select yes, if the debtor is the person or entity who is liable for a debt.

ANY GUARANTORS/CO-SIGNERS ETC*: Select yes, if the guarantor or co-signer is a person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each additional responsible party.

DATE OF BIRTH: Enter date in DD/MM/YY format.

DATE OF DEATH: Enter applicable date in DD/MM/YY format.

DEBTOR IN BANKRUPTCY: Select yes or no.

DATE OF BANKRUPTCY: Enter applicable date in DD/MM/YY format.

BANKRUPTCY TITLE: Select one.

DATE OF LAST CONTACT WITH DEBTOR: Enter date in DD/MM/YY format.

DATE OF LAST DEMAND LETTER: Enter applicable date, DD/MM/YY.

DEBTOR RESPONSE: Enter applicable response and date.

COMPANY/STATE OR LOCAL GOVERNMENT DEBTOR INSTRUCTIONS

Note: All data submissions must be accompanied by a Debt Information Form with an Individual Debtor form and or a Company/State or Local Government Debtor form. Items marked with an (*) indicate mandatory information.

ASSOCIATED AGENCY DEBT NUMBER: Enter referring agency number that should be the same number on the Debt Information Form.

Manual Debt/Debtor Referral Forms

TIN: Enter taxpayer identification number.

COMPANY NAME*: Enter name.

COMPANY CONTACT: Enter contact name for company referred.

AKA / DBA / FKA: Enter applicable alias names (AKA- Also Known As, DBA - Doing Business As, FKA- Formerly Known As).

ADDRESS LINE 1*: Enter last known address.

ADDRESS LINE 2: Continuation of last known address.

CITY*: Enter last known city.

STATE*: Enter last known state.

ZIP CODE*: Enter last known zip code (nine digit preferred, but optional).

PHONE: Enter last known telephone number of debtor or company.

DEBTOR TYPE*: Select one.

PRIMARY DEBTOR*: Select yes, if the debtor is the person or entity who is liable for a debt.

ANY GUARANTORS / CO -SIGNERS ETC.*: Select yes, if the guarantor or co-signer is any person liable for a fixed or unlimited amount of debt owed by a third party to a particular creditor. Submit a separate Debtor Information Form for each responsible party.

DEBTOR IN BANKRUPTCY: Select one

DATE OF BANKRUPTCY: Enter applicable date.

BANKRUPTCY TITLE: Select one if applicable.

DATE OF LAST CONTACT WITH DEBTOR: Enter date if known.

DATE OF LAST DEMAND LETTER: Enter applicable date.

DEBTOR RESPONSE: Enter applicable response and date.

Debt Information

Agency _____
Agency Debt Number _____
Debt Description: ___ Consumer ___ Commercial
Debt Security: ___ Secured ___ Unsecured
Debt Type: ___ Loan ___ Administrative
Administrative Classification: ___ Grant
 ___ Overpayment
 ___ Fine
 ___ Penalty
 ___ Fee
 ___ Employee Advance
 ___ Miscellaneous Debt

Program: _____
Date of Delinquency _____
Original Value of Debt \$ _____

Balance at time of referral to the DMSC:
Principal \$ _____
Financing Interest \$ _____
Additional Interest (Late Charge) \$ _____
Administrative Cost \$ _____
Penalty \$ _____
Total \$ _____

Type of Interest Rate:
 Financing Interest Additional Late Charge *(Circle One)*

Interest Rate ___ %
Date of last interest calculation _____

Has debt been referred to Private Collection Agency for 1st referral?
 Yes No *(Circle One)*

Has debt been referred to Private Collection Agency for 2nd referral?
 Yes No *(Circle One)*

Is debt in judgment?
 Yes No *(Circle One)*

(If yes to any of the above, please complete Additional Debt Information form)

Contact for Debt Inquiries _____
Contact Phone Number _____

Company/State or Local Government Debtor

Debtor Information:

(Please complete one form for each debtor on debt)

Associated Agency Debt Number _____
TIN _____

Company Name _____
Company Contact _____

AKA / DBA _____

Address Line 1 _____
Address Line 2 _____
City _____
State _____
Zip Code _____
Phone _____

Debtor Type: _____ Corporation
_____ Sole Proprietorship
_____ Partnership
_____ Joint Venture
_____ State or Local Government
_____ Other: _____

Primary Debtor? Yes No *(Assumes Yes) (Circle 1)*

Any guarantors/co-signers etc.? Yes No *(Assumes No) (Circle 1)*

(Please submit a separate Debtor Information Form for each Personal Guarantor)

Is Debtor in Bankruptcy? Yes No *(Circle 1)*

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response:

_____ No Response
_____ Debt disputed Date: _____
_____ Debt acknowledged Date: _____

Additional Debtor Information:

Individual Debtor

(One form for each debtor on debt)

Agency Debt Number _____

Debtor Name _____

TIN _____

Relationship to Primary Debtor: *(Circle One)*

Self Spouse Sibling Parent Other: _____
Owner President Vice-President Shareholder Other: _____

Debtor's Association to Debt: *(Circle One)*

Individual Signer Joint Account Joint Contractual Liability
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____%

Guarantor/Co-signer Name* _____ * *Only if no debtor information form on co-debtor*
Please submit a separate Debtor Information Form for each guarantor

Employer _____

City, State, Zip, Country _____

Phone _____

Job Title _____

Salary: \$ _____
Per: Hour Week Month Year Other _____
Gross Net (Circle one)

Federal Employee Status

Civilian Employee:

Active Retired Not applicable/unknown

Military Employee:

Active Retired Not applicable/unknown

Bank Name _____

City, State, Zip, Country _____

Phone _____

Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

Last Payment Information Date: _____ Amount \$ _____

Miscellaneous collection notes

Additional Debtor Information:

