Ohio Department of Taxation

W-2 Upload Specifications

Version 1

October 2023

W-2 UPLOAD SPECIFICATIONS

The specifications for tax year 2023 W-2s, submitted in calendar year 2024, are contained in this document.

The Ohio Department of Taxation (ODT) follows the EFW2 layout required by the Social Security Administration **(with certain modifications outlined below)** for the federal W-2.

Ohio law requires all employers to electronically file returns and submit income statements (W-2s & 1099-Rs) to the Department per Ohio Revised Code 5747.07, 5747.071 and Ohio Adminstrative Rule 5703-7-19. Effective for tax year 2023, all employers who file and pay their employer withholding taxes electronically will be required to upload their W-2 information electronically through the W-2/1099 Upload feature on the Ohio Business Gateway. No paper IT 3 is required to be filed; the W-2/1099 Upload feature creates an IT 3 from the W-2 information submitted.

Tax records, including W-2 information, are required to be maintained for a period of at least four (4) years from the due date. If the information is not submitted to the agency, ODT may request W-2 information when conducting compliance programs.

The Ohio Department of Taxation, the Ohio Department of Job and Family Services, and the Social Security Administration are separate entities. The information in this booklet applies only to the Ohio Department of Taxation's requirements for filing W-2s.

Files must contain W-2 information for each employee from whom you withheld Ohio individual income tax or Ohio school district income tax during the reported year, including both Medicare-qualified and non-Medicare-qualified employees. Also include employees who were Ohio residents or performed their duties in Ohio but did not have Ohio individual income tax or Ohio school district taxes withheld from their wages.

Do not include your Federal Employer Identification Number (FEIN) in the file name. The file name will be included in the subject line and body of the email notification. The email will advise whether the file was successfully uploaded.

The due date to file Ohio W-2s is **January 31, 2024**.

This document is reissued every tax year and may be updated at any time to ensure that it contains the most current information.

<p style="text-align:center">**WHAT'S NEW**</p>

Record Changes
- For tax year 2023, there are no record layout changes.

Other Changes
- **All employers who file and pay their employer withholding taxes electronically will be required to upload their W-2 information electronically through the W-2/1099 Upload feature on the Ohio Business Gateway.**
- The Social Security Wage Base for tax year 2023 is $160,200.
- The employer and employee tax rate for Social Security will be withheld at 6.2 percent (up to $9,932.40).
- The 2023 Social Security and Medicare coverage threshold for Household wages is $2,600.
- Some editorial changes and corrections for clarification have also been made.

Filing Reminders
- **Make sure that your data file is in text (.txt) format.**
- **The .txt extension must be in lowercase.**
- **Ohio does not accept files in a PDF format or files that were converted to text from a PDF format.**
- **If the file is 5MB or larger please zip the file (DO NOT password protect the zipped files).**
- **File size limit is 50 MB.**
- **Ohio is not able to process multiple data files in a .ZIP file.**
- **The character set is ASCII-1.**
- **All records must include an end of field distinction. This can be accomplished by inserting a Hard (Carriage) return/Line Feed at the end of the record.**
- **All records must have a FIXED length of 512 positions.**
- **Make sure each data file submitted is complete (RA through RF Records).**
- RA Submitter Record Information: The National Association of Computerized Tax Processors (NACTP) code is only needed for companies that sell their software to others. Companies that develop their own software should not request a NACTP code.
- RA Submitter Record Information: It is imperative that the submitter's telephone number and e-mail address be entered in the appropriate positions. Failure to include correct and complete submitter contact information will delay processing.
- **RS Record – State Employer Account Number: RS Record in positions 248 – 267 are required. The State Employer Account Number for Ohio will begin with a 51, 52, 53 or 54 and is 8 digits in length. Please omit hyphens. Only numeric characters.**
- **RS Record – State Wage Record: RS Record in positions 308 – 337 are required if an employee resides in a taxing school district. If an employee does not reside in a taxing school district, fill position 308 with a blank and fill positions 309 – 330 with zeros.**
- **Ohio's State Code is 39. The State Code is required to be entered two times in the RS Record – State Wage Record; RS Record in positions 3-4 and 274-275. This State Code (39) is required on every RS Record in the file.**
- **The file must contain only Ohio RS records (state code 39). If the file contains RS records from other states, you will receive an error when attempting to upload the file.**
- Be sure to confirm that the tax year entered in the Employer Record (RE Record) is correct.
- Be sure the Federal Employer Identification Number (FEIN) is entered correctly in the RE Employer Record.
- Do not create a file that contains any data after the RF (Final) Record.
- **Do not use any FEINs in the naming of the W-2 file.**
- **Filing due date is January 31, 2024.**
- **If you have any questions concerning the W-2 Upload specifications for Ohio, please contact: IncomeStatementsEWT@tax.ohio.gov**

SUBMITTING W-2 INFORMATION TO THE STATE OF OHIO

Upload W-2s in **EFW2** format using the link and instructions below.

gateway.ohio.gov

1. Log into the appropriate Ohio Business Gateway account.
2. Select the W-2/1099 Upload feature located on the Dashboard in the Employer Withholding service area.
3. Select the "Upload a New File" button.
4. Select the "Type of Income Statement" (W-2) from the dropdown menu.
5. Review and update the default email address; an email will be sent to this address after the file is submitted.
6. Browse your computer for the W-2 file to be uploaded.
7. Once the W-2 file is selected, submit the file.
8. When the W-2 file is processed, you will be notified via email whether the W-2 file was successfully uploaded.
9. If the W-2 file is not successfully uploaded, log back into the Ohio Business Gateway. Using the W-2/1099 Upload feature, select the "W-2/1099 Upload File History" and review the file that was not successfully uploaded. Correct the W-2 file and resubmit following steps 3-7. Assistance with troubleshooting files can be obtained by emailing: IncomeStatementsEWT@tax.ohio.gov

Reminders:

The file(s) must be in a text format. All files 5 MB or larger must be zipped (do not password protect the file). The maximum file size is 50 MB. The character set is ASCII-1. The record length is 512 fixed. It is not necessary to obtain filing administrator access for a client prior to uploading a data file on their behalf via the Ohio Business Gateway. Clients will not be able to view the history of any uploads submitted by software vendors or payroll service providers. The Ohio Business Gateway and W-2/1099 Upload are Google Chrome friendly. Attempts to upload using other browsers may lead to complications or inability to access the upload feature.

