

Arizona New Hire Reporting Center

Excel file layout

Each record line of the file should represent one record.

Data record (one per new hire)

| Col | Field | Status | Type | Description |
|-----|---|----------|---------|---|
| A | Record Identifier | Required | Char | "AZ Newhire Record" |
| B | Format Version Number | Required | Char | The following text: "CSV1" |
| C | Employee First Name | Required | Char | At least one character, no special characters. |
| D | Employee Middle Name | Optional | Char | If non-blank must be at least one character, no special characters. |
| E | Employee Last Name | Required | Char | At least one character, no special characters except hyphen. |
| F | Employee Name Suffix | Optional | Char | At least one character, no special characters except hyphen. |
| G | Employee SSN# | Required | Numeric | The suffix of employee name such as Jr, SR, and III |
| H | Employee Address Line 1 | Required | Char | As reported by employee. |
| I | Employee Address Line 2 | Optional | Char | At least two characters, left justify |
| J | Employee Address Line 3 | Optional | Char | Left justify. Spaces if unused. |
| K | Employee City | Required | Char | Left justify. Spaces if unused. |
| L | Employee State | Required | Char | At least two characters, no special characters except hyphen. |
| M | Employee Postal Code | Required | Char | Valid state or territory abbreviation. Not required for foreign address. |
| N | Employee Zip+4 | Optional | Numeric | If a non-foreign address then only U.S. 5 digit zip code, left justified. |
| O | Employee Country Code | Optional | Char | For foreign addresses only. |
| P | Employee Date of Birth | Optional | Numeric | If present, numeric. Format - MMDDYYYY |
| Q | Employee Date of Hire | Required | Numeric | Required starting November 1, 2011. Format - MMDDYYYY |
| R | Employee State of Hire | Optional | Char | Valid state or territory abbreviation. Field is required for registered Multistate employers. |
| S | Is Medical Insurance Available to Employee? | Optional | Char | Y if medical insurance is available to employee, otherwise "N". |
| T | Employer Benefits include Medical? | Optional | Char | Y/N if company offers Medical Insurance. |
| U | Employer FEIN | Required | Numeric | Federal Employer Identification Number (no hyphens). |
| V | Employer Name | Required | Char | At least two characters. |
| W | Employer DBA | Optional | Char | Employer DBA, if different than Employer Name |
| X | Employer Address Line 1 | Required | Char | At least two characters. |
| Y | Employer Address Line 2 | Optional | Char | Spaces if unused |
| Z | Employer Address Line 3 | Optional | Char | Spaces if unused |
| AA | Employer City | Required | Char | At least two characters |
| AB | Employer State | Required | Char | Valid state or territory abbreviation. |

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|----|-------------------------------|----------|---------|--|
| AC | Employer Postal Code | Required | Char | U.S. 5 digit zip code |
| AD | Employer Zip+4 | Optional | Char | If present, must be 4-digits. Spaces if unknown or international address |
| AE | Employer Country Code | Optional | Char | For foreign addresses only |
| AF | Employer Phone Number | Optional | Numeric | Employer contact ten-digit phone number including area code (no hyphens or parentheses). |
| AG | Employer Phone Extension | Optional | Numeric | Employer contact extension (numeric only). |
| AH | Employer Contact Name | Optional | Char | Name of contact for employer. |
| AI | Employer Multistate Indicator | Optional | Char | Y for Yes, reporting as a multi-state employer to IN or "N" for No |
| AJ | Employee Salary | Optional | Char | \$\$\$\$\$\$\$.cc (Use decimal point if including cents) |
| AK | Employee Salary Frequency | Optional | Char | Please indicate the frequency that the Employee Salary (previous field) is paid to the employee. H=Hourly; B=Bi-Weekly; W=Weekly; S=Semi-Monthly; M=Monthly; Y=Yearly |