

Minnesota New Hire Reporting Center
CSV file layout

Please do not use ANY column headers for your submission.

COL	FIELD NAME	REQUIRED/OPTIONAL	DESCRIPTION
A	FEIN	R	Must be 9 numbers. Do not include dashes.
B	SEIN	O	Do not include dashes.
C	Employer/Company Name	R	
D	Employer Street Address	R	If you have more than one location with the same FEIN, use the address where the Income Withholding Order should be sent.
E	Ste #, BLDG, etc.	O	
F	Employer City	R	
G	Employer State	R	Must be 2 letter abbreviation (MN for Minnesota).
H	Employer Zip Code	R	
I	Employer (Zip) +4	O	
J	Employer Country	R	Must be 2 letter abbreviation (US for United States).
K	Employee First Name	R	
L	Employee Middle Name/Initial	O	
M	Employee Last Name	R	
N	Employee SSN	R	Do not include dashes.
O	Employee Street Address	R	
P	Ste #, BLDG, etc.	O	
Q	Employee City	R	
R	Employee State	R	Must be 2 letter abbreviation (MN for Minnesota).
S	Employee Zip Code	R	
T	Employee (Zip) +4	O	
U	Employee Date of Birth	O	Format should be MM/DD/YYYY
V	Date of Hire	R	Format should be MM/DD/YYYY
W	Work State	O*	*Should ONLY be completed for Multi-State Employers
X	Filler	R	Must leave this field blank
Y	Filler	R	Must leave this field blank
Z	Filler	R	Must leave this field blank
AA	n/a	R	This is the submission column. To complete the form, enter one single space in column AA for each entry. For example, if items are entered in Rows 1-3, there should be a single space in Column AA for Rows 1, 2 and 3. No data should be entered in this column, or past this column.