

## Ohio New Hire Reporting Center

## Tab-Delimited File Layout

Each field may be enclosed by double-quotes. Each record line of the file should represent one record.

## Data record (one per new hire)

Field	Type	Status	Comments
Record Type	Character	Required	= 2
Employee Social Security Number	Number	Required	As Reported by Employee
Employee's First Name	Character	Required	
Employee's Middle Name	Character	Optional	
Employee's Last Name	Character	Required	
Employee's Address Line 1	Character	Required	
Employee's Address Line 2	Character	Optional	
Employee's Address Line 3	Character	Optional	
Employee's City	Character	Required	
Employee's State	Character	Required	Valid 2 letter state code (e.g., Ohio=OH)
Employee's Zip Code 1	Numeric	Required	All Zero's will be rejected
Employee's Zip Code 2	Numeric	Optional	
Employee's Address: Foreign Country Code	Character	Optional	
Employee's Address: Foreign Country Name	Character	Optional	
Employee's Address: Foreign Postal Code	Character	Optional	Left Justify
Employee's Data of Birth	Numeric	Required	CCYMMDD
Employee's Date of Hire	Numeric	Required	CCYMMDD
Employee's State of Hire	Character	Required	Valid 2 letter state code (e.g., Ohio=OH)
Employee Gender	Character	Optional	F=Female, MMale, U=Unknown
Employee Left Work	Character	Optional	Y=Yes, N=No, U=Unknown
Employer Federal EIN	Numeric	Required	All zeros will be rejected
Employer's Income Tax Credit	Character	Optional	Y=Yes, N=No, U=Unknown
Employer's State EIN	Number	Optional	
Employer's Name	Character	Required	
Employer's Address Line 1	Character	Required	
Employer's Address Line 2	Character	Optional	
Employer's Address Line 3	Character	Optional	
Employer's City	Character	Required	
Employer's State	Character	Required	Valid 2 letter state code (e.g., Ohio=OH)
Employer's Zip Code 1	Numeric	Required	
Employer's Zip Code 2	Numeric	Optional	
Employer's Add: Foreign Country Code	Character	Optional	
Employer's Add: Foreign Country Name	Character	Optional	
Employer's Add: Foreign Zip Code	Character	Optional	
Employer's Optional Address - Line 1	Character	Optional	
Employer's Optional Address - Line 2	Character	Optional	
Employer's Optional Address - Line 3	Character	Optional	

Employer's Optional Address - City	Character	Optional	
Employer's Optional Address - State	Character	Optional	
Employer's Optional Address - Zip Code 1	Numeric	Optional	
Employer's Optional Address - Zip Code 2	Numeric	Optional	
Employer's Optional Add: Foreign Country Code	Character	Optional	
Employer's Optional Add: Foreign Country Name	Character	Optional	
Employer's Optional Add: Foreign Country Zip	Character	Optional	
Employee Independent Contractor (IC)	Character	Optional	"Y" if independent Contractor
IC - Date Payments will begin	Numeric	Optional	CCYYMMDD
IC - Length of Time contractor services performed	Numeric	Optional	In months