

# THIRD PARTY AGENT WAGE FILE INTERFACE SPECIFICATIONS

#### **ABSTRACT**

This document provides technical information for Third Party Agent's filing unemployment insurance wage files on behalf of Maryland employers using the following file formats: .CSV, XML, EFW2, and ICESA.

Updated: February 20, 2020 Version 3.0

# **Document Revision History**

| VERSION | DATE       | SUMMARY OF CHANGES   |
|---------|------------|--|
| 3.0     | 02/20/2020 | Added additional information in the SSN Validation section 1.1.2 consistent with SSA guidelines. Clarification added to all file formats that Out of State Wages are for the quarter being reported. |
| 2.0     | 10/9/2019  | Updated EFW2 RA Record to include additional data fields Added Document Revision history   |

# **C**ONTENTS

| 1. | Intr | oducti | on – Tax and Wage Reporting           | 3     |
|----|------|--------|---------------------------------------|-------|
| 1  | 1    | Agen   | t Filing of Wage Reports              | 3     |
|    | 1.1. | 1      | Rules for Currency Fields             | 3-4   |
|    | 1.1. | 2      | Rules for SSN Fields                  | 4     |
|    | 1.1. | 3      | Adjustment Codes                      | 4-6   |
| 2. | Age  | nt CS\ | File Specifications                   | 7     |
| 2  | .1   | Subn   | nitter Record                         | 7-8   |
| 2  | .2   | Empl   | oyer Record                           | 8-9   |
| 2  | 3    | Wag    | e Record                              | 9-11  |
| 2  | .4   | Final  | Record                                | 12    |
| 2  | 5    | Ame    | ndment Submission                     | 12    |
| 3. | Age  | nt XM  | L File Specifications                 | 13    |
| 3  | .1   | Agen   | t XML File                            | 13-18 |
| 3  | .2   | Ame    | ndment Submission                     | 18    |
| 4. | Age  | nt EFV | V2 File Specifications                | 19    |
| 4  | .1   | Fixed  | Length Records                        | 19-20 |
| 4  | .2   | Rules  | for Alpha/Numeric Fields              | 20    |
| 4  | .3   | Agen   | t EFW2 Record Layouts                 | 20    |
|    | 4.3. | 1      | RA Record: Submitter Record           | 20-22 |
|    | 4.3. | 2      | RV Record: Employer Totals            | 22-25 |
|    | 4.3. | 3      | RS Record: Employee State Wage Record | 25-27 |
|    | 4.3. | 4      | RF Record: Totals                     | 27-28 |
| 4  | .4   | Ame    | ndment Submission                     | 28    |
| 5. | Age  | nt ICE | SA File Specifications                | 29    |
| 5  | .1   | Agen   | t ICESA Record Layouts                | 29    |
|    | 5.1. |        | Record Type A                         |       |
|    | 5.1. | 2      | Record Type B                         | 31    |
|    | 5.1. | 3      | Record Type E                         | 31-33 |
|    | 5.1. |        | Record Type S                         |       |
|    | 5.1. |        | Record Type T                         |       |
|    | 5.1. |        | Record Type F                         |       |
| 5  |      |        | ndment Submission                     |       |

# 1. Introduction – Tax and Wage Reporting

The unemployment insurance (UI) system, BEACON, allows Third Party Agents (TPAs) to submit wage and employment reports online on behalf of Maryland employers. TPAs can submit wage reports using manual entry via the online screens or they can upload a file containing the wage information. This document will describe the data layouts for each of the four accepted file types. The file types accepted by Maryland are:

- Comma Separated Values (CSV) format
- The Social Security format for filing W-2 electronically (EFW2)
- The Interstate Conference of Employment Security Agencies (ICESA) format
- Extensible Markup Language (XML) format

This document also provides instructions on how to format, read, and use the each of the file formats.

Note that the wage report files can be submitted online via the BEACON system. Contact <u>dluim-wagetest-dllr@maryland.gov</u> for questions regarding file formats and testing or for information regarding submitting files via Secure File Transfer Protocol (SFTP). **Calculations have not been verified and should not be used to determine actual taxes, penalties, or interest.** 

# 1.1 Agent Filing of Wage Reports

This section contains the file specifications for the state Unemployment Insurance Tax and Wage reporting .csv file format. This format can be created using commercially available spreadsheet software (e.g., Microsoft Excel). Agents can file multiple employers and/or reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the *same* employer and reporting period cannot be included in the same file.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

This incoming file is submitted to the agency via the employer wage file upload process. The file is a comma separated file, and there is no set length for the rows. The following paragraphs contain the specifications for the incoming wage report and outgoing confirmation files. Users will upload the incoming files, and the system will process the file and generate the outgoing confirmation files.

If a SSN record is rejected for any reason, then the entire employee record associated with that SSN will be rejected.

All wage reports can be submitted via the online BEACON system.

## 1.1.1 Rules for Currency Fields

- Must contain only numbers
- No comma separators
- No signed amounts (positive or negative)
- Include both dollars and cents with no decimal point (example: \$59.60 = 5960)

Any currency field that has no amount to be reported must be filled with zeros (0), not blanks or spaces

#### 1.1.2 Rules for SSN Fields

- Must contain nine (9) digits
- Excel will trim leading zeros (0) with the default settings
  - ✓ Set the number format to "text" for the SSN column if creating the file with Excel
- > Standard Social Security Administration rules are applied and employer record will reject if invalid SSN's are found in the file. A Social Security Number CANNOT:
  - ✓ Contain all zeroes in any specific group (ie 000-##-###, ###-00-####, or ###- ##-0000)
  - ✓ Begin with '666'
  - ✓ Begin with any value from '900-999' (with the exception of the 999999999 number used when the employee is awaiting a social security number from the SSA)
  - ✓ Be '078-05-1120'
  - ✓ Be '219-09-9999'
  - ✓ Be 00000000, 111111111, 222222222, 333333333, 444444444, 55555555, 666666666, 777777777, 888888888, 123456789, 987654321

# 1.1.3 Adjustment Codes

All adjustment codes are two digits, 00 - 10 for XML, EFW2, and ICESA. For CSV, no leading zero (0) is required.

| Code<br>(XML, EFW2, ICESA) | Code<br>(CSV | Adjustment Reason   | Note |
|----------------------------|--------------|---|------|
| 00                         | 0            | Original Submission   |      |
| 01                         | 1            | Employment Adjusted   |      |
| 02                         | 2            | Employment and Wages adjusted because the workers performed services for a different business |      |
| 03                         | 3            | Employment and Wages adjusted because they were not taxable                                   |      |
| 04                         | 4            | Employment and Wages adjusted because they were reported to the wrong state                   |      |
| 05                         | 5            | Employment and Wages adjusted for a non-subject employer                                      |      |

#### THIRD PARTY AGENT WAGE FILE INTERFACE SPECIFICATIONS

| 06 | 6 | Employment and Wages adjusted to correct computer system, data entry or accounting errors |  |
|----|---|---|--|
| 07 | 7 | Reversal of Previous Adjustment   |  |
| 08 | 8 | Staff Amended   | Staff facing<br>& selected<br>only if a<br>staff<br>member<br>updates. |
| 09 | 9 | Wages adjusted because worker(s) were hired/terminated                                    |  |

|    |    | Other | Adjustment       |
|----|----|-------|------------------|
|    |    |       | reason           |
| 10 | 10 |       | description must |
| 10 | 10 |       | be included for  |
|    |    |       | the adjustment   |
|    |    |       | reason code 10.  |

All wage amendment submissions will process as a batch.