DATA REQUIREMENTS AND RECORD DESCRIPTIONS

Your W-2 file must contain the following record types, which are described in detail in subsequent pages:

SUBMITTER RECORD: **Required.**
CODE RA
The CODE RA record MUST be the FIRST data record on each file and identifies the organization submitting the file.

EMPLOYER RECORD: **Required.**
CODE RE
The CODE RE record MUST be the SECOND data record on each file and identifies an employer whose employee wage and tax information are being reported. DO NOT create a CODE RE record for an employer that does not have at least one employee (CODE RW record) with monies to report.

EMPLOYEE WAGE RECORD: **Required.**
CODE RW
The CODE RW record is used to report income and tax data for an employee. The CODE RW records are grouped together following each CODE RE record. There are many other requirements and restrictions for CODE RW records.

EMPLOYEE WAGE RECORD: **Optional.**
CODE RO
The CODE RO record is used if one or more of the fields must be completed because the field(s) applies to an employee. Do not complete a CODE RO record if only blanks or zeros would be entered in positions 3-512.

STATE WAGE RECORD: **Required.**
CODE RS
The CODE RS record is used for the state of Ohio W-2 filing requirements.

TOTAL RECORD: **Required for each CODE RE record.**
CODE RT
The CODE RT record contains the totals for all CODE RW records reported since the last CODE RE record.

TOTAL RECORD: **Optional.**
CODE RU
The CODE RU record is OPTIONAL but is REQUIRED if a CODE RO record is prepared.

STATE TOTAL RECORD: **Do not include CODE RV in the file.**
CODE RV
The CODE RV is not accepted by Ohio.

FINAL RECORD: **Required last record on each file.**
CODE RF
The CODE RF record indicates the end of the file and MUST be the last record. There can only be one for each file. The CODE RF record contains the total number of RW records in the entire file.

Transmitters of W-2 information for multiple employers can avoid creating a separate file for each employer by arranging the records as shown in the following example:

RA….DATA SERVICES	RT
RE….A. J.'S PIZZA	RU
RW	RE….RIDGELY ROCK AND GRAVEL
RS	RW
RW	RS
RO	RW
RS	RS
RW	RW
RO	RS
RS	RW
RT	RS
RU	RW
RE….COUNTY CONSTRUCTION CO	RS
RW	RT
RO	RF
RS	
RW	
RO	
RS	
RW	
RS	
RW	
RS	

RA Record - Submitter Record (REQUIRED)

RA POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RA".
3-11	Submitter's Employer Identification Number (EIN)	9	**This is a required field.** Enter the submitter's EIN. • Only numeric characters • Omit hyphens • Do <u>not</u> begin with 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79 or 89.
12-19	User Identification (User ID)	8	Enter the eight-character BSO User ID assigned to the employee who is attesting to the accuracy of this file.
20-23	Software Vendor Code	4	Enter the **numeric** four-digit Software Vendor Identification Code assigned by the National Association of Computerized Tax Processors (NACTP). To request a Vendor Identification Code, visit their website at ***www.nactp.org***. The NACTP code is only needed for companies that sell their software to others. If you entered "99 (Off-the-Shelf Software)" in the Software Code field in positions 36-37, enter the Software Vendor Code. Otherwise, fill with blanks.
24-28	Blanks	5	Fill with blanks. Reserved for SSA use.
29	Resub Indicator	1	Enter "1" if this file is being resubmitted. Otherwise, enter "0" (zero).
30-35	Resub Wage File Identifier (WFID)	6	If you entered a "1" in the Resub Indicator field (position 29), enter the WFID displayed on the notice SSA sent you. Otherwise, fill with blanks.
36-37	Software Code	2	Enter one of the following codes to indicate the software used to create your file: • 98 (In-House Program) • 99 (Off-the-Shelf Software)
38-94	Company Name	57	Enter the company name. Left justify and fill with blanks.

RA POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
95-116	Location Address	22	Enter the company's location address (Attention, Suite, Room Number, etc.). Example: 2nd Floor, Suite 234 Left justify and fill with blanks.
117-138	Delivery Address	22	Enter the company's delivery address (Street or Post Office Box). Example: 123 Main Street Left justify and fill with blanks.
139-160	City	22	Enter the company's city. Left justify and fill with blanks.
161-162	State Abbreviation	2	Enter the company's State or commonwealth/territory. Use a postal abbreviation as shown in Appendix A. For a foreign address, fill with blanks.
163-167	ZIP Code	5	Enter the company's ZIP code. For a foreign address, fill with blanks.
168-171	ZIP Code Extension	4	Enter the company's four-digit extension of the ZIP code. If not applicable, fill with blanks.
172-176	Blank	5	Fill with blanks. Reserved for SSA use.
177-199	Foreign State/Province	23	If applicable, enter the company's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks.
200-214	Foreign Postal Code	15	If applicable, enter the company's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
215-216	Country Code	2	If one of the following applies, fill with blanks: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the applicable Country Code (see Appendix B).

RA POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
217-273	Submitter Name	57	**This is a required field.** Enter the name of the organization to receive error notification if this file cannot be processed. Left justify and fill with blanks.
274-295	Location Address	22	Enter the submitter's location address (Attention, Suite, Room Number, etc.). Example: 2nd Floor, Suite 234 Left justify and fill with blanks.
296-317	Delivery Address	22	**This is a required field.** Enter the submitter's delivery address (Street or Post Office Box). Left justify and fill with blanks.
318-339	City	22	**This is a required field.** Enter the submitter's city. Left justify and fill with blanks.
340-341	State Abbreviation	2	**This is a required field.** Enter the submitter's State or commonwealth/territory. Use a postal abbreviation as shown in Appendix A. For a foreign address, fill with blanks.
342-346	ZIP Code	5	**This is a required field.** Enter the submitter's ZIP code. For a foreign address, fill with blanks.
347-350	ZIP Code Extension	4	Enter the submitter's four-digit extension of the ZIP code. If not applicable, fill with blanks.
351-355	Blank	5	Fill with blanks. Reserved for SSA use.
IMPORTANT NOTE: If using a foreign address, the Foreign State/Province (positions 356-378), Foreign Postal Code (positions 379-393) and the Country Code (positions 394-395) are required to be completed.			
356-378	Foreign State/Province	23	If applicable, enter the submitter's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks.
379-393	Foreign Postal Code	15	If applicable, enter the submitter's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.

