

Ohio New Hire Reporting Center

Fixed-Width File Layout

Please note that every record must be on its own line.

Header record

| Field | Type | Length | Start Position | End Position | Status | Comments |
|---------------------|-----------|--------|----------------|--------------|----------|------------------------|
| Record Type | Character | 1 | 1 | 1 | Required | 1=Header record |
| Vendor Process Date | Numeric | 8 | 2 | 9 | Required | CCYYMMDD |
| Data Record Count | Numeric | 9 | 10 | 18 | Required | Excludes Header Record |
| Filler | Character | 797 | 19 | 815 | Required | Fill With Spaces |

Data record (one per new hire)

| Field | Type | Length | Start Position | End Position | Status | Comments |
|--|-----------|--------|----------------|--------------|----------|---|
| Record Type | Character | 1 | 1 | 1 | Required | = 2 |
| Employee Social Security Number | Number | 9 | 2 | 10 | Required | As Reported by Employee |
| Employee's First Name | Character | 16 | 11 | 26 | Required | |
| Employee's Middle Name | Character | 16 | 27 | 42 | Optional | |
| Employee's Last Name | Character | 30 | 43 | 72 | Required | |
| Employee's Address Line 1 | Character | 40 | 73 | 112 | Required | |
| Employee's Address Line 2 | Character | 40 | 113 | 152 | Optional | |
| Employee's Address Line 3 | Character | 40 | 153 | 192 | Optional | |
| Employee's City | Character | 25 | 193 | 217 | Required | |
| Employee's State | Character | 2 | 218 | 219 | Required | Valid 2 letter state code (e.g., Ohio=OH) |
| Employee's Zip Code 1 | Numeric | 5 | 220 | 224 | Required | All Zero's will be rejected |
| Employee's Zip Code 2 | Numeric | 4 | 225 | 228 | Optional | |
| Employee's Address: Foreign Country Code | Character | 2 | 229 | 230 | Optional | |
| Employee's Address: Foreign Country Name | Character | 25 | 231 | 255 | Optional | |
| Employee's Address: Foreign Postal Code | Character | 15 | 256 | 270 | Optional | Left Justify |
| Employee's Data of Birth | Numeric | 8 | 271 | 278 | Required | CCYYMMDD |
| Employee's Date of Hire | Numeric | 8 | 279 | 286 | Required | CCYYMMDD |
| Employee's State of Hire | Character | 2 | 287 | 288 | Required | Valid 2 letter state code (e.g., Ohio=OH) |
| Employee Gender | Character | 1 | 289 | 289 | Optional | F=Female, MMale, U=Unknown |
| Employee Left Work | Character | 1 | 290 | 290 | Optional | Y=Yes, N=No, U=Unknown |
| Employer Federal EIN | Numeric | 9 | 291 | 299 | Required | All zeros will be rejected |

| | | | | | | |
|---|-----------|----|-----|-----|----------|---|
| Employer's Income Tax Credit | Character | 1 | 300 | 300 | Optional | Y=Yes, N=No, U=Unknown |
| Employer's State EIN | Number | 12 | 301 | 312 | Optional | |
| Employer's Name | Character | 45 | 313 | 357 | Required | |
| Employer's Address Line 1 | Character | 40 | 358 | 397 | Required | |
| Employer's Address Line 2 | Character | 40 | 398 | 437 | Optional | |
| Employer's Address Line 3 | Character | 40 | 438 | 477 | Optional | |
| Employer's City | Character | 25 | 478 | 502 | Required | |
| Employer's State | Character | 2 | 503 | 504 | Required | Valid 2 letter state code (e.g., Ohio=OH) |
| Employer's Zip Code 1 | Numeric | 5 | 505 | 509 | Required | |
| Employer's Zip Code 2 | Numeric | 4 | 510 | 513 | Optional | |
| Employer's Add: Foreign Country Code | Character | 2 | 514 | 515 | Optional | |
| Employer's Add: Foreign Country Name | Character | 25 | 516 | 540 | Optional | |
| Employer's Add: Foreign Zip Code | Character | 15 | 541 | 555 | Optional | |
| Employer's Optional Address - Line 1 | Character | 40 | 556 | 595 | Optional | |
| Employer's Optional Address - Line 2 | Character | 40 | 596 | 635 | Optional | |
| Employer's Optional Address - Line 3 | Character | 40 | 636 | 675 | Optional | |
| Employer's Optional Address - City | Character | 25 | 676 | 700 | Optional | |
| Employer's Optional Address - State | Character | 2 | 701 | 702 | Optional | |
| Employer's Optional Address - Zip Code 1 | Numeric | 5 | 703 | 707 | Optional | |
| Employer's Optional Address - Zip Code 2 | Numeric | 4 | 708 | 711 | Optional | |
| Employer's Optional Add: Foreign Country Code | Character | 2 | 712 | 713 | Optional | |
| Employer's Optional Add: Foreign Country Name | Character | 25 | 714 | 738 | Optional | |
| Employer's Optional Add: Foreign Country Zip | Character | 15 | 739 | 753 | Optional | |
| Employee Independent Contractor (IC) | Character | 1 | 754 | 754 | Optional | "Y" if independent Contractor |
| IC - Date Payments will begin | Numeric | 8 | 755 | 762 | Optional | CCYYMMDD |
| IC - Length of Time contractor services performed | Numeric | 2 | 763 | 764 | Optional | In months |
| Filler | Character | 51 | 765 | 815 | Required | Fill with spaces |