# 2. AGENT CSV FILE SPECIFICATIONS

The file contains four (4) records and the rules for records and fields within the file as described below.

Note: Excel will trim leading zeros with the default settings. Set the number format to 'text' for all columns if creating the file with Excel

## 2.1 Submitter Record

The submitter record will contain information about the business submitting the file, this may be the same as one (1) of the employer.

Below is a description for each field in the record. (Beginning at Column A)

| Position | Field Name                          | Field Specifications   | Required   |
|----------|-------------------------------------|--|--|
| Α        | Record Identifier                   | Should always be 0   | Yes  |
| В        | Submitters FEIN                     | The business FEIN; numbers only, do not include the hyphen.  | Yes  |
| С        | Business Name                       | The legal name of the business submitting the file.  This may be different than the name of the business for which the file is being submitted.  | Yes  |
| D        | Business Address                    | The mailing address of the business submitting the file. This may be different than the address of the business for which the file is being submitted.   | Yes  |
| Е        | Business City                       | The mailing address city of the business submitting the file. This may be different than the city of the business for which the file is being submitted.                                       | Yes  |
| F        | State FIPS code                     | The two character FIPS code for Maryland (MD) is 24  | Yes  |
| G        | Submitter Zip<br>Code               | The mailing address ZIP code of the business submitting the file. Include leading zeros. This may be different than the city of the business for which the file is being submitted.            | Yes  |
| Н        | Transmitter ZIP code extension (+4) | The mailing address ZIP code extension of the business submitting the file. If unknown, fill with spaces.  | No. If creating the file using a software other than excel, include the commas (,,) if there is no ZIP + 4. If using excel, leave the column blank |
| ı        | Transmitter Contact                 | First and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report.  Format the names as:  First name <space>last name</space> | Yes  |

| J | Transmitter<br>Contact<br>Telephone<br>Number | Contact telephone number, include the area code. Numbers only, no special characters.    | Yes  |
|---|---|--|--|
| К | Telephone<br>Extension/Box                    | Contact telephone number extension (if any). If there is no extension, fill with spaces. | No. If creating the file using a software other than excel, include the commas (,,) if there is no extension. If using excel, leave the column blank |
| L | Transmitter Email                             | Email address of the transmitter   | Yes  |

# 2.2 Employer Record

The employer record will contain summary totals for the employer / reporting period.

Below is a description for each field in the record. (Beginning at Column A)

| Position | Field Name         | Field Specifications   | Required?  |
|----------|--------------------|--|--|
| A        | Record type        | Must be 1 for employer record.   | Yes. Each Employer set in the agent CSV submission must have a 1 record type. Repeat this row for each employer set within the file. See sample file layout for example. |
| В        | UI Account         | Employer UI Account number.  | Yes  |
| С        | Reporting Period   | This field will contain the last month of the quarter and the year. For example, the values for 2014 would be:  1st - 032014  2 <sup>nd</sup> - 062014  3rd - 092014  4th - 122014 | Yes  |
| D        | Gross wages paid   | Total Gross wages for employer/reporting period. Do not use comma separator or decimal. The maximum value allowed is 999,999,999.99  | Yes  |
| E        | Taxable wages paid | Total taxable wages for employer/reporting period. Do not use comma separator or decimal.  The maximum value allowed is 999,999,999.99   | Yes. Excess wages must equal total wages minus taxable wages. If the taxable wages   |

|   |                                    |  | paid value is unknown, put a zero. The system will calculate the Taxable Wages based on the wage submission. Do not leave blank.                         |
|---|------------------------------------|--|--|
| F | Taxable excess wages paid          | Total excess (nontaxable) wages for employer/reporting period. Do not use comma separator or decimal.  The maximum value allowed is 999,999,999.99   | Yes, If the excess wages paid value is unknown, put a zero. The system will calculate the excess wages based on the wage submission. Do not leave blank. |
| G | 12th of month data for month 1.    | Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter.   | Yes  |
| Н | 12th of month data for<br>month 2. | Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter.  | Yes  |
| ı | 12th of month data for month 3.    | Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter.   | Yes  |
| J | No wage indicator                  | If no wages were paid in the quarter insert a 0 in this field, if wages were paid insert a 1. There should not be any employee/wage records in the file if the no wage indicator = 0. There must be at least one employee/wage record included if the no wage indicator = 1. | Yes  |

# 2.3 Wage Record

The wage record will contain wage data for the employees. There should be one (1) row for each SSN / employer / reporting period.

Below is a description for each field in the record. (Beginning at Column A)

|          | •                | ·   |           |
|----------|------------------|---|-----------|
| Position | Field Name       | Field Specifications  | Required? |
| Α        | Record type      | Must be 2 for wage record.  | Yes       |
| В        | SUI              | Employer's UI Account Number.   | Yes       |
| С        | Reporting Period | This field will contain the last month of the quarter and the year. For example, the values for 2014 should be:  1st - 032014  2 <sup>nd</sup> - 062014  3rd - 092014  4th - 122014 | Yes       |

| D | SSN                                   | Employee's SSN.  NOTE the SSN must contain 9 digits. Excel will trim leading zeros with the default settings. Set the number format to 'text' for the SSN column if creating the file with Excel | Yes   |
|---|---------------------------------------|--|---|
| E | First Name                            | Employee's First Name, as printed on Social Security card.   | Yes   |
| F | Employee's middle<br>initial          | Employee's Middle Initial.   | No. If creating the file using a software other than excel, include the commas (,,) if 12 <sup>th</sup> of the month for month 1 is unknown. If using excel, leave the column blank |
| G | Employee's last name                  | Employee's Last Name, as printed on Social Security card.  | Yes   |
| н | Gross wages paid                      | Gross wages subject to UI paid to employee for employer/unit/reporting period. Do not use comma separator or decimal.  The maximum value allowed is 999,999,999.99                               | Yes   |
| 1 | Out of State<br>Taxable Wages<br>Paid | Out of State taxable wages subject to UI paid to employee for the quarter. Do not use comma separator or decimal. The maximum value allowed is 999,999,999.99                                    | No. If creating the file using a software other than excel, include the commas (,,) if 12 <sup>th</sup> of the month for month 1 is unknown. If using excel, leave the column blank |
| J | Hours worked                          | Include hours worked during the quarter for the employee.  | No. If creating the file using a software other than excel, include the commas (,,) if 12 <sup>th</sup> of the month for month 1 is unknown. If using excel, leave the column blank |
| К | Employee 12th of month for month 1    | Employee worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter.   | No. If creating the file using a software other than excel, include the commas (,,) if 12 <sup>th</sup> of the month for month 1 is unknown. If using excel, leave the column blank |

| L | Employee 12th of month for month 2           | Employee worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter. | No. If creating the file using a software other than excel, include the commas (,,) if 12 <sup>th</sup> of the month for month 2 is unknown. If using excel, leave the column blank |
|---|--|---|---|
| М | Employee 12th of month for month 3           | Employee worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter.  | No. If creating the file using a software other than excel, include the commas (,,) if 12 <sup>th</sup> of the month for month 3 is unknown. If using excel, leave the column blank |
| N | Owner/Officer<br>relationship<br>information | Include the owner/officer relationship of the worker.   | Yes. Put a 1 if the employee is an owner or officer of the business, otherwise use a zero (0)   |
| 0 | Adjustment Code                              | Numeric - Reason code for adjustment to employee wages. 0 means original filing.  | Yes. 0 means original filing. If submitting an amendment put a value 1-10. 10 is other; a description will be required  |
| Р | Other description                            | Description if adjustment code = 10. If not, leave blank.   | Only if the adjustment code = 10. Otherwise, leave blank if using excel. If creating the file using a software other than excel, include the commas (,,) if the value is unknown.   |

## 2.4 Final Record

The final record will contain totals for the file.