RA POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
394-395	Country Code	2	If one of the following applies, fill with blanks: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the applicable Country Code (see Appendix B).
396-422	Contact Name	27	**This is a required field.** Enter the name of the person to be contacted by SSA concerning processing problems. Left justify and fill with blanks.
423-437	Contact Phone Number	15	**This is a required field.** Enter the contact's telephone number with numeric values only (including area code). Do not use any special characters. Example: 1232345678 Left justify and fill with blanks. *Note: It is imperative that the contact's telephone number be entered in the appropriate positions. Failure to include correct and complete submitter contact information may, in some cases, delay the timely processing of your file.*
438-442	Contact Phone Extension	5	Enter the contact's telephone extension. Left justify and fill with blanks.
443-445	Blank	3	Fill with blanks. Reserved for SSA use.

RA POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
446-485	Contact E-Mail/ Internet	40	**This is a required field.** Enter the contact's E-Mail/Internet address. This field may be upper and lower case. The rules for entering a valid E-Mail address for SSA's purposes are as follows: • Must not be blank *(This rule only applies to the RA Record Contact E-Mail/Internet field)* • Must contain only one @ symbol • Must not contain consecutive periods to the left or right of the @ symbol • Must not contain empty spaces to the left or right of the @ symbol • Must not contain a period in the first or last position • Must not contain a period immediately to the left or right of the @ symbol • Must not contain an @ symbol in the first or last position • Must contain a top-level domain approved by Internet Assigned Numbers Authority (IANA). • Must not contain characters other than alphanumeric, hyphens or periods to the right of the @ symbol • Must not contain hyphens immediately to the right of the @ symbol, or before or after a period • Must contain either alphanumeric characters, or the following keyboard characters, to the left of the @ symbol: (~!#$%^&*_+{}|?'-= / `) ***Note: The RA Record E-Mail is used to notify submitters of errors in the submission. Therefore, it is imperative that the submitter's E-Mail address not be blank and be entered in the appropriate positions. Failure to include correct and complete submitter E-Mail information may, in some cases, delay the timely processing of your file.***
486-488	Blank	3	Fill with blanks. Reserved for SSA use.
489-498	Contact Fax	10	If applicable, enter the contact's fax number (including area code). Otherwise, fill with blanks. **For U.S. and U.S. territories only.**
499	Blank	1	Fill with blanks. Reserved for SSA use.

RA POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
500	Preparer Code	1	Enter one of the following codes to indicate who prepared this file: • A (Accounting Firm) • L (Self-Prepared) • S (Service Bureau) • P (Parent Company) • O (Other) ***Note: If more than one code applies, use the code that best describes who prepared this file.***
501-512	Blank	12	Fill with blanks. Reserved for SSA use.

RE Record – Employer Record (REQUIRED)

RE POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RE".
3-6	Tax Year	4	**This is a required field.** Enter the tax year for this report (CCYY). This field is valid from 1978 through the current tax year.
7	Agent Indicator Code	1	If applicable, enter one of the following codes: • "1" 2678 Agent (Approved by IRS) • "2" Common Paymaster (A corporation that pays an employee who works for two or more related corporations at the same time.) • "3" 3504 Agent Otherwise, fill with a blank.

8-16	Employer /Agent Identification Number (EIN)	9	**This is a required field.**
			
			• Enter only numeric characters.
			• Omit hyphens.
			• Do <u>not</u> begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79 or 89.
			• Enter the EIN under which tax payments were submitted to the IRS under Form 941, 943, 944, CT-1 or Schedule H.
			    o If employer tax payments were deposited under the EIN of the Agent, enter the EIN of the Agent.
			    o If employer tax payments were deposited under the EIN of the employer, enter the EIN of the employer.
			• If you entered a "1", "2" or "3" in the Agent Indicator Code field (position 7); enter the EIN of the Agent.
			• See "Other EIN" (positions 31- 39) if taxes were deposited under more than one EIN during the year.

17-25	Agent for EIN	9	If you entered a "1" in the Agent Indicator Code field (position 7), enter the Employer's EIN for which you are an Agent. Otherwise, fill with blanks
26	Terminating Business Indicator	1	If this is the last tax year that W-2s will be filed under this EIN, enter "1." Otherwise, enter "0" (zero).

RE POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
27-30	Establishment Number	4	For multiple RE Records with the same EIN, you may use this field to assign a unique identifier for each RE Record (i.e., store for factory locations or types of payroll). Enter any combination of blanks, numbers, letters, or keyboard characters. Otherwise, fill with blanks.
31-39	Other EIN	9	For this tax year, if you submitted tax payments to the IRS under Form 941, 943, 944, CT-1 or Schedule H or W-2 data to SSA, and you used an EIN different from the EIN in positions 8 - 16, enter the other EIN. • Enter only numeric characters. • Omit hyphens. • Do <u>not</u> begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79 or 89. Otherwise, fill with blanks.
IMPORTANT NOTE: The Employer's Name field (positions 40-96) and the Employer's Address fields (positions 97-173) should normally match the employer name and address under which tax payments were submitted to the IRS Form 941, 943, 944, 945, CT-1 or Schedule H.			
40-96	Employer Name	57	**This is a required field.** Enter the name associated with the EIN entered in positions 8 -16. Left justify and fill with blanks.
97-118	Location Address	22	Enter the employer's location address (Attention, Suite, Room Number, etc.). Example: 2nd Floor, Suite 234 Left justify and fill with blanks.
119-140	Delivery Address	22	Enter the employer's delivery address (Street or Post Office Box). Example: 123 Main Street Left justify and fill with blanks.
141-162	City	22	Enter the employer's city. Left justify and fill with blanks

RE POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
163-164	State Abbreviation	2	Enter the employer's State or commonwealth/territory. Use a postal abbreviation shown in Appendix A. For a foreign address, fill with blanks
165-169	ZIP Code	5	Enter the employer's ZIP code. For a foreign address, fill with blanks.
170-173	ZIP Code Extension	4	Enter the employer's four-digit extension of the ZIP code. If not applicable, fill with blanks.
174	Kind of Employer	1	**This is a required field.** Enter the appropriate kind of employer: **F = Federal govt.** *(Federal government entity or instrumentality)* **S = State/local non-501c.** *(State or local government or instrumentality (this includes cities, townships, counties, special-purpose districts or other publicly-owned entities with governmental authority))* **T = 501c non-govt.** *(Non-governmental tax-exempt Section 501(c) organization (types of 501(c) non-governmental organizations include private foundations, public charities, social and recreation clubs and veterans' organizations))* **Y = State/local 501c.** *(State or local government or instrumentality where the employer received a determination letter from the IRS indication that they are also a tax-exempt organization under Section 501(c)(3))* **N = None Apply** ***Note: Leave blank if the Tax Jurisdiction Code in position 220 of the RE Record is P (Puerto Rico).***
175-178	Blank	4	Fill with blanks. Reserved for SSA use.
179-201	Foreign State/ Province	23	If applicable, enter the employer's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks.

