Department of
Employment Services

DEPARTMENT OF EMPLOYMENT SERVICES

DCETS WAGE FILE FORMAT

SPECIFICATIONS

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1   INTRODUCTION – TAX AND WAGE REPORTING

The DCETS system allows employers and agents to report wages earned and to submit their required reports online. Employers and agents will be able to submit the reports using manual entry, copy from a previous quarter, or upload an electronic file containing the wage information. This document will describe the different file types that are available and the specific data layouts for each file type.
This document also provides instructions on how to format, read, and use each file to upload data into the system. The individual sections contain data upload file and corresponding record layouts.

1.1   What's New

- Employers will be allowed to report out-of-state quarterly taxable wages submitted to US States other than the District of Columbia (Including the 50 US States, Puerto Rico and the US Virgin Islands).
- Employers will be required to report the State to which any reported Out of State Taxable Wages are paid.
- Within the Wage Amendment Process, Employers will be required to select a reason for the Amendment at the Employee level, and provide a narrative description when "Other" is reported as the reason detailed within the individuated sections for each file type

1.2   Project Scope

The system includes the following project scope:

1.2.1   Processing and Adjusting Wage and Tax Reports

- Submit quarterly wage reports created by:
    - Direct data entry of wage records
    - Submitting of no wage(s) report
    - Resuming submission of previously started wage and tax report
    - Data upload in standard file formats (ICESA, EFW2, XML, and CSV)
- Adjust wage and tax detail via the 'Amend Prior Report' option
- View history of wage and tax reports submissions

1.3   System Functionalities

This specification includes the following system functionalities:

1.3.1   Employer Functions

The system will include necessary functionalities for employers to submit and review information related to tax and wage reporting:

- View and maintain account tax and wage information

- View history of wage and tax report submissions for an employer's account
- Submit quarterly wage reports
  - Single employer filings by data upload in standard data format (ICESA, EFW2, XML, and CSV)
- Amend quarterly wage reports

1.3.2   Agent Functions

The system will include the following functionalities for agents:

- View and maintain employer tax and wage information within the agent's authorization
- View history of wage and tax report submissions for an employer's account
- Submit quarterly wage reports
  - Single employer or multiple employer filings by data upload in standard data format (ICESA, EFW2, XML, and CSV)
- Amend quarterly wage reports

1.4   Interface File Definitions

1.4.1   Employer Filing of Wage Reports

Employers can file original or amended wage reports using one of the four file formats. Detailed information describing formatting rules, field positions, and content is in the following chapters:
- Chapter 2: Employer ICESA Interface File Definition
- Chapter 4: Employer EFW2 Interface File Definition
- Chapter 6: Employer XML Interface File Definition
- Chapter 8: Employer CSV Interface File Definition

Each file may only contain the information for the submitter and for one (1) quarter.

All file types can be submitted via the employer wage file upload processor.

1.4.2   Agent Filing of Wage Reports

Agents, authorized by employers, can submit wage information for multiple employers and / or reporting periods, using the same file formats. Detailed information describing formatting rules, field positions, and content is in the following chapters:
- Chapter 3: Agent ICESA Interface File Definition
- Chapter 5: Agent EFW2 Interface File Definition
- Chapter 7: Agent XML Interface File Definition
- Chapter 9: Agent CSV Interface File Definition

The file can contain original filings and adjustments, however, an original and amendment for the same employer and reporting period cannot be included in the same file.

All file types can be submitted via the agent wage file upload processor.

2 EMPLOYER ICESA INTERFACE REQUIREMENTS

2.1 General Information

Employers can file original or amended wage reports using this file format, however, each file should only contain the information for one (1) quarter. The following records should be included in each file:

- There should be one (1) record type A in the file
- There should be one (1) record type 'E' in the file
- There can be multiple type 'S' records in the file
    - There can only be one (1) record type 'S' for a SSN / employer / reporting period
- There should be only one (1) type 'T' record for employers
    - If the employer paid no wages during the quarter, include a type 'T' record and no type 'S' records
- There should be one (1) record type 'F' in the file
- All ICESA records are fixed-;length files

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

If a Zero Wage Report is being submitted, field 190 on Record Type E should be marked as zero (0), and there must be no Record Type S records.