Below is a description for each field in the record. (Beginning at Column A)

| Position | Field Name                      | Field Specifications   | Required?   |
|----------|---------------------------------|--|---|
| Α        | Record type                     | Must be 3 for final record.  | Yes   |
| В        | Total number of records in file | Total number of wage records in file.  | Yes. Must be equal to the count of SSN records in the file.                 |
| С        | Total wages reported            | Total SSN level wages reported in file. Do not use comma separator or decimal. | Yes. Must be equal to the sum of Individual wages reported for SSN records. |

## 2.5 Amendment Submission

To amend wages for a SSN, enter the proper adjustment code for each amended SSN record in the record type 2. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

All wage amendment submissions will process as a batch, regardless of the number of records in the original submission.

# 3. AGENT XML FILE SPECIFICATIONS

Agents can file multiple employers / reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the *same* employer and reporting period cannot be included in the same file. The file can also contain 'no wage' reports for employers.

All begin and end tags must be included in the file. If there is no data for that field then include the tags with nothing between them e.g. <tag></tag>.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

If an SSN record is rejected for any reason, then the entire employee record associated with that SSN will be rejected.

# 3.1 Agent XML File

This incoming file is submitted via the employer wage file upload process.

The file contains the following system fields:

| Field Name                    | Description  | Validation   |
|-------------------------------|--|--|
| XmlVersion                    | This informs the compiler of the XML version that is used. There is no end tag for the XML Version.            | NA   |
| <root></root>                 | Parent tag, must have an end tag as the last row in the file   | Required   |
| <submitter></submitter>       | Tag informing the compiler that this is a submitter record. There must be a  end tag at the end of the record. | Required   |
| <fein></fein>                 | Submitter FEIN, must have an end tag.<br><fein>123456789</fein>  | Required   |
| <businessname></businessname> | Submitter business name, must have an end tag.   | Required   |
| <address></address>           | Submitter street address, must have an end tag.<br><businessname>ABC Corporation</businessname>                | Required   |
| <city></city>                 | Submitter city, must have an end tag.<br><city>Any City</city>   | Required   |
| <state></state>               | Submitter state, must have an end tag.<br><state>MD</state>  | Required   |
| <zip></zip>                   | Submitter ZIP code, must have an end tag.<br><zip>12345</zip>  | Required   |
| <zip4></zip4>                 | Submitter +4 for ZIP code, must have an end tag.<br><zip4>1234</zip4>  | Not Required, but tags<br>must be in the file as:<br><zip4></zip4> |

| Field Name                | Description  | Validation  |
|---------------------------|--|---|
| <contact></contact>       | First and last name of contact person. This is the person the Department will contact with questions about the file, must have an end tag. <contact>Jane Smith</contact>   | Required  |
| <phone></phone>           | Contact telephone number, must have an end tag. <pre><phone>1234567890</phone></pre>   | Not required, but tags<br>must be in the file as:<br><phone></phone>  |
| <extension></extension>   | Contact telephone extension, must have an end tag.<br><extension>1234<extension></extension></extension>   | Not Required, but tags<br>must be in the file as:<br><extension>&gt;</extension>  |
| <email></email>           | Email address of the contact person. Must have end tag <email>JaneSmith@ABCCorporation.com</email>   | Required  |
|                           | Tag informing the compiler that this is the end of the submitter record.   | Required  |
| <wage></wage>             | Tag informing the compiler that this is a wage file. There must be a  end tag at the end of the wage record.   | Required In order to add multiple employers for multiple quarters, repeat the <wage> Tags for each quarter under each employer</wage> |
| <wagerecord></wagerecord> | Tag informing the compile that an individual wage record is following. There must be a  tag following each wage record. There should be an individual <wagerecord> record for each employer/reporting period.</wagerecord> | Required  |
| <employee></employee>     | Tag informing the compiler that an individual employee record is beginning. There must be an end tag  at the end of each individual employee record.   | Required  |
| <employerid></employerid> | This field will contain the employer's UI account number. Must have end tag. Account numbers must be 10 digits including leading zeros. <employerid>0000123456</employerid>  | Required. The entire employer record will be rejected if the employer account number is not included in the record.                   |

| Field Name   | Description   | Validation   |
|--|---|--|
| <period></period>  | This field will contain the period for which the report is filed. Should contain the last month of the quarter and the year.  The values for the year 2016 would be:  1st quarter = 032016  2nd quarter = 062016  3rd quarter = 092016  4th quarter = 122016 <period>032016</period>                        |  |
| <ssn></ssn>  | This field will contain the employee SSN  |  |
| This field will contain the employee's last name, as show Social Security card. <lastname>Smith</lastname>   |   | Required   |
| <firstname></firstname>  | This field will contain the employee's first name, as shown on the Social Security card. <firstname>Jane</firstname>  | Required   |
| <mi></mi>  | This field will contain the employee's middle initial. It is not required. <mi>G</mi>   |  |
| This field will contain the state gross wages paid to the employee during the quarter. Do not include decimal or comma separators. \$12,546.36 should be included as: <stategrosswages>1254636</stategrosswages> The maximum value allowed is 999,999,999.99 |   | Required   |
| <outofstatetaxable<br>Wages&gt;</outofstatetaxable<br>   | This field will contain the out of state taxable wages paid to the employee during the quarter out of state. Do not include the decimal point or comma separators. \$12,546.36 should be included as: <outofstatetaxablewages> 1254636</outofstatetaxablewages> The maximum value allowed is 999,999,999.99 | Not required, but tags<br>must be included in the<br>file as:<br><outofstatetaxablewag<br>es&gt;<br/>ges&gt;</outofstatetaxablewag<br> |

| Field Name                | Description   | Validation  |
|---------------------------|---|---|
| <hrswkd></hrswkd>         | This field will contain the hours worked by the worker in the reporting period.  HrsWkd>150   | Not required, but<br>tags must be<br>included in the<br>file as:<br><hrswkd></hrswkd>                             |
| <ownerrel></ownerrel>     | Include the owner/officer relationship of the worker. <ownerrel>0</ownerrel>  | Required. Put a 1 if<br>the employee is an<br>owner or officer of<br>the business,<br>otherwise use a zero<br>(0) |
| <employmon1></employmon1> | Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter. <employmon1>1<employmon1> for yes  <employmon1>2<employmon1> for no</employmon1></employmon1></employmon1></employmon1>  | Not required, but tags<br>must be included in<br>the File<br><employmon1>loyMon1&gt;</employmon1>                 |
| <employmon2></employmon2> | Will contain whether the employee was included on the payroll on the 12th of the month for the second month of the quarter. <employmon2>1<employmon2> for yes  <employmon2>2<employmon2> for no</employmon2></employmon2></employmon2></employmon2> | Not required, but tags<br>must be included in<br>the File<br><employmon2>loyMon2&gt;</employmon2>                 |
| <employmon3></employmon3> | Will contain whether the employee was included on the payroll on the 12th of the month for the third month of the quarter. <employmon3>1<employmon3> for yes <employmon3>2<employmon3> for no</employmon3></employmon3></employmon3></employmon3>   | Not required, but tags<br>must be included in<br>the File<br><employmon3>loyMon3&gt;</employmon3>                 |
| <adjcode></adjcode>       | This field will contain the original filing/adjustment code. Codes are numbered 0-10. Adjustment codes are found in section 1.1.3 of this document. <adjcode>00</adjcode>   | Required  |
| <reason></reason>         | This field will contain reason if adjustment code = 10. Otherwise do not include. <reason>Testing</reason>  | Not required, but<br>tags must be<br>included in<br>the file  |
|                           | End tag for the employee record   | Required  |
|                           | End tag for the wage record   | Required  |
| <totals></totals>         | Tag informing the complier that this is a total record. There must be an end tag at the end of the record.  | Required  |