RE POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
202-216	Foreign Postal Code	15	If applicable, enter the employer's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
217-218	Country Code	2	If one of the following applies, fill with blanks: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the employer's applicable Country Code (see Appendix B).
219	Employment Code	1	**Enter the appropriate code.** Enter the appropriate employment code: A = Agriculture　　Form 943 H = Household　　Schedule H M = Military　　Form 941 Q = Medicare Qualified Government Employment　　Form 941 X = Railroad　　CT-1 F = Regular　　Form 944 R = Regular (all others)　　Form 941 If the Tax Jurisdiction Code in position 220 of the RE Record is blank (domestic), reporting Employment Code 'Q' (MQGE) is valid for tax year 1983 through the current tax year. If the Tax Jurisdiction Code in position 220 of the RE Record is P, V, G, S, or N (not domestic), reporting Employment Code 'Q' (MQGE) is valid for tax years 1986 through the current tax year. ***Note: Railroad reporting is not applicable for Puerto Rico and territorial employers.***

RE POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
220	Tax Jurisdiction Code	1	**If applicable enter the appropriate code.** V = Virgin Islands G = Guam S = American Samoa N = Northern Mariana Islands P = Puerto Rico
221	Third-Party Sick Pay Indicator	1	Enter "1" for a sick pay indicator. Otherwise, enter "0" (zero).
222-248	Employer Contact Name	27	Enter the name of the employer's contact. Left justify and fill with blanks.
249-263	Employer Contact Phone Number	15	Enter the employer's contact telephone number with numeric values only (including area code). Do not use any special characters. Example: 1232345678 Left justify and fill with blanks.
264-268	Employer Contact Phone Extension	5	Enter the employer's contact telephone extension with numeric values only. Do not use any special characters. Example: 12345 Left justify and fill with blanks.
269-278	Employer Contact Fax Number	10	If applicable, enter the employer's contact fax number with numeric values only (including area code). Do not use any special characters. Example: 1232345678 Otherwise, fill with blanks. **For U.S. and U.S. territories only.**

RE POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
279-318	Employer Contact E-Mail/Internet	40	Enter the employer's contact E-Mail/Internet address. This field may be upper and lower case. If you are providing an Employer Contact E-Mail address, then the rules for entering a valid E-Mail address for SSA's purposes are as follows: • Must contain only one @ symbol • Must not contain consecutive periods to the left or right of the @ symbol • Must not contain empty spaces to the left or right of the @ symbol • Must not contain a period in the first or last position • Must not contain a period immediately to the left or right of the @ symbol • Must not contain an @ symbol in the first or last position • Must contain a top-level domain approved by Internet Assigned Numbers Authority (IANA). • Must not contain characters other than alphanumeric, hyphens or periods to the right of the @ symbol • Must not contain hyphens immediately to the right of the @ symbol, or before or after a period • Must contain either alphanumeric characters, or the following keyboard characters, to the left of the @ symbol: (~!#$%^&*_+{}|?'-= / `)
319-512	Blank	194	Fill with blanks. Reserved for SSA use.

RW Record – Employee Wage Record (REQUIRED)

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RW".
3-11	Social Security Number (SSN)	9	**This is a required field.** Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. • Enter only numeric characters. • Omit hyphens. • May <u>not</u> begin with 666 or 9. **If no SSN is available, enter zeros (0).**
12-26	Employee First Name	15	**This is a required field.** Enter the employee's first name as shown on the Social Security card. Left justify and fill with blanks.
27-41	Employee Middle Name or Initial	15	If applicable, enter the middle name or initial as shown on the Social Security card. Left justify and fill with blanks. Otherwise, fill with blanks.
42-61	Employee Last Name	20	**This is a required field.** Enter the employee's last name as shown on the Social Security card. Left justify and fill with blanks.
62-65	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, JR Left justify and fill with blanks. Otherwise, fill with blanks
66-87	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.
88-109	Delivery Address	22	Enter the employee's delivery address (Street or Post Office box). Left justify and fill with blanks.

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
110-131	City	22	Enter the employee's city. Left justify and fill with blanks.
132-133	State Abbreviation	2	Enter the employee's State or commonwealth/territory. Use a postal abbreviation from Appendix A. For a foreign address, fill with blanks.
134-138	ZIP Code	5	Enter the employee's ZIP code. For a foreign address, fill with blanks.
139-142	ZIP Code Extension	4	Enter the employee's four-digit extension of the ZIP code. If not applicable, fill with blanks.
143-147	Blank	5	Fill with blanks. Reserved for SSA use.
148-170	Foreign State/ Province	23	If applicable, enter the employee's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks.
171-185	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
186-187	Country Code	2	If one of the following applies, fill with blanks: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the applicable Country Code (see Appendix B).

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
188-198	Wages, Tips and Other Compensation	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
199-209	Federal Income Tax Withheld	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
210-220	Social Security Wages	11	Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is Q (MGQE) or X (Railroad). If Employment Code is H (Household) and the tax year is 1994 or later, the sum of this field and the Social Security Tips field must be equal to or greater than the annual Household minimum for the tax year being reported. Otherwise, report zeros. The sum of this field and the Social Security Tips field should <u>not</u> exceed the annual maximum Social Security wage base for the tax year ($160,200 for tax year 2023). No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
221-231	Social Security Tax Withheld	11	Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is Q (MGQE) or X (Railroad). If the Employment Code is <u>not</u> Q (MQGE) or X (Railroad) and the amount in this field is greater than zero, then the Social Security Wages field and/or the Social Security Tips field must be greater than zero. This amount should not exceed $9,932.40 for tax year 2023. No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
232-242	Medicare Wages and Tips	11	For years prior to tax year 1983, zero fill for all Employment Codes. Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is X (Railroad). If the Employment Code is H (Household) and the tax year is 1994 or later, this field must be equal to or greater than the annual Household minimum for the tax year being reported. Otherwise, fill with zeros. For all other Employment Codes: • For tax years 1983 – 1993, do not exceed the annual maximum Medicare wage base for the tax year. • For tax years 1983 – 1990, if Social Security Wages and/or Social Security Tips are greater than zero, this amount must be equal to the sum of the Social Security Wages and Social Security Tips. • For tax year 1991 and later, this amount must equal or exceed the sum of the Social Security Wages and Social Security Tips. No negative amounts. Right justify and zero fill. This field is valid from 1983 through the current tax year.
243-253	Medicare Tax Withheld	11	For tax years prior to 1983, zero fill for all Employment Codes. For tax year 1983 and later, zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is X (Railroad). Effective January 1, 2013, an employer is required to withhold a 0.9% **additional** Medicare Tax on any Medicare Wages and Tips or Railroad Retirement Act (RRTA) compensation it pays to an employee in excess of $200,000 in a calendar year. No negative amounts. Right justify and zero fill. This field is valid from 1983 through the current tax year.