2.2 What's New

- **Record Type S**:
    - Fields 135-141 will now be used to enter the State code for the state that the Out of State Taxable Wages paid to the Employee were reported to prior to reporting to DC as reported in fields 233-247 (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules, else the field shall be left blank)
    - Fields 233-247 will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC **AND** this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
    - Fields 248-249 will be used to enter Employee-level Adjustment Reason Codes in the case of a Wage Amendment
    - Fields 250-275 will be used to enter Adjustment Reason Description, if the Adjustment Reason Code Other (10) is entered
- **Record Type A**:
    - Fields 208-247 will be used to enter the Transmitter Contact Email Information

2.3   Employer ICESA Record Layouts

2.3.1   Record Type A

The record type 'A' record will contain information about who is submitting the file. Information contained in this record includes:

- Name and address for the submitter
- Contact information for the submitter

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be A	Yes
2 – 5	Blank	4	Fill with spaces	Fill with spaces
6 – 14	Submitter's FEIN	9	The business FEIN; numbers only, do not include the hyphen	Yes
15 – 23	Blanks	9	Fill with spaces	Fill with spaces
24 – 73	Business Name	50	The legal name of the business submitting the file Left justify the name and fill with spaces if it is less than fifty (50) characters	Yes
74 – 113	Business Address	40	The mailing address of the business submitting the file Left justify the address and fill with spaces if it is less than forty (40) characters	Yes
114 – 138	Business City	25	The mailing address city of the business submitting the file Left justify the city and fill with spaces if it is less than twenty-five (25) characters	Yes
139 - 140	Business State FIPS code	2	The two character FIPS code for the business submitting the file. (11 for District of Columbia)	Yes
141 - 153	Blanks	13	Fill with spaces	Fill with spaces
154 - 158	Transmitter Zip Code	5	The mailing address ZIP Code of the business submitting the file Include leading zeros (0)	Yes
159 - 163	Transmitter ZIP code extension (+4)	5	The mailing address ZIP Code extension of the business submitting the file If you include this, you must include the hyphen in position one-hundred and fifty-nine (159) If unknown, fill with spaces	No, fill with spaces if you do not include the + four (4)
164 - 193	Transmitter Contact Full Name	30	The first and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name Left justify the name and fill with spaces if less than thirty (30)	Yes

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED
194 - 203	Transmitter Contact Telephone Number	10	Contact telephone number, include the area code Numbers only, no special characters	Yes
204 - 207	Transmitter Contact Telephone Extension	4	Contact telephone number extension (if any) If there is no extension, fill with spaces	No, fill with spaces if there is no extension
208- 247	Transmitter Email Address	40	Contact Email Address	Yes
248- 255	Media Creation Date	8	The date the file was created. Format as MMDDCCYY	Yes
256 - 275	Blanks	20	Fill with spaces	Fill with spaces

2.3.2   Record Type E

The record type 'E' record should contain information about the employer for whom the report is being submitted. Information contained in this record includes:

- FEIN of the employer
- Employer's name and address
- State unemployment insurance account number
- Number of employee records

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be E	Yes
2 – 5	Report Year	4	Year for which the report is being filed Format as YYYY	Yes
6 – 14	Federal EIN (FEIN)	9	The business FEIN; numbers only, do not include the hyphen	Yes
15 – 23	Blanks	9	Fill with spaces	Fill with spaces
24 - 73	Employer's Legal Name	50	The first fifty (50) characters of the employer's legal name Left justify and fill with spaces if the name is less than fifty (50) characters	Yes
74 - 113	Address where work is performed in DC	40	The Primary address where work is performed in the state Left justify and fill with spaces if the address is less than forty (40) characters	Yes
114 - 138	City	25	Needs to be 'Washington', right-padded with 15 spaces	Yes
139-140	Employer State	2	Must be 'DC'	Yes
141 - 148	Blanks	8	Fill with spaces	Fill with spaces
149 - 153	Zip Code	5	The business ZIP Code	Yes

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
154 - 158	Zip Code Extension	5	Four (4) digit extension of ZIP Code, being sure to include the hyphen in position one-hundred and fifty-four (154) Fill with spaces if there is no extension	No
159 - 166	Blank	8	Fill with spaces	Fill with spaces
167 - 170	Taxing Entity Code	4	Contains 'UTAX'	Yes
171 - 172	State Identifier Code	2	State Code Identifier will be 11 for DC Wages	Yes
173 - 187	Employer Account Id	15	The state UI employer account number Left justify and fill with spaces Employer Account ID will be 6 characters in length, but left justified with spaces	Yes
188 - 189	Report quarter	2	The last month of the calendar quarter to which the report applies. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
190 - 190	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type S records in the file, and there should never be a zero (0) when there are type S records in the file	Yes
191 - 275	Blanks	85	Fill with spaces	Fill with spaces

2.3.3   Record Type S

The record type 'S' record is used to report wage and tax data for an individual employee. Information contained in this record includes the following, except in the case that a zero-wage report is being filed:
- SSN
- Wages paid
- Name
- Employer account number
- Number of hours worked
- There should be one (1) record for each SSN / employer and account ID / year and

quarter. Do not generate a record type 'S' if there were no wages paid to the employee during the quarter.