| Field Name                          | Description  | Validation  |
|-------------------------------------|--|---|
| <employerid></employerid>           | This field will contain the UI account number. <employerid>123456</employerid>   | Required  |
| <period></period>                   | This field will contain the period for which the report is filed. Should contain the last month of the quarter and the year.  The values for the year 2014 would be:  1st quarter = 032014  2nd quarter = 062014  3rd quarter = 092014  4th quarter = 122014 <period>032014</period>   | Required.   |
| <nowageindicator></nowageindicator> | If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a 0.  Otherwise enter a 1. <nowageindicator>1</nowageindicator>  | Required  |
| <totalwages></totalwages>           | This field will contain the total wages reported by the employer for the period. Do not include the decimal point or comma separators. \$12,546.36 should be included as: <totalwages>1254636</totalwages> The maximum value allowed is 999,999,999.99   | Required  |
| <taxablewages></taxablewages>       | <this \$12,546.36="" as:<="" be="" by="" comma="" contain="" decimal="" do="" employer="" field="" for="" include="" included="" not="" or="" p="" period.="" point="" reported="" separators.="" should="" taxable="" the="" total="" wages="" will=""> <taxablewages>1254636</taxablewages> The maximum value allowed is 999,999,999.99</this> | Required. If the taxable wages paid value is unknown, put zeros. The system will calculate the Taxable Wages based on the wage submission. Do not leave blank, put zeros if unknown.  |
| <excesswages></excesswages>         | This field will contain the total excess wages reported by the employer for the period. Do not include the decimal point or comma separators. \$12,546.36 should be included as: <excesswages>1254636</excesswages> The maximum value allowed is 999,999,999.99  | Required. Excess wages must equal total wages minus taxable wages. If the excess wages paid value is unknown, put zeros. The system will calculate the excess wages based on the wage submission. Do not leave blank, put zeros if unknown. |
| <month1></month1>                   | This field will contain the total number of employees who were on the payroll that includes the 12th of the first month of the quarter. <month1>5</month1>   | Required  |

| Field Name        | Description   | Validation  |
|-------------------|---|---|
| <month2></month2> | This field will contain the total number of employees who were on the payroll that includes the 12th of the second month of the quarter. <month2>5</month2> | Required  |
| <month3></month3> | This field will contain the total number of employees who were on the payroll that includes the 12th of the third month of the quarter. <month3>5</month3>  | Required  |
|                   | End tag informing the complier that this is the end of the total record.  | Required  |
|                   | End tag for the wage record   | Required In order to add multiple employers for multiple quarters, repeat the <wage> Tags for each quarter under each employer</wage> |
|                   | End tag for the file  | Required  |

## 3.2 Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN in the employee record. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

All wage amendment submissions will process as a batch, regardless of the number of records in the original submission.

# 4. AGENT EFW2 FILE SPECIFICATIONS

EFW2 is the successor to the previously used MMREF. If you previously submitted wage files using MMREF, the EFW2 has a similar format. Please be aware that EFW2 has some important differences from MMREF. Be sure to follow the formatting instructions when preparing your file.

This incoming file is submitted to the system via the employer wage file upload process. The file is a fixed length file; there should be five hundred twelve (512) characters in each row.

# 4.1 Fixed Length Records

The system will only process RA, RV, RS and RF record types and will ignore the remaining record types in the SSA Standard file format.

The below record types will be ignored by the system. Please leave blank.

- RE Record Employer Record
- RW Record Employee Wage Record
- RO Record Employee Wage Record
- RT Record Total Record
- RU Record Total Record

This incoming file is submitted to the system via the agent wage file upload process. The file is a fixed length file; there should be five hundred twelve (512) characters in each row. The file contains the following fixed length records:

#### Record type RA: Submitter Record

- ✓ There should be one (1) transmitter record per file
- ✓ This record will contain information about the entity submitting the file.
- ✓ This could be employer or agent information
- ✓ The record RA must be the first row in the file.

#### Record Type RV: Employer Totals Record

- ✓ There should be one (1) total record per file for each employer per reporting period
- ✓ This record contains the totals for all record type 'RS' records for an employer/period in the file

#### Record Type RS: Employee State Wage Record

- ✓ This record contains individual employee wage information
- ✓ There may be a single or multiple employee records in the file but only one (1) employee record for each unique SSN.

#### Record Type RF: Final Record

- There should be one (1) final record per file
- This record indicates the end of the file and must be the last row in each file

Below are the rules for fields within the file.

# 4.2 Rules for Alpha/Numeric Fields

- Left justify and fill with blanks
- Where the "field" shows "Blank", all positions must be blank (spaces), not zeros (0)

# 4.3 Agent EFW2 Record Layouts

#### 4.3.1 RA Record: Submitter Record

The RA record identifies the organization submitting the file. There is only one (1) RA record, and it must be the first record in each file.

| Location | Field Name             | Length | Field Specifications   | Required?   |
|----------|------------------------|--------|--|---|
| 1-2      | Record Identifier      | 2      | Should always be RA  | Yes   |
| 3-11     | Submitter's FEIN       | 9      | The submitter's FEIN. Numbers only, do not include the hyphen.   | Yes   |
| 12-28    | Blanks                 | 17     | Fill with spaces   | Fill with spaces  |
| 29       | Resub Indicator        | 1      | "0" (zero).  | Yes   |
| 30-37    | Blanks                 | 8      | Fill with spaces   | Fill with spaces  |
| 38-94    | Company Name           | 57     | The company name.<br>Left justify and fill with spaces. Truncate if<br>the name is more than 57 spaces   | Yes   |
| 95-116   | Mailing Address Line 1 | 22     | The company's mailing address line 1 (Street or Post Office Box). Left justify and fill with spaces. Truncate if the name is more than 22 spaces | No, fill with<br>spaces if there<br>is no address<br>line 1 |

| 1       | <u> </u>                |    |  |   |
|---------|-------------------------|----|--|---|
| 117-138 | Mailing Address Line 2  | 22 | The company's mailing address line 2 (Attention, Suite, Room Number, etc.). Left justify and fill with spaces. Truncate if the name is more than 22 spaces                   | No, fill with<br>spaces if there<br>is no address<br>line 2 |
| 139-160 | City                    | 22 | The company's mailing address city. Left justify and fill with spaces. Truncate if the name is more than 22 spaces   | No, fill with spaces if there is no city                    |
| 161-162 | State<br>Abbreviation   | 2  | The company's mailing address State or commonwealth/territory. Use postal abbreviations.   | No, fill with spaces if there is no state                   |
| 163-167 | ZIP Code                | 5  | The company's mailing address ZIP code.  | No, fill with<br>spaces if there<br>is no ZIP               |
| 168-171 | ZIP Code Extension      | 4  | The company's four-digit extension of the mailing address ZIP code. If not applicable, fill with spaces. Do not include the hyphen.  | No, fill with<br>spaces if there<br>is no ZIP<br>extension  |
| 172-216 | Blanks                  | 45 | Fill with spaces   | Fill with spaces  |
| 217-273 | Submitter Name          | 57 | The name of the organization to receive error notification if this file cannot be processed.  Left justify and fill with spaces. Truncate if the name is more than 57 spaces | Yes   |
| 274-295 | Physical Address Line 1 | 22 | The submitter's physical address (Street or Post Office Box). Left justify and fill with spaces.   | No, fill with<br>spaces if there<br>is no address<br>line 1 |
| 296-317 | Physical Address Line 2 | 22 | The submitter's physical address line 2 (Attention, Suite, Room, Number, Etc.). Left justify and fill with spaces.   | No, fill with<br>spaces if there<br>is no address<br>line 2 |
| 318-339 | City                    | 22 | The submitter's physical address city.<br>Left justify and fill with spaces.   | No, fill with spaces if there is no city                    |