Company/ State or Local Government Debtor

(one form for each debtor on debt)

Agency Debt Number _____
Company Name _____
TIN _____

Debtor's Association to Debt:

Individual	Signer	Joint Account	Joint Contractual
Liability			
Deceased	Co-Signer	Authorized User	On-Behalf-Of

% Debt Owning _____

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor
Please submit a separate Debtor Information Form for each guarantor

Type of Business _____
DUNS Number _____
Date of Incorporation _____
State of Incorporation _____
Bank Name _____

City, State, Zip, Country _____
Phone _____
Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____
Real Property Information _____

Last Payment Information
Date: _____ Amount \$ _____

Miscellaneous collection notes

Additional Debt Information

Agency Debt Number _____

Basis of Claim:

_____ Claim evidenced by note, guarantee, surety obligation

_____ Claim evidenced by statute or regulation

Statute: _____

Original Award Date _____

Terms (of original loan) _____ In # months (or years for housing loans)

Summary of Collection Activities

Last Credit Reporting Date _____

PCA (1) Name _____

PCA (1) Referral Date _____

Amount collected \$ _____

PCA (2) Name _____

PCA (2) Referral Date _____

Amount collected \$ _____

Date sent to DOJ _____

Judgment Date _____

Judgment Type: Default Consent Summary Other: _____ (Circle One)

Judgment Amount \$ _____

Date Written-Off _____

Amount Written-Off \$ _____

Other collection actions

Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Company/ State or Local Government Debtor

(Please complete one form for each debtor on debt)

***Associated Agency Debt Number** _____
TIN _____

***Company Name** _____

Company Contact
AKA / DBA _____

***Address Line 1** _____

Address Line 2 _____

***City** _____

***State** _____

***Zip Code** _____

Phone _____

***Debtor Type:**

_____ Corporation
 _____ Sole Proprietorship
 _____ Partnership
 _____ Joint Venture
 _____ State or Local Government
 _____ Other: _____

***Primary Debtor?** Yes No *(Assumes Yes)*

***Any guarantors/co-signers etc.?** Yes No *(Assumes No)*

Please submit a separate Debtor Information Form for each Personal Guarantor

Debtor in Bankruptcy? Yes No

Date of Bankruptcy _____

Bankruptcy Title: 7 11 12 13 Unidentified

Date of last contact with debtor _____

Date of last demand letter _____

Debtor Response: _____ No Response
 _____ Debt disputed Date: _____
 _____ Debt acknowledged Date: _____

****Indicates mandatory information.***

Is Debt Joint and Several? Yes No (Circle One)

If yes, list with whom and related debt amount.

Debtor Name

Debt Amount

Is Debt related to an existing FMS referral? Yes No (Circle One)

If yes, list debt/ debtor _____

Are related debts also being referred? Yes No (Circle One)

If yes, list debt/ debtor _____

Contact for Debt Inquiries _____

Contact Phone Number _____

Additional Debtor Information: Individual Debtor

(One form for each debtor on debt)

Agency Debt Number _____

Debtor Name _____

TIN _____

Relationship to Primary Debtor:

Self Spouse Sibling Parent Other : _____

Owner President Vice-President Shareholder Other: _____

Debtor's Association to Debt:

Individual Signer Joint Account Joint Contractual Liability

Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____

Guarantor/Co-signer Name* _____ * Only if no debtor information form on co-debtor

Please submit a separate Debtor Information Form for each guarantor

Employer _____

City, State, Zip, Country _____

Phone _____

Job Title _____

Salary: \$ _____

Per: Hour Week Month Year Other: _____

Gross Net (Circle one)

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Federal Employee Status

Civilian Employee:

Active Retired Not applicable/unknown

Military Employee:

Active Retired Not applicable/unknown

Bank Name

City, State, Zip, Country _____

Phone _____

Account # _____

Account Type: Checking Savings Other: _____

Personal Property Information _____

Real Property Information _____

Last Payment Information Date: _____

Amount: \$ _____

Power of Attorney _____

Known Relatives _____

Miscellaneous collection notes

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Additional Debtor Information:

Company/ State or Local Government Debtor

(One form for each debtor on debt)

Agency Debt Number _____
Company Name _____
TIN _____

Debtor's Association to Debt: _____ (Circle One)
Individual Signer Joint Account Joint Contractual Liability
Deceased Co-Signer Authorized User On-Behalf-Of

% Debt Owning _____
*Guarantor/Co-signer Name _____

** Only if no debtor information form on co-debtor
Please submit a separate Debtor Information Form for each guarantor*

Type of Business _____
DUNS Number _____
Date of Incorporation _____
State of Incorporation _____

Officers of Business _____

Bank Name _____
City, State, Zip, Country _____
Phone _____
Account # _____
Account Type: Checking Savings Other: _____

Personal Property Information _____
Real Property Information _____
Last Payment Information Date: _____ Amount \$ _____

Miscellaneous collection notes:

**DEBTOR PROFILE FORM
FOR JUDGMENT DEBT**

Additional Debt Information

Agency Debt Number _____

Basis of Claim:

____ Claim evidenced by note, guarantee, and surety obligation

____ Claim not evidenced by note but by the following statute or regulation: _____

Original Award Date _____

Terms (of original loan) _____ In # months (or years for housing loans)

Summary of Collection Activities

Last Credit Reporting Date _____

PCA (1) Name _____

PCA (1) Referral Date _____

Amount collected _____

PCA (2) Name _____

PCA (2) Referral Date _____

Amount collected _____

Date sent to DOJ _____

Date returned from DOJ _____

DOJ Actions _____

Date Written-Off _____

Amount Written-Off \$ _____

Other collection actions

Please note: additional debt and debtor information is optional. Required data on the debt and debtor are in bold.