DATE			JNL	DEPT/OFF	TRANSACTION			
M M	D D	Y Y			CODE			T
1 | 2	3 | 4	5 | 6	7 | 8	9 | 10 | 11 | 12	13	14	15	16
			4 | 0	4 | 4 | 5 | 0	1	0	8	

Applicant's Social Security Number	Substitute Payee or Additional Address
17 25	26 55

Street Address	City
56 75	76 94

State	Zip Code	Payment Amount	Batch Number	O T n i e m e	Review Date	Blanks	Blanks
95 | 96	97 101	102 106	107 111	112	113 118	119 122	123 128