|           | •                          |    |  |  |
|-----------|----------------------------|----|--|--|
| 340-341   | State Abbreviation         | 2  | The submitter's physical address State or commonwealth/territory Use postal abbreviations.   | No, fill with spaces if there is no state                  |
| 342-346   | ZIP Code                   | 5  | The submitter's physical address ZIP code.   | No, fill with<br>spaces if there<br>is no ZIP              |
| 347 - 350 | ZIP Code Extension         | 4  | The submitter's physical address four-digit extension of the ZIP code. Do not include hyphen. If not applicable, fill with spaces.                                       | No, fill with<br>spaces if there<br>is no ZIP<br>extension |
| 351 - 395 | Blanks                     | 45 | Fill with spaces   | Fill with spaces   |
| 396 - 422 | Contact Name               | 27 | The name of the person to be contacted by the agency concerning processing problems. Left justify and fill with spaces. Truncate if the name is more than 27 spaces      | Yes  |
| 423 - 437 | Contact Phone Number       | 15 | The contact's telephone number with numeric values only (including area code). Do not use any special characters. Example: 1232345678 Left justify and fill with spaces. | No, fill with<br>spaces if there<br>is no phone<br>number  |
| 438 - 442 | Contact Phone<br>Extension | 5  | The contact's telephone extension. Left justify and fill with spaces.  | No, fill with<br>spaces if there<br>is no<br>extension     |
| 443 - 445 | Blanks                     | 3  | Fill with spaces   | Fill with spaces   |
| 446 - 485 | Contact Email              | 40 | The contact's Email address in standard format.  | Yes  |
| 486 - 488 | Blanks                     | 3  | Fill with spaces   | Fill with spaces   |
| 489 - 498 | Contact FAX                | 10 | If applicable, Include the contact's FAX number (including area code). Otherwise, fill with spaces. For U.S. and U.S. territories only.                                  | No, fill with<br>spaces if there<br>is no FAX<br>number    |
| 499 - 512 | Blanks                     | 14 | Fill with spaces   | Fill with spaces   |
| •         |                            |    | •  |  |

# **4.3.2** RV Record: Employer Totals

The RV record will contain totals reported. There will be one (1) RV record for each employer EFW2

interface file and reporting period. The records will contain the calculated gross (total), taxable, and non-taxable (excess) wages for the reporting period.

| Location | Field Name                                  | Length | Field Specifications  | Required?        |
|----------|---|--------|---|------------------|
| 1-2      | Record Identifier                           | 2      | Should always be RV   | Yes              |
| 3-17     | State Unemployment Insurance Account Number | 15     | Employer Account Number assigned by state for reporting. Right justify and pad with zeros.  | Yes              |
| 18-23    | Reporting Period                            | 6      | Last month and year of reporting period. First quarter 2014 would be stored as 032014   | Yes              |
| 24-33    | Blanks                                      | 10     | Fill with spaces  | Fill with spaces |
| 34-53    | Gross Wages                                 | 20     | Gross wages reported by the employer for reporting period. Right justify and pad with zeros. Include the cents but no decimal. For example \$25.64 should be included as: 00000000000000000000000000000000000 | Yes              |

| Location | Field Name   | Length | Field Specifications  | Required?  |
|----------|--|--------|---|--|
| 54-73    | Taxable wages  | 20     | Taxable wages calculated from the records processed. Right justify and pad with zeros. Include the cents but no decimal. For example \$25.64 should be included as: 000000000000000002564 The maximum value allowed is 999,999,999.99 | Yes  |
| 74-93    | Excess (non-<br>taxable)<br>wages                              | 20     | Non-taxable wages calculated from the records processed. Right justify and pad with zeros. Include the cents but no decimal. For example \$25.64 should be included as: 00000000000000000000000000000000000                           | Yes. Excess wages must equal total wages minus taxable wages. If the excess wages paid value is unknown, put zeros. The system will calculate the excess wages based on the wage submission. Do not leave blank, put zeros if unknown. |
| 94-103   | Blanks   | 10     | Fill with spaces  | Fill with spaces   |
| 104-108  | Employees on payroll on the 12 <sup>th</sup> of month, Month 1 | 5      | The number of employees who were included in the payroll for the payroll period on the 12th of month for the first month of the quarter. Right justify and pad with zeros.  | Yes  |
| 109-113  | Employees on payroll on the 12 <sup>th</sup> of month, Month 2 | 5      | The number of employees who were included in the payroll for the payroll period on the 12th of month for the second month of the quarter. Right justify and pad with zeros.   | Yes  |
| 114-118  | Employees on payroll on the 12th of month, Month 3             | 5      | The number of employees who were included in the payroll for the payroll period on the 12th of month for the third month of the quarter. Right justify and pad with zeros.  | Yes  |

| Location | Field Name               | Length | Field Specifications  | Required?        |
|----------|--------------------------|--------|---|------------------|
| 119      | No wage report indicator | 1      | If no wages were paid in the quarter insert a 0 in this field, if wages were paid insert a 1. There should not be any employee records in the file if the no wage indicator = 0. There must be at least one employee record included if the no wage indicator =1. | Yes              |
| 120-512  | Blanks                   | 393    | Fill with spaces  | Fill with spaces |

# 4.3.3 RS Record: Employee State Wage Record

The RS records include the individual wage records for an SSN. Include one (1) row for each unique SSN.

| Location | Field Name                      | Length | Field Specifications  | Required?                               |
|----------|---------------------------------|--------|---|---|
| 1-2      | Record Identifier               | 2      | Should always be RS   | Yes                                     |
| 3-9      | Blanks                          | 7      | Fill with spaces  | Fill with spaces                        |
| 10-18    | Social Security<br>Number (SSN) | 9      | The employee's SSN as shown on the original/replacement SSN card issued by SSA without hyphens. If no SSN is available, fill with nines (99999999). | Yes                                     |
| 19-33    | Employee First<br>Name          | 15     | The employee's first name as shown on the SSN card. Left justify and fill with spaces. Truncate if the name is more than 15 characters              | Yes                                     |
| 34-48    | Employee Middle<br>Initial (MI) | 15     | Left Justify and If applicable, include the employee's middle initial   | No. Fill with spaces if there is no MI. |

