

# ELECTRONIC REPORTING SPECIFICATIONS

This attachment presents the submission requirements for those employers who wish to report new hires electronically. Employers who have any questions about reporting electronically should contact Technical Support Staff at New Hire Operations Center at (888) 715-2280.

**3 1/2” Diskette:** The diskettes must conform to the format specifications listed in the Data Record Layout below. The diskettes must be non-compressed and in ASCII fixed length format. Do not enclose fields in quotes or use comma delimiters. An external label must be affixed to the diskette indicating the employer’s name, federal EIN, contact name and phone.

**Magnetic Tape:** The tape must conform to the specifications listed in the Data Record layout below and the following Header requirements. Magnetic tapes must be 9 track, 1,600 or 6250 bpi, IBM Standard label, EBCDIC. Block size must be 9,000. Acceptable media are Reel tapes or 3480/3490 cartridges. An external label indicating the employer’s name, contact name, and phone is required.

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## Data Record Layout (Electronic Upload, Magnetic Tape and 3 1/2” diskette)

Logical Record Length = 450

Field Name	Type	Length	Start Pos	End Pos	Opt'l/Req'd	Format/Default Values
<b>Employee’s First Name*</b>	Character	16	1	16	Required	
Employee’s Middle Initial	Character	1	17	17	Optional	
<b>Employee’s Last Name*</b>	Character	25	18	42	Required	Allow a hyphen
<b>Employee’s Street Address Line 1*</b>	Character	35	43	77	Required	
Employee’s Street Address Line 2	Character	35	78	112	Optional	
<b>Employee’s City*</b>	Character	20	113	132	Required	
<b>Employee’s State*</b>	Character	2	133	134	Required	Valid 2 letter FIPS abbr. (e.g. TN)
<b>Employee’s Zip*</b>	Number	5	135	139	Required	All zeros will be rejected
Employee’s Zip +4	Number	4	140	143	Optional	
<b>Employee’s Social Security Number*</b>	Number	9	144	152	Required	No hyphens
<b>Employer’s Name*</b>	Character	40	153	192	Required	
<b>Employer’s Street Address Line 1*</b>	Character	35	193	227	Required	
Employer’s Street Address Line 2	Character	35	228	262	Optional	
<b>Employer’s City*</b>	Character	20	263	282	Required	
<b>Employer’s State*</b>	Character	2	283	284	Required	Valid 2 letter FIPS abbr. (e.g. TN)
<b>Employer’s Zip*</b>	Number	5	285	289	Required	All zeros will be rejected
Employer’s Zip +4	Number	4	290	293	Optional	
<b>Employer’s FEIN*</b>	Number	9	294	302	Required	No hyphens
Employer’s Payroll Address 1	Character	35	303	337	Optional	Address where employee’s check is processed
Employer’s Payroll Address 2	Character	35	338	372	Optional	
Employer’s Payroll City	Character	20	373	392	Optional	
Employer’s Payroll State	Character	2	393	394	Optional	
Employer’s Payroll Zip Code	Number	5	395	399	Optional	
<b>Employee’s Hire Date*</b>	Number	8	400	407	Required	CCYYMMDD
Left Your Employment During Period	Character	1	408	408	Optional	Y=Yes, N=No
Employee’s Birth Date	Number	8	409	416	Optional	CCYYMMDD
Employee’s Gender	Character	1	417	417	Optional	
Employee’s Work State	Character	2	418	419	Optional	Valid 2 letter FIPS abbr. (e.g. TN)
Earned Income Tax Credit Indicator	Character	1	420	420	Optional	Y=Yes, N=No
Medical Insurance Available	Character	1	421	421	Optional	Y=Yes, N=No
Outlet or Store Number	Character	29	422	450	Optional	

\*Field Names in bold denote required fields.

Note: All fields are in upper case alphanumeric format – left justified with trailing spaces. Missing non-required fields should contain all spaces.