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be S	Yes
2 - 10	Social Security Number	9	Employee's Social Security Number (SSN)	Yes
11 - 30	Employee Last Name	20	Employee's last name Left justify and fill with spaces if it is less than twenty (20) characters	Yes
31 - 42	Employee First Name	12	Employee's first name Left justify and fill with spaces if it is less than twelve (12) characters	Yes
43 - 43	Employee Middle Initial	1	Employee's middle initial If no middle initial, fill with spaces	No
44 - 45	State FIPS Code	2	The state FIPS postal numeric codefor the state to which wages are being reported. always 11 for DC	Yes
46 - 63	Blanks	18	Fill with spaces	Fill with spaces
64 - 77	State QTR Unemployment Insurance Total Wages	14	Employee's UI covered wages Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes
78 - 131	Blanks	54	Fill with spaces	Fill with spaces
132 - 134	Number of Hours Worked	3	The number of hours the employee worked in the reporting period Right justify if the number is less than three (3) characters and pad with zeros (0)	Yes
135-141	Out of State Wage State Code	7	Reference Section 10.5 for Out of State Wage State Code; Cannot be DC. Required if Out of State QTR Unemployment Insurance Taxable Wages value is not null Left pad with zeros; two character integer value	Conditional
142 - 146	Blanks	5	Fill with spaces	Fill with spaces
147 - 161	Employer Account Id	15	Employer account number Employer Account ID will be 6 characters in length, right justified with spaces	Yes

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
162-164	Location/Unit	3	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location	No
165 - 209	Blanks	45	Fill with spaces	Fill with spaces
210 - 210	Owner/Officer Relationship	1	Include the owner/officer relationship of the worker Zero (0) for Employee One (1) for Officer	Yes
211 - 211	Blanks	1	Fill with spaces	Fill with spaces
212-212	Employed on payroll for 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter 0=No 1=Yes	No
213-213	Employed on payroll for 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	No
214-214	Employed on payroll for 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the third month of the quarter 0=No 1=Yes	No
215 - 220	Reporting Quarter and Year	6	The last month and year for the calendar quarter for which this report applies, e.g., "032014" for Jan-Mar of 2014	Yes
221 - 226	Month the employee was first employed	6	The month and year when the employee was first employed, e.g., "031997" Format is MMYYYY	No, fill with spaces if there is no data
227 - 232	Month the employee became separated from employment	6	The month and year when the employee was separated, e.g., "031997" Format is MMYYYY	No, fill with spaces if there is no data

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
233-247	Out of State QTR Unemployment Insurance Taxable Wages	15	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year. Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 000000002564	No
248-249	Adjustment Reason	2	Numeric - Reason code for adjustment to employee wages Zero (00) means original filing Valid adjustment reason codes are one (01) through ten (10) Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Yes
250 - 275	Adjustment Reason Description	25	Adjustment Reason Description if Adjustment Reason is Code 10 (Other) Required only if Adjustment Reason Code is 10, else must be null	Conditional

2.3.4   Record Type T

The record type 'T' record should contain the totals for all record type 'S' records reported for the employer / reporting period where there are a non-zero 'S' record count. Information contained in this record includes:

- Total number of employees
- Total wages paid
- Total taxable wages
- Total non-taxable wages
- Total employment on the 12th of each month during the reporting period if there was no Employment during the period which included the 12th of the month, this must be marked as zero (0)
  - Report the total number of employees that were on the payroll for the payroll period that includes the 12th of the month for each month of the quarter.

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be T	Yes
2 - 8	Total Number of Employees	7	The total number of "S" records in the file Right justify and pad with zeros (0); if zero wages are reported, all zeroes must be indicated	Yes
9 - 26	Blank	18	Fill with spaces	Fill with spaces
27 - 40	State QTR Unemployment Insurance Total Wages For Employer	14	Quarterly gross wages subject to UI taxes - total of all gross wages. Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564 If zero wages wage report, all zeroes must be indicated	Yes
41 - 54	State QTR Unemployment Insurance Excess Wages for Employer	14	Quarterly excess UI wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564 If zero wages wage report, all zeroes must be indicated	Yes
55 - 68	State QTR Unemployment Insurance Taxable Wages for Employer	14	Quarterly taxable UI wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564 If zero wages wage report, all zeroes must be indicated	Yes
69 - 81	Blank	13	Fill with spaces	Fill with spaces
82 -87	Reporting Quarter and Year	6	The last month and year for the calendar quarter for which this report applies, e.g., "032014" for Jan-Mar of 2014	Yes
88 - 226	Blank	139	Fill with spaces	Fill with spaces
227 - 233	Month 1 12th of month Employment for Employer	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the first month of the quarter Right justify and pad with zeros (0) If zero wages wage report, all zeroes must be indicated	Yes

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
234 - 240	Month 2 12th of month Employment for Employer	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the second month of the quarter Right justify and pad with zeros (0) If zero wages wage report, all zeroes must be indicated	Yes
241 - 247	Month 3 12th of month Employment for Employer	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the third month of the Quarter Right justify and pad with zeros (0) If zero wages wage report, all zeroes must be indicated	Yes
248 - 275	Blanks	28	Fill with spaces	Fill with spaces

2.3.5   Record Type F

The record type 'F' indicates the end of the file and must be the last data record on each file submitted. Information contained in this record includes:

- Total number of record type 'S' records (i.e. Total Employment for the Quarter) in the file
- Total gross wages

The record type 'F' must appear only once on each file.