| 49-68   | Employee Last<br>Name   | 20  | The employee's last name as shown on the SSN card. Left justify and fill with spaces. Truncate if the name is more than 20 characters  | Yes  |
|---------|---|-----|--|--|
| 69-72   | Suffix  | 4   | Left justify and include the employee's alphabetic suffix if applicable. For example: SR, JR. Fill will spaces   | No. fill with spaces if there is no suffix |
| 73-194  | Blanks  | 122 | Fill with spaces   | Fill with spaces                           |
| 195-196 | Adjustment Code   | 2   | Numeric - Reason code for adjustment to employee wages. 00 means original filing. Valid adjustment reason codes are 01 through 10.   | Yes  |
| 197-202 | Reporting Period  | 6   | The last month and four digit year for the calendar quarter for which this report applies; e.g., "032017" for January through March of 2017. For example, the values for 2016 would be:  1st quarter - 032016 2nd quarter - 062016 3rd quarter - 092016 4th quarter - 122016 | Yes  |
| 203-213 | State Quarterly<br>Unemployment<br>Insurance Total<br>(Gross) Wages           | 11  | Right justify and fill with zeros. Do not include the decimal. For example \$25.64 should be included as: 00000002564 The maximum value allowed is 999,999,999.99  | Yes  |
| 214-224 | Out of State<br>Quarterly<br>Unemployment<br>Insurance Total<br>Taxable Wages | 11  | Employee's Out of State UI covered taxable wages for the quarter. Right justify and fill with zeros. Do not include the decimal. For example \$25.64 should be included as: 00000002564 The maximum value allowed is 999,999,999.99  | No   |
| 225-247 | Blanks  | 23  | Fill with spaces   | Fill with spaces                           |
| 248-267 | State<br>Unemployment<br>Insurance<br>Account Number                          | 20  | The state UI account number. Right justify and fill with spaces.   | Yes  |
| 268-337 | Blanks  | 70  | Fill with spaces   | Fill with spaces                           |

| 338     | 12 <sup>th</sup> Month 1                | 1   | Include a 1 if the employee was included in the payroll that included the 12 <sup>th</sup> of the first month of the quarter, otherwise put a zero (0).  | No fill with a space if the data is not included.       |
|---------|---|-----|--|---|
| 339     | 12 <sup>th</sup> Month 2                | 1   | Include a 1 if the employee was included in the payroll that included the 12 <sup>th</sup> of the second month of the quarter, otherwise put a zero (0). | No fill with a space if the data is not included.       |
| 340     | 12 <sup>th</sup> Month 3                | 1   | Include a 1 if the employee was included in the payroll that included the 12 <sup>th</sup> of the third month of the quarter, otherwise put a zero (0).  | No fill with a space if the data is not included.       |
| 341     | Owner/ Officer<br>Relationship          | 1   | Include a 1 if the employee is an owner or officer of the business, otherwise put a zero (0).  | Yes   |
| 342-344 | Number of<br>Hours Worked               | 3   | Will contain number of hours worked during reporting period  | No fill with spaces if hours worked are not included.   |
| 345-375 | Adjustment reason.<br>Other Explanation | 31  | Include the reason for adjustment if adjustment code = 10.  If another adjustment code was used, fill with spaces.                                       | No. Only if adj. reason = 10 otherwise fill with spaces |
| 376-512 | Blanks                                  | 137 | Fill with spaces   | Fill with spaces  |

## 4.3.4 RF Record: Totals

The RF record includes the totals for the file. This must be the last record in the file.

| Location | Field Name           | Length | Field Specifications   | Required?         |
|----------|----------------------|--------|--|-------------------|
| 1-2      | Record Identifier    | 2      | Should always be RF  | Yes               |
| 3-7      | Blanks               | 5      | Fill with spaces   | Fill with spaces. |
| 8-16     | Number of RS Records | 9      | The total number of RS records reported in the entire file. Right justify and fill with zeros. | Yes               |

|        |                              |     |  | Yes. The total   |
|--------|------------------------------|-----|--|--|
| 17-36  | Total wages reported in file | 20  | The sum of gross wages reported in file. Right justify and fill with zeros. For example \$25.64 should be included as:  0000000000000000002564 | gross wages reported in RF record type must be equal to the sum of total wages reported in RV record type. |
| 37-512 | Blanks                       | 476 | Fill with spaces   | Fill with spaces.  |

# 4.4 Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN at position 195-196. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

All wage amendment submissions will process as a batch, regardless of the number of records in the original submission.

# 5. AGENT ICESA FILE SPECIFICATIONS

Agents can submit wage information for multiple employers and reporting periods in the same file. There is no need to generate a separate file for each employer and reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the same employer **and** reporting period cannot be included in the same file. The following rules for individual record types apply:

- There should be only one (1) record type 'A' in the file
- There may or may not be a record type 'B'. The system will ignore record type 'B' so you may choose not to submit one if needed.
- There should be one (1) record type 'E' for each employer/reporting quarter in the file.
- There can be multiple record type 'S' records in the file
- There can only be one (1) record type 'S' for each unique SSN per employer and reporting quarter in the file.
- There can be multiple record type 'T' records in the file
- There should be a record type 'T' for each employer / reporting period
  - If the employer had no wages to report in the quarter, then include a record type 'T record for the period, but no record type 'S' records
- There should be one (1) record type 'F' in the file

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

If a SSN record is rejected for any reason, then the employee record associated with that SSN/quarter will be rejected.

# **5.1 Agent ICESA Record Layouts**

# 5.1.1 Record Type A

The record type 'A' contains information about who is submitting the file. Information contained in this record includes:

- Name and address for the submitter.
- Contact information for the submitter

Below is a description for each field in record type A

| Location | Contents of Field | Field<br>Length | Description        | Required?        |
|----------|-------------------|-----------------|--------------------|------------------|
| 1- 1     | Record Identifier | 1               | Should always be A | Yes              |
| 2-5      | Blank             | 4               | Fill with spaces   | Fill with spaces |

|           | 1   |    | T   |   |
|-----------|---|----|---|---|
| 6 – 14    | Submitters FEIN                           | 9  | The business FEIN; numbers only, do not include the hyphen.   | Yes   |
| 15 – 23   | Blanks                                    | 9  | Fill with spaces  | Fill with spaces  |
| 24 – 73   | Business Name                             | 50 | The legal name of the business submitting the file. Left justify the name and fill with spaces if it is less than 50 characters. Truncate the name if it is more than 50 characters.            | Yes   |
| 74 – 113  | Business Address                          | 40 | The mailing address of the business submitting the file. Left justify the address and fill with spaces if it is less than 40 characters. Truncate the address if it is more than 40 characters. | No. Fill with<br>spaces if you<br>do not include<br>the Business<br>Address<br>information. |
| 114 – 138 | Business City                             | 25 | The mailing address city of the business submitting the file. Left justify the city and fill with spaces if it is less than 25 characters. Truncate the city if it is more than 25 characters.  | No. Fill with<br>spaces if you<br>do not include<br>Business City<br>information.           |
| 139 - 140 | Business State FIPS code                  | 2  | The state FIPS postal numeric code for the state to which wages are being reported.  MD= 24   | Yes   |
| 141-153   | Blanks                                    | 13 | Fill with spaces  | Fill with spaces  |
| 154 - 158 | Transmitter ZIP Code                      | 5  | The mailing address ZIP code of the business submitting the file. Include leading zeros.  | No. Fill with spaces if you do not include the Transmitter Zip Code information.            |
| 159 - 163 | Transmitter ZIP code<br>extension<br>(+4) | 5  | The mailing address ZIP code extension of the business submitting the file. If you include this, you must include the hyphen in position 159. If unknown, fill with spaces.                     | No, fill with<br>spaces if you<br>do not<br>include the +<br>4.                             |

| 164 - 193 | Transmitter<br>Contact Full<br>Name     | 30 | The first and last name of individual from submitting Business who is responsible for the Accuracy and completeness of the wage report. Format the names as: First name <space>last name. Left justify the name and fill with spaces if less than 30 characters. Truncate the name if it is more than 30 characters.</space> | Yes                                   |
|-----------|---|----|--|---------------------------------------|
| 194 - 203 | Transmitter Contact Telephone Number    | 10 | Contact telephone number, include the area code. Numbers only, no special characters.  | Fill with spaces                      |
| 204 - 207 | Transmitter Contact Telephone Extension | 4  | Contact telephone number extension (if any). If there is no extension, fill with spaces.   | No, fill with spaces if not available |
| 208- 275  | Blanks                                  | 68 | Fill with spaces.  | Fill with spaces                      |

## 5.1.2 Record Type B

The entire record type B record will be ignored by the system. It can be included with or excluded from the filing.