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
254-264	Social Security Tips	11	Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is Q (MQGE) or X (Railroad). The sum of this field and Social Security Wages should <u>not</u> exceed the annual maximum Social Security wage base for the tax year ($160,200 for tax year 2023). If Employment Code is H (Household) and the tax year is 1994 or later, the sum of this field and the Social Security Wages field must be equal to or greater than the annual Household minimum for the tax year being reported. Otherwise, report zeros. No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.
265-275	Blank	11	Fill with blanks. Reserved for SSA use.
276-286	Dependent Care Benefits	11	No negative amounts. Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
287-297	Deferred Compensation Contributions to Section 401(k) *(Code D)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
298-308	Deferred Compensation Contributions to Section 403(b) *(Code E)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
309-319	Deferred Compensation Contributions to Section 408(k)(6) *(Code F)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
320-330	Deferred Compensation Contributions to Section 457(b) *(Code G)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
331-341	Deferred Compensation Contributions to Section 501(c)(18)(D) *(Code H)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
342-352	Blank	11	Fill with blanks. Reserved for SSA use.
353-363	Non-qualified Plan Section 457 Distributions or Contributions	11	No negative amounts. Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico employees.**
364-374	Employer Contributions to a Health Savings Account *(Code W)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2004 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
375-385	Non-qualified Plan Not Section 457 Distributions or Contributions	11	No negative amounts. Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico employees.**

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
386-396	Nontaxable Combat Pay *(Code Q)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
397-407	Blank	11	Fill with blanks. Reserved for SSA use.
408-418	Employer Cost of Premiums for Group Term Life Insurance Over $50,000 *(Code C)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico employees.**
419-429	Income from the Exercise of Nonstatutory Stock Options *(Code V)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
430-440	Deferrals Under a Section 409A Non-qualified Deferred Compensation Plan *(Code Y)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
441-451	Designated Roth Contributions to a Section 401(k) Plan *(Code AA)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2006 through the current tax year. **Does not apply to Puerto Rico employees.**

RW POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
452-462	Designated Roth Contributions Under a Section 403(b) Salary Reduction Agreement *(Code BB)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2006 through the current tax year. **Does not apply to Puerto Rico employees.**
463-473	Cost of Employer-Sponsored Health Coverage *(Code DD)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2011 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
474-484	Permitted Benefits Under a Qualified Small Employer Health Reimbursement Arrangement *(Code FF)*	11	No negative amounts. Right justify and zero fill.
485	Blank	1	Fill with blanks. Reserved for SSA use.
486	Statutory Employee Indicator	1	Enter "1" for a statutory employee. Otherwise, enter "0" (zero).
487	Blank	1	Fill with a blank. Reserved for SSA use.
488	Retirement Plan Indicator	1	Enter "1" for a retirement plan. Otherwise, enter "0" (zero).
489	Third-Party Sick Pay Indicator	1	Enter "1" for a sick pay indicator. Otherwise, enter "0" (zero).
490-512	Blank	23	Fill with blanks. Reserved for SSA use.

RO Record – Employee Wage Record (OPTIONAL)

RO POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RO" (alphabetic O).
3-11	Blank	9	Fill with blanks. Reserved for SSA use.
12-22	Allocated Tips	11	No negative amounts. Right justify and zero fill. This field is valid from 1983 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
23-33	Uncollected Employee Tax on Tips *(Codes A and B)*	11	Combine the uncollected Social Security tax and the uncollected Medicare tax in this field. No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.
34-44	Medical Savings Account *(Code R)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1997 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
45-55	Simple Retirement Account *(Code S)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1997 through the current tax year. **Does not apply to Puerto Rico employees.**
56-66	Qualified Adoption Expenses *(Code T)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1997 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**

RO POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
67-77	Uncollected Social Security or RRTA Tax on Cost of Group Term Life Insurance Over $50,000 *(Code M)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
78-88	Uncollected Medicare Tax on Cost of Group Term Life Insurance Over $50,000 *(Code N)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
89-99	Income Under a Nonqualified Deferred Compensation Plan That Fails to Satisfy Section 409A *(Code Z)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
100-110	Blank	11	Fill with blanks. Reserved for SSA use.
111-121	Designated Roth Contributions Under a Governmental Section 457(b) Plan *(Code EE)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2011 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
122-132	Income from Qualified Equity Grants Under Section 83(i) *(Code GG)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2018 through the current tax year.
133-143	Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year *(Code HH)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2018 through the current tax year.

RO POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
144-274	Blank	131	Fill with blanks. Reserved for SSA use.
275-285	Wages Subject to Puerto Rico Tax	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
286-296	Commissions Subject to Puerto Rico Tax	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
297-307	Allowances Subject to Puerto Rico Tax	11	No negative amounts. Right justify and zero fill. This field is valid from 1998 through the current tax year. **For Puerto Rico employees only.**
308-318	Tips Subject to Puerto Rico Tax	11	No negative amounts. Right justify and zero fill. This field is valid from 1998 through the current tax year. **For Puerto Rico employees only.**
319-329	Total Wages, Commissions, Tips and Allowances Subject to Puerto Rico Tax	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
330-340	Puerto Rico Tax Withheld	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**

RO POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
341-351	Retirement Fund Annual Contributions	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
352-362	Blank	11	Fill with blanks. Reserved for SSA use.
363-373	Total Wages, Tips and Other Compensation Subject to Virgin Islands, Guam, American Samoa or Northern Mariana Islands Income Tax	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees only.**
374-384	Virgin Islands, Guam, American Samoa or Northern Mariana Islands Income Tax Withheld	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees only.**
385-512	Blank	128	Fill with blanks. Reserved for SSA use.