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be F	Yes
2 - 11	Total Number of Employees in File	10	The total number of "S" records in the entire file Right justify and pad with zeros (0); if the file is being submitted as a zero wage report, enter zero	Yes
12 – 40	Blank	29	Fill with spaces	Fill with spaces
41 - 55	Quarterly State Unemployment Insurance Total Wages in File	15	Total of quarterly gross wages subject to U.I. tax in this field on all "S" records in the file Right justify and pad with zeros (0) Include the cents but no decimal For example $25.64 should be included as: 000000000002564; if the file is being submitted as a zero wage report, enter zero	Yes
56 – 275	Blank	220	Fill with spaces	Fill with spaces

2.4   Download Sample File for Employer ICESA File Layout

2.4.1   Original Submission

See Section 2.3 for a sample employer ICESA file layout.

2.4.2   Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN at position 248-249. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with the proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero
(0) wages and proper adjustment reason code.

See Section 2.3 for a sample employer ICESA file layout

2.4.3   Sample File

3   AGENT ICESA INTERFACE REQUIREMENTS

3.1   General Information

Agents can submit wage information for multiple employers and reporting periods in the file. There is no need to generate a separate file for each employer and reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the same employer and reporting period cannot be included in the same file. The following rules for individual record types apply:

- There should be only one (1) record type 'A' in the file
- There can be multiple record type 'E' records in the file
    - There should be a record type 'E' for each employer / reporting period
    - If the employer had no wages to report in the quarter, then include a record type 'E' record for the period, but no record type 'S' records
- There can be multiple record type 'S' records in the file
    - There can only be one (1) record type 'S' for an SSN / employer / reporting period
- There can be multiple record type 'T' records in the file
    - There should be a record type 'T' for each employer / reporting period
    - If the employer had no wages to report in the quarter, then include a record type 'T' record for the period, but no record type 'S' records
- There should be one (1) record type 'F' in the file

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

If a SSN record is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

If a Zero Wage Report is being submitted, field 190 on Record Type E should be marked as zero (0), and there must be no Record Type S records.

3.2   What's New

- **Record Type A**:
  - o   Fields 208-247 will be used to enter the Transmitter Contact Email Information

- **Record Type S**:
  - o   Fields 135-141 will now be used to enter the State code for the state that the Out of State Taxable Wages paid to the Employee were reported to prior to reporting to DC ash shown in fields 233-247 (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules, otherwise the field shall be left blank)
  - o   Fields 233-247 will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC **AND** this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
  - o   Fields 248-249 will be used to enter Employee-level Adjustment Reason Codes in the case of a Wage Amendment
  - o   Fields 250-275 will be used to enter Adjustment Reason Description, if the Adjustment Reason Code Other (10) is entered

3.3   Agent ICESA Record Layouts

3.3.1   Record Type A

The record type 'A' record will contain information about who is submitting the file. Information contained in this record includes:

- Name and address for the submitter
- Email Address information for the submitted
- Contact information for the submitter

Below is a description of each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be A	Yes
2 – 5	Blank	4	Fill with spaces	Fill with spaces
6 – 14	Submitters FEIN	9	The business FEIN; numbers only, do not include the hyphen	Yes
15 – 23	Blanks	9	Fill with spaces	Fill with spaces
24 – 73	Business Name	50	The legal name of the business submitting the file Left justify the name and fill with spaces if it is less than fifty (50) characters	Yes
74 – 113	Business Address	40	The mailing address of the business submitting the file Left justify the address and fill with spaces if it is less than forty (40) characters	Yes
114 – 138	City	25	The mailing address city of the business submitting the file Left justify the city and fill with spaces if it is less than twenty-five (25) characters	Yes
139-140	Business State FIPS code	2	The two character FIPS code for the business submitting the file. 11 for District of Columbia	Yes
141 - 153	Blanks	13	Fill with spaces	Fill with spaces
154 - 158	Transmitter Zip Code	5	The mailing address ZIP Code of the business submitting the file Include leading zeros (0)	Yes
159 - 163	Transmitter ZIP Code extension (+ Four (4)	5	The mailing address ZIP Code extension of the business submitting the file If you include this, you must include the hyphen in position one-hundred and fifty-nine (159) If unknown, fill with spaces	No, fill with spaces if you do not include the + four (4)
164 - 193	Transmitter Contact Full Name	30	The first and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name Left justify the name and fill with spaces if less than thirty (30) characters	Yes
194 - 203	Transmitter Contact Telephone Number	10	Contact telephone number, include the area code Numbers only, no special characters	Yes
204 - 207	Transmitter Contact Telephone Extension	4	Contact telephone number extension (if any) If there is no extension, fill with spaces	No, fill with spaces if not available
208- 247	Transmitter Email	40	Contact Email Address	Yes
248 – 255	Media Creation Date	8	Will be formatted as MMDDYYYY	Yes
256 - 275	Blanks	20	Fill with spaces	Fill with spaces