# 5.1.3 Record Type E

The record type E should contain information about the employer for whom the report is submitted. Information contained in this record includes:

- Employer's FEIN
- > Employer's name
- State UI account number
- Number of employee records included in the file

| Location | Contents of Field | Field<br>Length | Description      | Required? |
|----------|-------------------|-----------------|------------------|-----------|
| 1- 1     | Record Identifier | 1               | Will always be E | Yes       |

| 2 – 5     | Report Year                                  | 4  | Year for which the report was filed. Formatted as YYYY  | Yes              |
|-----------|--|----|---|------------------|
| 6 – 14    | Federal EIN (FEIN)                           | 9  | The business FEIN; numbers only; do not include the hyphen.   | Yes              |
| 15 – 23   | Blanks                                       | 9  | Will be filled with spaces  | Fill with spaces |
| 24 - 73   | Employer's<br>Legal Name                     | 50 | The first 50 characters of the employer's legal name. Will be left justified and filled with spaces if the business name is less than 50 characters. Truncate the name if it is more than 50 characters | Yes              |
| 74 - 113  | Address where work is performed in the state | 40 | The address where work is performed in the state. Will be left justified and filled with spaces if the address is less than 40 characters.  | Yes              |
| 114 - 138 | City   | 25 | City where work is performed in the state. Left justify and fill with spaces if the city is less than 25 characters. Truncate the name if it is more than 25 characters                                 | Yes              |
| 139-140   | Employer State                               | 2  | State in which work was performed. Use 2 character postal abbreviation.   | Yes              |
| 141 - 148 | Blanks                                       | 8  | Will be filled with spaces  | Fill with spaces |
| 149 - 153 | ZIP Code                                     | 5  | The business ZIP code   | Yes              |
| 154 - 158 | ZIP Code Extension                           | 5  | Four digit extension of ZIP code, being sure to include the hyphen in position 154. Fill with spaces if there is no extension.  | No               |
| 159 - 166 | Blank  | 8  | Will be filled with spaces  | Fill with spaces |
| 167 - 170 | Taxing Entity Code                           | 4  | Will be UTAX  | Yes              |
| 171 - 172 | State Identifier Code                        | 2  | The state FIPS postal numeric code for the state to which wages are being reported.  MD = 24  | Yes              |
| 173 - 187 | State Unemployment Insurance Account Number  | 15 | Will be the state UI employer account number from original file. Will be left justified and filled with spaces.   | Yes              |
| 188 - 189 | Report quarter                               | 2  | Will be the last month of the calendar quarter to which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter                                     | Yes              |
| 190 - 190 | No wage report indicator                     | 1  | If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a 0.  | Yes              |

|           |        |    | Otherwise enter a 1. There should never be a 1 where there are not type S records in the file, and there should never be a 0 when there are type S records in the file. |                  |
|-----------|--------|----|---|------------------|
| 191 - 275 | Blanks | 85 | Will be filled with spaces  | Fill with spaces |

## 5.1.4 Record Type S

The record type S is used to report wage and tax data for an individual employee. Information contained in this record includes:

- > SSN
- Wages paid
- Name
- > Employer account number
- Number of hours worked

There should be one (1) S record for each SSN / employer / year and quarter.

Do not include an employee's SSN if there were no wages paid to that employee during the quarter.

| Location | Contents of Field                            | Field Length | Description   | Required?        |
|----------|--|--------------|---|------------------|
| 1- 1     | Record Identifier                            | 1            | Should always be S  | Yes              |
| 2 - 10   | Social<br>Security Number                    | 9            | Employee's Social Security number.  | Yes              |
| 11 - 30  | Employee<br>Last Name                        | 20           | Employee's last name. Left justify and fill with spaces if it is less than 20 characters. Truncate if the name is more than 20 characters.  | Yes              |
| 31 - 42  | Employee<br>First Name                       | 12           | Employee's first name. Left justify and fill with spaces if it is less than 12 characters. Truncate if the name is more than 12 characters. | Yes              |
| 43 - 43  | Employee Middle<br>Initial                   | 1            | Employee's middle initial. Fill with a space if there is no middle initial.   | No               |
| 44 - 45  | State FIPS Code                              | 2            | The state FIPS postal numeric code for the state to which wages are being reported.  MD = 24  | Yes              |
| 46 - 63  | Blanks                                       | 18           | Fill with spaces  | Fill with spaces |
| 64 - 77  | State QTR<br>Unemployment<br>Insurance Total | 14           | Employee's UI covered wages paid in the quarter. Include the cents but no decimal. Right justify  | Yes              |

|           | Wagos              |          | and had with zoros. For example                           |                  |
|-----------|--------------------|----------|---|------------------|
|           | Wages              |          | and pad with zeros. For example,                          |                  |
|           |                    |          | \$15.90 should be included as:                            |                  |
|           |                    |          | 000000001590  |                  |
|           |                    |          | The maximum value allowed is 999,999,999.99               |                  |
| 78-91     | Blanks             | 14       | Fill with spaces  | Fill with spaces |
| 92 - 131  | Blanks             | 40       | Fill with spaces  | Fill with spaces |
|           |                    |          | The number of hours the                                   |                  |
|           | Number of          |          | employee worked in the                                    |                  |
| 132 - 134 | Hours Worked       | 3        | reporting period.   | No               |
|           | riodis Worked      |          | Right justify if the number is                            |                  |
|           |                    |          | less than 3 characters and pad                            |                  |
|           |                    |          | with zeros.   |                  |
| 135 - 146 | Blanks             | 12       | Enter blanks  | Fill with spaces |
|           | State              |          |   |                  |
|           | Unemployment       |          | State UI employer account                                 |                  |
| 147 - 161 | Insurance          | 15       | number. Right justify and fill                            | Yes              |
|           | Account            |          | with spaces.  |                  |
|           | Number             |          |   |                  |
| 162 - 176 | Blanks             | 15       | Fill with spaces  | Fill with spaces |
| 177 – 209 | Blanks             | 33       | Fill with spaces  | Fill with spaces |
|           |                    |          | Owner/officer relationship of                             |                  |
|           | Owner/Officer      |          | the worker. Enter a 1 if the                              |                  |
| 210-210   | Relationship       | 1        | worker is an owner or officer                             | Yes              |
|           | Relationship       |          | of the employer, enter a 0 if                             |                  |
|           |                    |          | the worker is not.  |                  |
| 211-211   | Blanks\Ignore      | 1        | Fill with spaces  | Fill with spaces |
|           |                    |          | Will contain whether the                                  |                  |
|           |                    |          | employee was included on the                              |                  |
| 242 242   | Month 1            |          | payroll that included on the                              | NI -             |
| 212-212   | Employment         | 1        | 12th of the month for the first                           | No               |
|           |                    |          | month of the quarter. Right                               |                  |
|           |                    |          | justified and filled with zeros.                          |                  |
|           |                    |          | 0=No 1= Yes   |                  |
|           |                    |          | Will contain whether the                                  |                  |
| 242 242   | Month 2            |          | employee was included on the payroll that included on the | NI-              |
| 213-213   | Employment         | 1        | 12th of the month for the                                 | No               |
|           |                    |          | second month of the                                       |                  |
|           |                    |          | quarter. 0 = No, 1 = Yes                                  |                  |
|           |                    |          | Will contain whether the                                  |                  |
|           |                    |          | employee was included on the                              |                  |
| 214-214   | Month 3            | 1        | payroll that included on the                              | No               |
|           | Employment         |          | 12th of the month for the third                           |                  |
|           |                    |          | month of the quarter.                                     |                  |
|           |                    |          | 0 = No, 1 = Yes   |                  |
|           |                    |          | The last month and year for                               |                  |
|           |                    |          | the calendar quarter for which                            |                  |
| 215-220   | Reporting Quarter  | 6        | this report applies,                                      | Yes              |
|           | and Year           |          | e.g., "032016" for Jan-Mar of                             |                  |
|           |                    | <u> </u> | 2016  |                  |
| _         | Month and year the |          | The month and year when the                               | No, fill with    |
| 221-226   | employee was first | 6        | employee was first employed,,                             | spaces if there  |
|           | employed           |          | e.g., "031997"  | is no data       |

