

Fixed-Width Text File Layout & Instructions

- Create file using FIXED-WIDTH ASCII TEXT FORMAT
- All fields listed below must be included in the order provided.
- All characters should be entered in upper case.
- If entering data via Notepad, WordPad, or Excel, format as TEXT.
- Optional fields must be included but if no data is available, fill with spaces to the length specified.
- Provide one line per record followed by a carriage return and line feed (CRLF).

| Field | Type | Length | Start Position | End Position | Status | Comments |
|---------------------------------------|-----------|--------|----------------|--------------|----------|---|
| Record Type | Character | 1 | 1 | 1 | Required | 2 |
| Employee's Last Name | Character | 15 | 2 | 16 | Required | |
| Employee's First Name | Character | 15 | 17 | 31 | Required | |
| Employee's Middle Initial | Character | 1 | 32 | 32 | Required | |
| Employee's Address Line 1 | Character | 30 | 33 | 62 | Required | |
| Employee's Address Line 2 | Character | 30 | 63 | 92 | Optional | |
| Employee's City | Character | 15 | 93 | 107 | Required | |
| Employee's State | Character | 2 | 108 | 109 | Required | Valid 2 letter state code |
| Employee's Zip Code | Character | 9 | 110 | 118 | Required | First 5 digits are mandatory |
| Employee's SSN | Character | 9 | 119 | 127 | Required | All zeros will be rejected |
| Employee's Date of Hire | Character | 8 | 128 | 135 | Required | CCYYMMDD = Employee's actual start date for pay |
| Employee Left During Reporting Period | Character | 1 | 136 | 136 | Optional | Y, N or U for Unknown |
| Employee's Date of Birth | Character | 8 | 137 | 144 | Optional | CCYYMMDD, if unknown enter 00000000 |
| Employee's Sex Code | Character | 1 | 145 | 145 | Optional | M, F or U for Unknown |
| Employee's Work State Code | Character | 2 | 146 | 147 | Optional | Valid 2 letter state code |

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| Field | Type | Length | Start Position | End Position | Status | Comments |
|-----------------------------------|-----------|--------|----------------|--------------|----------|------------------------------|
| Employer's Name | Character | 30 | 148 | 177 | Required | |
| Employer's Payroll Address Line 1 | Character | 30 | 178 | 207 | Required | |
| Employer's Payroll Address Line 2 | Character | 30 | 208 | 237 | Required | |
| Employer's Payroll City | Character | 15 | 238 | 252 | Required | |
| Employer's Payroll State | Character | 2 | 253 | 254 | Required | Valid 2 letter state code |
| Employer's Payroll Zip Code | Character | 9 | 255 | 263 | Required | First 5 digits are mandatory |
| Employer's Federal EIN | Character | 9 | 264 | 272 | Required | Remove special characters |
| Filler | Character | 28 | 273 | 300 | Required | Fill with spaces only |