3.3.2 Record Type E

The record type 'E' record should contain information about the employer for whom the report is being submitted. Information contained in this record includes:

- The FEIN of the employer
- The employer's name and address
- The state unemployment insurance account number
- The number of employee records

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Will always be E	Yes
2 – 5	Report Year	4	Year for which the report was filed Formatted as YYYY	Yes
6 – 14	Federal EIN (FEIN)	9	The business FEIN; numbers only, will not include the hyphen	Yes
15 – 23	Blanks	9	Will be filled with spaces	Fill with spaces
24 - 73	Employer's Legal Name	50	The first fifty (50) characters of the employer's legal name Will be left justified and filled with spaces if the name is less than fifty (50) characters	Yes
74 - 113	Address where work is performed in the state	40	The address where work is performed in the state Will be left justified and filled with spaces if the address is less than forty (40) characters	Yes
114 - 138	City	25	Left justify and fill with spaces if the city is less than twenty five (25) characters	Yes
139-140	Employer State	2	Will be 'DC	Yes
141 - 148	Blanks	8	Will be filled with spaces	Fill with spaces
149 - 153	Zip Code	5	The business ZIP Code	Yes
154 - 158	ZIP Code Extension	5	Four digit extension of ZIP Code, being sure to include the hyphen in position one- hundred and fifty-four (154) Fill with spaces if there is no extension	No

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
159 - 166	Blank	8	Will be filled with spaces	Fill with spaces
167 - 170	Taxing Entity Code	4	Will be UTAX	Yes
171 - 172	State Identifier Code	2	Must be 11 if wages are DC Wages	Yes
173 - 187	Employer Account Id	15	Will be the state UI employer account number from original file Will be left justified and filled with spaces

Employer Account ID will be 6 characters in length, but left justified with spaces | Yes |
188 - 189	Report quarter	2	Will be the last month of the calendar quarter to which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
190 - 190	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type S records in the file, and there should never be a zero (0) when there are type S records in the file	Yes
191 - 275	Blanks	85	Will be filled with spaces	Fill with spaces

3.3.3   Record Type S

The record type 'S' record is used to report wage and tax data for an employee. Information contained in this record includes:
- SSN
- Wages paid
- Name
- Employer account number
- Number of hours worked

There should be one (1) record for each SSN / employer account ID / year and quarter.

Do not submit a record type 'S' record if there were no wages paid to the employee during the quarter.

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be S	Yes
2 – 10	Social Security	9	Employee's SSN	Yes
11 – 30	Employee Last Name	20	Employee's last name Left justify and fill with spaces if it is less than twenty (20) characters	Yes
31 – 42	Employee First Name	12	Employee's first name Left justify and fill with spaces if it is less than twelve (12) characters	Yes
43 – 43	Employee Middle Initial	1	Employee's middle initial If no middle initial, filled with a space	No
44 – 45	State FIPS Code	2	The state FIPS postal numeric code for the state to which wages are being reported. Always 11 for DC	Yes
46 – 63	Blanks	18	Fill with spaces	Fill with spaces
64 – 77	State QTR Unemployment Insurance Total Wages	14	Employee's UI covered wages paid in the quarter. Include the cents but no decimal Right justify and pad with zeros (0) For example $15.90 should be included as: 00000000001590	Yes
78 – 131	Blanks	54	Fill with spaces	Fill with spaces
132 – 134	Number of Hours Worked	3	The number of hours the employee worked in the reporting period Right justify if the number is less than three (3) characters and pad with zeros (0) Can be zero (0) in the case in which an employee did not work but received back-payment (as an example)	Yes
135-141	Out of State Wage State Code	7	Reference Section 10.5 for Out of State Wage State Codes; Cannot be DC. Required if Out of State QTR Unemployment Insurance Taxable Wages value is not null Left pad with zeros; two character integer value	Conditional
142 – 146	Blanks	5	Enter blanks	Fill with spaces
147 – 161	Employer Account Id	15	State UI employer account number Right justify and fill with spaces	Yes
162 – 164	Location/Unit	3	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location	No
165 – 209	Blanks	45	Fill with spaces	Fill with spaces