RS Record – State Wage Record (REQUIRED)

RS POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RS".
3-4	State Code	2	**This field is required.** Must be a 39 in the file for Ohio.
5-9	Taxing Entity Code	5	Not applicable. Fill with blanks.
10-18	Social Security Number (SSN)	9	Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. **If no SSN is available, enter zeros.**
19-33	Employee First Name	15	Enter the employee's first name as shown on the SSN card. Left justify and fill with blanks.
34-48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial as shown on the SSN card. Left justify and fill with blanks. Otherwise, fill with blanks.
49-68	Employee Last Name	20	Enter the employee's last name as shown on the SSN card. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, JR Left justify and fill with blanks. Otherwise, fill with blanks.
73-94	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.
95-116	Delivery Address	22	Enter the employee's delivery address. Left justify and fill with blanks.
117-138	City	22	Enter the employee's city. Left justify and fill with blanks.
139-140	State Abbreviation	2	Enter the employee's State or commonwealth/territory. Use a postal abbreviation as shown in Appendix A. For a foreign address, fill with blanks.

RS POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
141-145	ZIP Code	5	Enter the employee's ZIP code. For a foreign address, fill with blanks.
146-149	ZIP Code Extension	4	Enter the employee's four-digit extension of the ZIP code. If not applicable, fill with blanks.
150-154	Blank	5	Fill with blanks. Reserved for SSA use.
155-177	Foreign State/ Province	23	If applicable, enter the employee's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks.
178-192	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
193-194	Country Code	2	If one of the following applies, fill with blanks: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the employee's applicable Country Code (see Appendix B).
195-196	Optional Code	2	Not applicable. Fill with blanks. **Applies to unemployment reporting.**
197-202	Reporting Period	6	Enter the last month and four-digit year for the calendar quarter for which this report applies, e.g., "032023" for January through March of 2023. **Applies to unemployment reporting.**
203-213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill. **Applies to unemployment reporting.**

RS POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill. **Applies to unemployment reporting.**
225-226	Number of Weeks Worked	2	Enter number of weeks as a two-digit number. If less than 10, use a leading zero. **Applies to unemployment reporting.**
227-234	Date First Employed	8	Enter the month, day and four-digit year, e.g., "01312023." **Applies to unemployment reporting.**
235-242	Date of Separation	8	Enter the month, day and four-digit year, e.g., "01312023." **Applies to unemployment reporting.**
243-247	Blank	5	Fill with blanks. Reserved for SSA use.
248-267	State Employer Account Number	20	**Required field.** The State Employer Account Number for Ohio will begin with a 51, 52, 53 or 54 and is 8 digits in length. Numeric characters only. Omit hyphens. Left justify and fill with blanks. **Applies to WAGES EARNED IN OHIO.**
268-273	Blank	6	Fill with blanks. Reserved for SSA use.
274-275	State Code	2	**This field is required.** Must be a 39 in the file for Ohio. **Applies to WAGES EARNED IN OHIO.**
276-286	State Taxable Wages	11	Right justify and zero fill. **Applies to WAGES EARNED IN OHIO.**
287-297	State Income Tax Withheld	11	Right justify and zero fill. **Applies to WAGES EARNED IN OHIO.**
298-307	Wages, Tips and Other Compensation	10	Enter employee's total annual Wages, Tips and Other Compensation. Right justify and zero fill.

RS POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
308	Tax Type Code	1	Enter the appropriate code for entries in fields 309 – 330: • C = City Income Tax • D = County Income Tax • **E = School District Income Tax** • F = Other Income Tax If codes do not apply fill with a blank. **Applies to required SCHOOL DISTRICT INCOME TAX if an employee resides in a taxing school district.**
309-319	Local Taxable Wages	11	Enter local taxable wages that corresponds to the appropriate code in this RS record position 308. Right justify and zero fill. **Applies to required SCHOOL DISTRICT INCOME TAX if an employee resides in a taxing school district.**
320-330	Local Income Tax Withheld	11	Enter local income tax withheld that corresponds to the appropriate code in this RS record position 308. Right justify and zero fill. **Applies to required SCHOOL DISTRICT INCOME TAX if an employee resides in a taxing school district.**
331-337	School District Number	7	**Required if filing School District Income Tax.** Enter four-digit school district number. Right justify and fill with blanks. Listing of school district numbers can be found at tax.ohio.gov, in the IT 1040 booklet, or SD 100 booklet. **Applies to required SCHOOL DISTRICT INCOME TAX if an employee resides in a taxing school district.**
338-412	Supplemental Data 1	75	Fill with blanks.
413-487	Supplemental Data 2	75	Fill with blanks.
488-512	Blank	25	Fill with blanks. Reserved for SSA use.

RT Record – Total Record (REQUIRED)

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RT".
3-9	Number of RW Records	7	Enter the total number of Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill.
10-24	Wages, Tips and Other Compensation	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
25-39	Federal Income Tax Withheld	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
40-54	Social Security Wages	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is Q (MQGE) or X (Railroad).**

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
55-69	Social Security Tax Withheld	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is Q (MQGE) or X (Railroad).**
70-84	Medicare Wages and Tips	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. The amount in this field must equal, or exceed, the sum in the fields for Social Security Wages and Social Security Tips. Do <u>not</u> use this field to report data prior to tax year 1983. This field is valid from 1983 through the current tax year. **Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is X (Railroad).**
85-99	Medicare Tax Withheld	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1983 through the current tax year. **Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is X (Railroad).**

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
100-114	Social Security Tips	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **Zero fill if the Employment Code reported in position 219 of the preceding RE Employer Record is Q (MQGE) or X (Railroad).**
115-129	Blank	15	Fill with blanks. Reserved for SSA use.
130-144	Dependent Care Benefits	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
145-159	Deferred Compensation Contributions to Section 401(k) *(Code D)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
160-174	Deferred Compensation Contributions to Section 403(b) *(Code E)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
175-189	Deferred Compensation Contributions to Section 408(k)(6) *(Code F)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
190-204	Deferred Compensation Contributions to Section 457(b) *(Code G)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
205-219	Deferred Compensation Contributions to Section 501(c)(18)(D) *(Code H)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
220-234	Blank	15	Fill with blanks. Reserved for SSA use.
235-249	Non-qualified Plan Section 457 Distributions or Contributions	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico employees.**

