

Tab-Delimited File Layout & Instructions

- All fields listed below must be included in the order provided.
- Optional fields must be included but if no data is available, no value or a space needs to be provided to represent this element.
- Provide one line per record followed by a carriage return and line feed (CRLF).

Field	Type	Status	Comments
Employee Social Security Number	Numeric	Required	Must be 9 digits. All zeros will be rejected; any SSN starting with '9' will also be rejected
Employee Last Name	Char	Required	Left justify. At least two characters, no special characters except hyphen.
Employee First Name	Char	Required	Left justify. At least two characters, no special characters.
Employee Middle Initial	Char	Required	Left justify
Employee Address Line 1	Char	Required	Left justify
Employee Address Line 2	Char	Optional	Left justify. Spaces if unused
Employee Address Line 3	Char	Optional	Left justify. Spaces if unused
Employee City	Char	Required	Left justify
Employee State	Char	Required	Required if domestic address. Spaces if international address.
Employee Zip Code 1	Numeric	Required	Required if domestic address. Spaces if international address.
Employee Zip+4	Numeric	Optional	If unknown, leave blank
Employee Foreign Country Code	Char	Optional	M for foreign address. Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995)
Employee Foreign Country Name	Char	Optional	Required if international address. Left justify. Spaces if domestic address. Do not report "USA" or "US"
Employee Foreign Zip Code	Char	Optional	Required if international address. Left justify. Spaces if domestic address.
Employee Date of Birth	Numeric	Optional	YYYYMMDD. Must be a valid date.
Employee Date of Hire	Numeric	Required	YYYYMMDD. Must be a valid date. Employee's first day of work
Employee State of Hire	Char	Required	Required if domestic address. Spaces if international address.
Employer FEIN	Numeric	Required	Federal Employer Identification Number. Must be 9 digits; include leading zeroes.
Employer SEIN	Numeric	Optional	If present must include no punctuation. If less than 12 characters, left justify.

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Employer Name	Char	Required	Left justify
Employer Street Address Line 1	Char	Required	Left justify
Employer Street Address Line 2	Char	Optional	Left justify if present. Spaces if unused.
Employer Street Address Line 3	Char	Optional	Left justify if present. Spaces if unused.
Employer City	Char	Required	Left justify
Employer State	Char	Required	Required if domestic address. Spaces if international address.
Employer Zip Code 1	Numeric	Required	Required if domestic address. Spaces if international address.
Employer Zip+4	Numeric	Optional	If present, must be 4-digits. Spaces if unknown or international address.
Employer Foreign Country Code	Char	Optional	Required if international address. Left justify. Spaces if domestic address. Do not report "USA" or "US"
Employer Foreign Zip Code	Numeric	Optional	Required if international address. Left justify. Spaces if domestic address.
Employer Optional Street Address Line 1	Char	Optional	Left justify
Employer Optional Street Address Line 2	Char	Optional	Left justify if present. Spaces if unused.
Employer Optional Street Address Line 3	Char	Optional	Left justify if present. Spaces if unused.
Employer Optional City	Char	Optional	Left justify
Employer Optional State	Char	Optional	Required if domestic address. Spaces if international address.
Employer Optional Zip Code 1	Numeric	Optional	Required if domestic address. Spaces if international address.
Employer Optional Zip+4	Numeric	Optional	If present, must be 4-digits. Spaces if unknown or international address.
Employer Optional Foreign Country Code	Char	Optional	Required if international address. Left justify. Spaces if domestic address. Do not report "USA" or "US"
Employer Optional Foreign Zip Code	Numeric	Optional	Required if international address. Left justify. Spaces if domestic address.
Medical Insurance	Char	Optional	"Y" for Yes or "N" for No depending on insurance availability from the employer.
Employer Phone	Char	Optional	Required if domestic address. Spaces if international address.
Employer Multi-State	Char	Optional	"Y" for Yes, reporting as a multistate employer to GA or "N" for No.
Name of Medical Insurance Company	Char	Optional	Provide the name of Medical Insurance Company, if medical insurance is available to the Employee.