| 227 - 232 | Month and year the employee became separated from employment         | 6  | The month and year when the employee was separated, e.g., "031997"  | No, fill with spaces if there is no data |
|-----------|--|----|---|--|
| 233 - 247 | Out of State QTR<br>Unemployment<br>Insurance Total<br>Taxable Wages | 15 | Employee's Out of State UI covered taxable wages for the quarter. Include the cents but no decimal. Right justify and pad with zeros. For example, \$25.64 should be included as: 000000000000002564  The maximum value allowed is 999,999,999,999.99 | No                                       |
| 248 - 249 | Adjustment Reason<br>Code  | 2  | Numeric – Adjustment Reason code for adjustment to employee wages. 00 means original filing. Valid adjustment reason codes 00 through 10.   | Yes                                      |
| 250 - 275 | Blanks   | 26 | Fill with spaces  | Fill with spaces                         |

### 5.1.5 Record Type T

The record type 'T' will contain the totals for all record type 'S' records reported for the employer / quarter. Information contained in this record includes:

- Total number of employees
- Total wages paid
- Total taxable wages
- > Total non-taxable wages
- > Total employment on the 12th of each month

There should be one (1) record for each employer account ID / year and quarter.

There can be multiple record type 'T' records in the file.

There should be one (1) record type 'T' for each employer account ID / reporting period. If the employer paid no wages in the quarter, include a record type 'T' record for the employer / period and enter zeros (0) for the total wages paid in the quarter, taxable, and excess wages.

Do not include any record type 'S' records for those employers.

| Location | Contents of Field | Field Length | Description        | Required? |
|----------|-------------------|--------------|--------------------|-----------|
| 1- 1     | Record Identifier | 1            | Should always be T | Yes       |

| 2 - 8   | Total Number of<br>Employees                                | 7  | The total number of "S" records in the file for the employer/period. Right justify and pad with zeros.   | Yes. Must be equal to the number of individual SSNs reported in S record type  |
|---------|---|----|--|--|
| 9 - 26  | Blank   | 18 | Fill with spaces   | Fill with spaces   |
| 27 - 40 | State QTR Unemployment Insurance Total Wages For Employer   | 14 | Quarterly gross wages subject to UI taxes. Total of all gross wages for the employer/period. Include the cents but no decimal. Right justify and pad with zeros for example \$15.90 should be included as:  00000000001590  The maximum value allowed is 999,999,999,999 | Yes. Must be<br>equal to the sum<br>of gross wages of<br>individual SSNs<br>reported in S<br>record type   |
| 41 - 54 | State QTR Unemployment Insurance Excess Wages for Employer  | 14 | Quarterly excess UI wages for the employer/period. Include the cents but no decimal. Right justify and pad with zeros. For example \$15.90 should be included as: 00000000001590 The maximum value allowed is 999,999,999.99   | Yes. Excess wages must equal total wages minus taxable wages. If the excess wages paid value is unknown, put zeros. The system will calculate the excess wages based on the wage submission. Do not leave blank, put zeros if unknown. |
| 55 - 68 | State QTR Unemployment Insurance Taxable Wages For Employer | 14 | Quarterly taxable UI wages for the employer/period. Include the cents but no decimal. Right justify and pad with zeros. For example \$15.90 should be included as: 000000000001590   | Yes. If the taxable wages paid value is unknown, put zeros. The system will calculate the Taxable Wages based on the wage submission. Do not leave blank, put zeros if unknown.  |

| 69 - 81   | Blank                                 | 13  | Fill with spaces  | Fill with spaces |
|-----------|---------------------------------------|-----|---|------------------|
| 82 -87    | Reporting<br>Quarter and<br>Year      | 6   | The last month and year for the calendar quarter for which this report applies, e.g., "032016" for Jan-Mar of 2016  | Yes              |
| 88 - 226  | Blank                                 | 139 | Fill with spaces  | Fill with spaces |
| 227-233   | Month 1<br>Employment for<br>Employer | 7   | Total employees for the employer/period who were on the payroll for the payroll period that included the 12th of month for the first month of the quarter. Right justify and pad with zeros.  | Vac              |
| 234-240   | Month 2<br>Employment for<br>Employer | 7   | Total employees for the employer/period who were on the payroll for the payroll period that included the 12th of month for the second month of the quarter. Right justify and pad with zeros. | Yes              |
| 241-247   | Month 3<br>Employment for<br>Employer | 7   | Total employees for the employer/period who were on the payroll for the payroll period that included the 12th of month for the third month of the quarter. Right justify and pad with zeros.  | Yes              |
| 248 - 275 | Blanks                                | 28  | Fill with spaces  | Fill with spaces |

# 5.1.6 Record Type F

The record type F indicates the end of the file and must be the last data record on each file submitted. Information contained in this record includes:

- > Total number of record type 'S' records in the file
- > Total gross wages of all record type "T" records
- > Total 12<sup>th</sup> of the month employment data from the record type "T" records

The record type 'F' must appear only once on each file.

|--|

| 1-1      | Record Identifier  | 1   | Should always be F  | Yes  |
|----------|--|-----|---|--|
| 2 - 11   | Total Number of<br>Employees<br>in File                                | 10  | The total number of "S" records in the entire file. Right justify and pad with zeros. | Yes. Must be equal to the number of individual SSNs reported in S record type. |
| 12 – 40  | Blank  | 29  | Fill with spaces  | Fill with spaces   |
| 41 - 55  | Quarterly<br>State<br>Unemployment<br>Insurance Total Wages<br>in File | 15  | file. Right justify and pad with zeros. Include the cents but                         | wages for individual<br>SSNs reported in S                                     |
| 56 – 275 | Blank  | 220 | Fill with spaces  | Fill with spaces   |

## 5.2 Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code for each amended SSN record at position 248. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the correct total wages paid with the proper adjustment code. Do not report the difference between the amended and original wages. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

All wage amendment submissions will process as a batch, regardless of the number of records in the original submission.