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
250-264	Employer Contributions to a Health Savings Account *(Code W)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). No negative amounts. Right justify and zero fill. This field is valid from 2004 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana employees.**
265-279	Non-qualified Plan Not Section 457 Distributions or Contributions	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico employees.**
280-294	Nontaxable Combat Pay *(Code Q)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
295-309	Cost of Employer-Sponsored Health Coverage *(Code DD)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2011 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
310-324	Employer Cost of Premiums for Group Term Life Insurance Over $50,000 *(Code C)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico employees.**
325-339	Income Tax Withheld by Payer of Third-party Sick Pay	15	Enter the total Federal Income Tax withheld by third parties (generally insurance companies) from sick or disability payments made to your employees. Right justify and zero fill. This field is valid from 1994 through the current tax year. **Does not apply to Puerto Rico employees.**
340-354	Income from the Exercise of Nonstatutory Stock Options *(Code V)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
355-369	Deferrals Under a Section 409A Nonqualified Deferred Compensation Plan *(Code Y)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana employees.**
370-384	Designated Roth Contributions to a Section 401(k) Plan *(Code AA)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2006 through the current tax year. **Does not apply to Puerto Rico employees.**

RT POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
385-399	Designated Roth Contributions Under a Section 403(b) Salary Reduction Agreement *(Code BB)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2006 through the current tax year. **Does not apply to Puerto Rico employees.**
400-414	Permitted Benefits Under a Qualified Small Employer Health Reimbursement Arrangement *(Code FF)*	15	Enter the total for all Employee Records (RW) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2017 through the current tax year.
415-512	Blank	98	Fill with blanks. Reserved for SSA use.

RU Record – Total Record (OPTIONAL)

RU POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RU".
3-9	Number of RO Records	7	Enter the total number of RO Records reported since the last Employer Record (RE). Right justify and zero fill.
10-24	Allocated Tips	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1983 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam or Northern Mariana Islands employees.**
25-39	Uncollected Employee Tax on Tips (Codes A and B)	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year.
40-54	Medical Savings Account (Code R)	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1997 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
55-69	Simple Retirement Account (Code S)	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1997 through the current tax year. **Does not apply to Puerto Rico employees.**
70-84	Qualified Adoption Expenses (Code T)	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1997 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**

RU POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
85-99	Uncollected Social Security or RRTA Tax on Cost of Group Term Life Insurance Over $50,000 *(Code M)*	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
100-114	Uncollected Medicare Tax on Cost of Group Term Life Insurance Over $50,000 *(Code N)*	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
115-129	Income Under a Nonqualified Deferred Compensation Plan That Fails to Satisfy Section 409A *(Code Z)*	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
130-144	Blank	15	Fill with blanks. Reserved for SSA use.
145-159	Designated Roth Contributions Under a Governmental Section 457(b) Plan *(Code EE)*	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2011 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
160-174	Income from Qualified Equity Grants Under Section 83(i) *(Code GG)*	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2018 through the current tax year.

RU POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
175-189	Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year *(Code HH)*	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 2018 through the current tax year.
190-354	Blanks	165	Fill with blanks. Reserved for SSA use.
355-369	Wages Subject to Puerto Rico Tax	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
370-384	Commissions Subject to Puerto Rico Tax	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
385-399	Allowances Subject to Puerto Rico Tax	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1998 through the current tax year. **For Puerto Rico employees only.**
400-414	Tips Subject to Puerto Rico Tax	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1998 through the current tax year. **For Puerto Rico employees only.**

RU POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
415-429	Total Wages, Commissions, Tips and Allowances Subject to Puerto Rico Tax	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
430-444	Puerto Rico Tax Withheld	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
445-459	Retirement Fund Annual Contributions	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Puerto Rico employees only.**
460-474	Total Wages, Tips and Other Compensation Subject to Virgin Islands, Guam, American Samoa or Northern Mariana Islands Income Tax	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Virgin Island, American Samoa, Guam or Northern Mariana Islands employees only.**

RU POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
475-489	Virgin Islands, Guam, American Samoa or Northern Mariana Islands Income Tax Withheld	15	Enter the total for all Employee Records (RO) reported since the last Employer Record (RE). Right justify and zero fill. This field is valid from 1978 through the current tax year. **For Virgin Island, American Samoa, Guam or Northern Mariana Islands employees only.**
490-512	Blank	23	Fill with blanks. Reserved for SSA use.

RF Record – Final Record (REQUIRED)

RF POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
1-2	Record Identifier	2	Constant "RF".
3-7	Blank	5	Fill with blanks. Reserved for SSA use.
8-16	Number of RW Records	9	Enter the total number of RW Records reported on the entire file. Right justify and zero fill.
17-512	Blank	496	Fill with blanks. Reserved for SSA use.

APPENDIX A – POSTAL ABBREVIATIONS AND NUMERIC CODES

U.S. States

STATE	ABBREVIATION	NUMERIC CODE*	STATE	ABBREVIATION	NUMERIC CODE*
Alabama	AL	01	Montana	MT	30
Alaska	AK	02	Nebraska	NE	31
Arizona	AZ	04	Nevada	NV	32
Arkansas	AR	05	New Hampshire	NH	33
California	CA	06	New Jersey	NJ	34
Colorado	CO	08	New Mexico	NM	35
Connecticut	CT	09	New York	NY	36
Delaware	DE	10	North Carolina	NC	37
District of Columbia	DC	11	North Dakota	ND	38
Florida	FL	12	Ohio	OH	39
Georgia	GA	13	Oklahoma	OK	40
Hawaii	HI	15	Oregon	OR	41
Idaho	ID	16	Pennsylvania	PA	42
Illinois	IL	17	Rhode Island	RI	44
Indiana	IN	18	South Carolina	SC	45
Iowa	IA	19	South Dakota	SD	46
Kansas	KS	20	Tennessee	TN	47
Kentucky	KY	21	Texas	TX	48
Louisiana	LA	22	Utah	UT	49
Maine	ME	23	Vermont	VT	50
Maryland	MD	24	Virginia	VA	51
Massachusetts	MA	25	Washington	WA	53
Michigan	MI	26	West Virginia	WV	54
Minnesota	MN	27	Wisconsin	WI	55
Mississippi	MS	28	Wyoming	WY	56
Missouri	MO	29			

*Use on RS State Wage Record only

U.S. Territories and Possessions and Military Post Offices

TERRITORIES AND POSSESSIONS	ABBREVIATION		MILITARY POST OFFICES formerly APO and FPO	ABBREVIATION
American Samoa	AS		The Pacific	AP
Guam	GU		Canada, Europe, Africa and Middle East	AE
Northern Mariana Islands	MP		Central and South America	AA
Puerto Rico	PR			
Virgin Islands	VI			