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
210 – 210	Owner/Officer Relationship	1	Owner/officer relationship of the worker Zero (0) for Employee One (1) for Officer	Yes
211 – 211	Blanks	1	Fill with spaces	Fill with spaces
212 - 212	Employed on payroll on 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter 0=No 1=Yes	No
213-213	Employed on payroll on 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	No
214 - 214	Employed on payroll on 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the third month of the quarter 0=No 1=Yes	No
215 - 220	Reporting Quarter and Year	6	The last month and year for the calendar quarter for which this report applies, e.g., "032014" for Jan-Mar of 2014	Yes
221 - 226	Month and Year the employee was first employed	6	The month and year when the employee was first employed, e.g., "031997" Format is 'MMYYYY'	No, fill with spaces if there is no data
227 - 232	Month and year the employee became separated from employment	6	The month and year when the employee was separated, e.g., "031997" Format is 'MMYYYY'	No, fill with spaces if there is no data
233-247	Out of State QTR Unemployment Insurance Taxable Wages	15	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year. Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	No
248 – 249	Adjustment Reason	2	Numeric – Adjustment Reason code for adjustment to employee wages Zero (0) means original filing Valid adjustment reason codes one (01) through ten (10) Refer Section 10.1 Adjustment Reason Codes for valid reason codes	Yes

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
250 - 275	Adjustment Reason Description	25	Adjustment Reason Description if Adjustment Reason is Code 10 (Other) Required only if Adjustment Reason Code is 10, else must be null	Conditional

3.3.4   Record Type T

The record type 'T' record will contain the totals for all record type 'S' records reported for the employer / reporting period. Information contained in this record includes:

- Total number of employees
- Total wages paid
- Total taxable wages
- Total non-taxable wages
- Total employment on the 12th of each month
- There should be one (1) record for each SSN / employer account ID / year and quarter except in the case that a zero wage report is being submitted.
- There can be multiple record type 'T' records in the file.
- There should be one (1) record type 'T' for each employer account ID / reporting period if there are any 'S' records for any month
- If the employer paid no wages in the quarter, include a record type 'T' record for the employer/ period and enter zeros (0) for the total wages paid in the quarter, taxable, and excess wages.
- Do not include any record type 'S' records for those employers.

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1- 1	Record Identifier	1	Should always be T	Yes
2 – 8	Total Number of Employees	7	The total number of "S" records in the file for the employer/period Right justify and pad with zeros (0)	Yes
9 – 26	Blank	18	Fill with spaces	Fill with spaces
27 - 40	State QTR Unemployment Insurance Total Wages For Employer	14	Quarterly gross wages subject to UI taxes Total of all gross wages for the employer/period Include the cents but no decimal Right justify and pad with zeros (0) For example $15.90 should be included as: 00000000001590 If the report is a zero (0) wage report, all zeroes (0) must be entered	Yes

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
41 - 54	State QTR Unemployment Insurance Excess Wages for Employer	14	Quarterly excess UI wages for the employer/period Include the cents but no decimal Right justify and pad with zeros (0) For example $15.90 should be included as:00000000001590 If the report is a zero (0) wage report, all zeroes (0) must be entered	Yes
55 - 68	State QTR Unemployment Insurance Taxable Wages For Employer	14	Quarterly taxable UI wages for the employer/period. Include the cents but no decimal Right justify and pad with zeros (0) For example $15.90 should be included as:00000000001590 If the report is a zero (0) wage report, all zeroes (0) must be entered	Yes
69 - 81	Blank	13	Fill with spaces	Fill with spaces
82 -87	Reporting Quarter and Year	6	The last month and year for the calendar quarter for which this report applies, e.g., "032014" for Jan-Mar of 2014	Yes
88 - 226	Blank	139	Fill with spaces	Fill with spaces
227 - 233	Month 1 12th of month Employment for Employer	7	Total employees for the employer/period who were on the payroll for the payroll period that included the 12th of month for the first month of the quarter Right justify and pad with zeros (0) If this is a zero wage report, all 12th of the month data must read zero	Yes
234 - 240	Month 2 12th of month Employment for Employer	7	Total employees for the employer/period who were on the payroll for the payroll period that included the 12th of month for the second month of the quarter Right justify and pad with zeros (0)	Yes
241 - 247	Month 3 12th of month Employment for Employer	7	Total employees for the employer/period who were on the payroll for the payroll period that included the 12th of month for the third month of the quarter Right justify and pad with zeros (0)	Yes
248 - 275	Blanks	28	Fill with spaces	Fill with spaces

3.3.5   Record Type F

The record type 'F' will indicate the end of the file and will be the last data record on each file submitted. Information contained in this record includes:

- Total number of record type 'S' records in the file
- Total gross wages of all record type 'T' records
- The record type 'F' record must appear only once on each file.
-

Below is a description for each field in the record:

LOCATION	CONTENTS OF FIELD	FIELD LENGTH	DESCRIPTION	REQUIRED?
1 – 1	Record Identifier	1	Should always be F	Yes
2 – 11	Total Number of Employees in File	10	The total number of "S" records in the entire file Right justify and pad with zeros (0)	Yes
12 - 40	Blank	29	Fill with spaces	Fill with spaces
41 - 55	Quarterly State Unemployment Insurance Total Wages in File	15	Quarterly gross wages subject to state U.I. tax. Total of all corresponding fields in all "S" records in the file Right justify and pad with zeros (0) Include the cents but no decimal	Yes
56 – 275	Blank	220	Fill with spaces	Fill with spaces

3.4   Download Sample File for Agent ICESA File Layout

3.4.1   Original Submission

See Section 3.3 for agent ICESA file layout.

3.4.2   Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN at position 248-249. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero
(0) wages and proper adjustment reason code.
See Section 3.3 for agent ICESA file layout

4 EMPLOYER EFW2 INTERFACE FILE DEFINITION

4.1 What's New

- **RW Record**:

    o Fields 199-209 will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC **AND** this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).

    o Fields 210-211 will now be used to enter the State code for the state that the Out of State Taxable Wages paid to the Employee were reported to prior to reporting to DC (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules, else the field shall be left blank)

    o Fields 180-181 will be used to enter Employee-level Adjustment Reason Codes in the case of a Wage Amendment

    o Fields 345-375 will be used to enter Adjustment Reason Description, if the Adjustment Reason Code Other (10) is entered

4.2 General Information

Employers can file original or amended wage reports in this file, however, each file should only contain the information for one (1) quarter.

Report the actual wages paid for amended wage records, do not report the difference between the amended and original wages.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

If a zero wage report is being filed, the RW Record must either be omitted, or all wage amounts entered as zero (0).

4.2.1   Fixed Length Records

This incoming file is submitted to the system via the employer wage file upload process. The file is a fixed length file; there should be five hundred twelve (512) characters in each row. The file contains the following fixed length records:

- Record type **RA: Submitter Record**
    - There should be one (1) transmitter record per file
    - This record will contain information about the entity submitting the file
        - This could be employer or agent information
    - The record RA must be the first row in the file

- Record Type **RE: Employer Record**
    - There should be one (1) employer record per file
    - This record contains the employer information

- Record Type **RW: Employee State Wage Record**
    - There should be one (1) employee record for each employee for whom wages are being reported
    - This record contains individual employee wage information
        - There may be a single or multiple employee records in the file
        - If there are no wages to be reported, this record must contain zero (0) as the wage amount

- Record Type **RF: Final Record**
    - There should be one (1) final record per file
        - This record indicates the end of the file and must be the last row in each

        file. Below are the rules for fields within the file.

4.2.2   Rules for Alpha / Numeric Fields

- Left justify and fill with blanks
- Where the "field" shows "Blank," all positions must be blank (spaces), not zeros (0)

4.2.3   Rules for Currency Fields

- Must contain only numbers
- No punctuation
- No signed amounts (high order signed or low order signed)
- Right justify and pad with zeros (0)
- Include both dollars and cents with no decimal point (example: $59.60 = 00000005960)
- Any money field that has no amount to be reported must be filled with zeros (0), not blanks or spaces