APPENDIX B – COUNTRY CODES

Country Code Chart

COUNTRY	CODE	COUNTRY	CODE
Afghanistan	AF	Cape Verde	CV
Akrotiri Sovereign Base Area	AX	Cayman Islands	CJ
Albania	AL	Central African Republic	CT
Algeria	AG	Chad	CD
Andorra	AN	Chile	CI
Angola	AO	China, People's Republic of	CH
Anguilla	AV	Christmas Island (Indian Ocean)	KT
Antarctica	AY	Clipperton Island	IP
Antigua and Barbuda	AC	Cocos (Keeling) Islands	CK
Argentina	AR	Colombia	CO
Armenia	AM	Comoros	CN
Aruba	AA	Congo (Democratic Republic of)	CG
Ashmore and Cartier Islands	AT	Congo (Republic of)	CF
Australia	AS	Cook Islands	CW
Austria	AU	Coral Sea Islands Territory	CR
Azerbaijan	AJ	Costa Rica	CS
Bahamas, The	BF	Cote d'ivoire (Ivory Coast)	IV
Bahrain	BA	Croatia	HR
Baker Island	FQ	Cuba	CU
Bangladesh	BG	Curacao	UC
Barbados	BB	Cyprus	CY
Bassas da India	BS	Czech Republic	EZ
Belarus	BO	Denmark	DA
Belgium	BE	Dhekelia Sovereign Base Area	DX
Belize	BH	Djibouti	DJ
Benin	BN	Dominica	DO
Bermuda	BD	Dominican Republic	DR
Bhutan	BT	Ecuador	EC
Bolivia	BL	Egypt	EG
Bosnia-Herzegovina	BK	El Salvador	ES
Botswana	BC	England	UK
Bouvet Island	BV	Equatorial Guinea	EK
Brazil	BR	Eritrea	ER
British Indian Ocean Territory	IO	Estonia	EN
Brunei	BX	Ethiopia	ET
Bulgaria	BU	Europa Island	EU
Burkina Faso	UV	Falkland Islands (Islas Malvinas)	FK
Burma	BM	Faroe Islands	FO
Burundi	BY	Fiji	FJ
Cambodia	CB	Finland	FI
Cameroon	CM	France	FR
Canada	CA	French Guiana	FG

COUNTRY	CODE
French Polynesia	FP
French Southern and Antarctic Lands	FS
Gabon	GB
Gambia, The	GA
Gaza Strip	GZ
Georgia	GG
Germany	GM
Ghana	GH
Gibraltar	GI
Glorioso Islands	GO
Greece	GR
Greenland	GL
Grenada	GJ
Guadeloupe	GP
Guatemala	GT
Guernsey	GK
Guinea	GV
Guinea-Bissau	PU
Guyana	GY
Haiti	HA
Heard Island and McDonald Island	HM
Honduras	HO
Hong Kong	HK
Howland Island	HQ
Hungary	HU
Iceland	IC
India	IN
Indonesia	ID
Iran	IR
Iraq	IZ
Ireland	EI
Israel	IS
Italy	IT
Jamaica	JM
Jan Mayan	JN
Japan	JA
Jarvis Island	DQ
Jersey	JE

COUNTRY	CODE
Johnston Atoll	JQ
Jordan	JO
Juan de Nova Island	JU
Kazakhstan	KZ
Kenya	KE
Kingman Reef	KQ
Kiribati	KR
Korea, Democratic People's Republic of (North)	KN
Korea, Republic of (South)	KS
Kosovo	KV
Kuwait	KU
Kyrgyzstan	KG
Laos	LA
Latvia	LG
Lebanon	LE
Lesotho	LT
Liberia	LI
Libya	LY
Liechtenstein	LS
Lithuania	LH
Luxembourg	LU
Macau	MC
Macedonia	MK
Madagascar	MA
Malawi	MI
Malaysia	MY
Maldives	MV
Mali	ML
Malta	MT
Man, Isle of	IM
Marshall Islands	RM
Martinique	MB
Mauritania	MR
Mauritius	MP
Mayotte	MF
Mexico	MX
Micronesia, Federated States of	FM
Midway Islands	MQ
Moldova	MD

COUNTRY	CODE
Monaco	MN
Mongolia	MG
Montenegro	MJ
Montserrat	MH
Morocco	MO
Mozambique	MZ
Namibia	WA
Nauru	NR
Navassa Island	BQ
Nepal	NP
Netherlands	NL
New Caledonia	NC
New Zealand	NZ
Nicaragua	NU
Niger	NG
Nigeria	NI
Niue	NE
No Man's Land	NM
Norfolk Island	NF
Northern Ireland	UK
Norway	NO
Oman	MU
Pakistan	PK
Palau	PS
Palmyra Atoll	LQ
Panama	PM
Papua New Guinea	PP
Paracel Islands	PF
Paraguay	PA
Peru	PE
Philippines	RP
Pitcairn Island	PC
Poland	PL
Portugal	PO
Qatar	QA
Reunion	RE
Romania	RO
Russia	RS
Rwanda	RW
St Barthelemy	TB

COUNTRY	CODE
St Helena	SH
St Kitts and Nevis	SC
St Lucia	ST
St Martin	RN
St Pierre and Miquelon	SB
St Vincent and the Grenadines	VC
Samoa	WS
San Marino	SM
Sao Tome and Principe	TP
Saudi Arabia	SA
Scotland	UK
Senegal	SG
Serbia	RI
Seychelles	SE
Sierra Leone	SL
Singapore	SN
Sint Maarten	NN
Slovakia	LO
Slovenia	SI
Solomon Islands	BP
Somalia	SO
South Africa	SF
South Georgia and South Sandwich Islands	SX
South Sudan	OD
Spain	SP
Spratly Islands	PG
Sri Lanka	CE
Sudan	SU
Suriname	NS
Svalbard	SV
Swaziland	WZ
Sweden	SW
Switzerland	SZ
Syria	SY
Taiwan	TW
Tajikistan	TI
Tanzania, United Republic of	TZ
Thailand	TH
Timor-Leste	TT
Togo	TO

COUNTRY	CODE
Tokelau	TL
Tonga	TN
Trinidad and Tobago	TD
Tromelin Island	TE
Tunisia	TS
Turkey	TU
Turkmenistan	TX
Turks and Caicos Islands	TK
Tuvalu	TV
Uganda	UG
Ukraine	UP
United Arab Emirates	AE
United Kingdom	UK
Uruguay	UY
Uzbekistan	UZ
Vanuatu	NH
Vatican City	VT
Venezuela	VE
Vietnam	VM
Virgin Islands (British)	VI
Wake Island	WQ
Wales	UK
Wallis and Futuna	WF
West Bank	WE
Western Sahara	WI
Yemen	YM
Zambia	ZA
Zimbabwe	ZI
Other Countries	OC