4.3 Employer EFW2 Record Layouts

4.3.1 RA Record: Submitter Record

The RA record identifies the organization submitting the file. There is only one (1) RA record, and it must be the first data record on each file.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1 – 2	Record Identifier	2	Should always be RA	Yes
3 – 11	Submitter's FEIN	9	The submitter's FEIN Numbers only, do not include the hyphen	Yes
12 – 28	Blanks	17	Fill with spaces	Fill with spaces
29	Resub Indicator	1	"0" (zero)	Yes
30 – 37	Blanks	8	Fill with spaces	Fill with spaces
38 – 94	Business Name	57	The business name Left justify and fill with spaces	Yes
95 – 116	Mailing Address Line 1	22	The company's mailing address line 1 (Street or Post Office Box) Left justify and fill with spaces	Yes
117 – 138	Mailing Address Line 2	22	The company's mailing address line 2 (Attention, Suite, Room Number, etc.) Left justify and fill with spaces	Yes
139 – 160	City	22	The company's mailing address city Left justify and fill with spaces	Yes
161 – 162	State Abbreviation	2	The company's mailing address state or commonwealth/ territory Use postal abbreviations	Yes
163 – 167	ZIP Code	5	The company's mailing address ZIP Code.	Yes
168 – 171	ZIP Code Extension	4	The company's four (4)-digit extension of the mailing address ZIP Code If not applicable, fill with spaces Do not include the hyphen	No
172 – 216	Blanks	45	Fill with spaces	Fill with spaces
217 – 273	Submitter Name	57	The name of the organization to receive error notification if this file cannot be processed Left justify and fill with spaces	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
274 – 295	Physical Address Line 1	22	The submitter's physical address (Street or Post Office Box) Left justify and fill with spaces	Yes
296 – 317	Physical Address Line 2	22	The submitter's physical address line 2 (Attention, Suite, Room, Number, etc.) Left justify and fill with spaces	Yes
318 – 339	City	22	The submitter's physical address city Left justify and fill with spaces	Yes
340 – 341	State Abbreviation	2	The submitter's physical address State or commonwealth/territory Use postal abbreviations	Yes
342 – 346	ZIP Code	5	The submitter's physical address ZIP Code	Yes
347 – 350	ZIP Code Extension	4	The submitter's physical address four (4)-digit extension of the ZIP code Do not include hyphen If not applicable, fill with spaces	No
351 – 395	Blanks	45	Fill with spaces	Fill with spaces
396 – 422	Contact Name	27	The name of the person to be contacted by the agency concerning processing problems Left justify and fill with spaces	Yes
423 – 437	Contact Phone Number	15	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 spaces	Yes
438 – 442	Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
443 – 445	Blanks	3	Fill with spaces	Fill with spaces
446 – 485	Contact E-Mail	40	The contact's Email address in standard format	Yes
486 – 488	Blanks	3	Fill with spaces	Fill with spaces
489 – 498	Contact Fax	10	If applicable, Include the contact's fax number (including area code) Otherwise, fill with spaces For U.S. and U.S. territories only	Yes
499 – 512	Blanks	14	Fill with spaces	Fill with spaces

4.3.2 RE Record: Employer Record

The RE record will contain employer related information. There will be one (1) RE record for each employer EFW2 interface file and reporting period.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RE	Yes
3-6	Reporting Year	4	Tax year for which the wages are reported for	Yes
7	Blanks	1	Fill with spaces	Fill with spaces
8-16	Employer Account Id	9	State issues Employer Account number Right justify and fill with spaces Employer Account ID will be 6 characters in length, but right justified with spaces	Yes
17-39	Blanks	23	Fill with spaces	Fill with spaces
40 – 96	Employer Name	57	The business name Left justify and fill with spaces	Yes
97 – 118	Mailing Address Line 1	22	The company's mailing address line 1 (Street or Post Office Box) Left justify and fill with spaces	Yes
119 – 140	Mailing Address Line 2	22	The company's mailing address line 2 (Attention, Suite, Room Number, etc.) Left justify and fill with spaces	Yes
141 – 162	City	22	The company's mailing address city Left justify and fill with spaces	Yes
163 – 164	State Abbreviation	2	The company's mailing address state or commonwealth/ territory Use postal abbreviations	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
165 – 169	ZIP Code	5	The company's mailing address ZIP Code.	Yes
170 – 173	ZIP Code Extension	4	The company's four (4)-digit extension of the mailing address ZIP Code If not applicable, fill with spaces Do not include the hyphen	No
174 – 221	Blanks	48	Fill with spaces	Fill with spaces
222 – 248	Employer Contact Name	27	The name of the person to be contacted by the agency concerning processing problems Left justify and fill with spaces	Yes
249 – 263	Employer Contact Phone Number	15	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 spaces	Yes
264 – 268	Employer Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
269 – 278	Blanks	10	Fill with spaces	Fill with spaces
279 – 318	Employer Contact E-Mail	40	The contact's Email address in standard format	Yes
319	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type RW records in the file, and there should never be a zero (0) when there are type RW records in the file	Yes
320 - 321	Report quarter	2	Will be the last month of the calendar quarter to which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
322 – 512	Blanks	191	Fill with spaces	Fill with spaces

4.3.3   RW Record: Employee State Wage Record

The RW records include the individual wage records for an SSN. Include one (1) row for each unique SSN. If a zero wage report is being filed, the RW Record must either be omitted, or all wage amounts entered as zero (0).

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RW	Yes
3-11	Social Security Number (SSN)	9	The employee's SSN as shown on the original/replacement SSN card issued by SSA without hyphens	Yes
12-26	Employee First Name	15	The employee's first name as shown on the SSN card Left justify and fill with spaces	Yes
27-41	Employee Middle Initial	15	If applicable, include the employee's initial	No
42-61	Employee Last Name	20	The employee's last name as shown on the SSN card Left justify and fill with spaces	Yes
62-65	Suffix	4	If applicable, include the employee's alphabetic suffix For example: SR, JR Left justify and fill with spaces Otherwise, fill with spaces	No
66-179	Blanks	114	Fill with spaces	Fill with spaces
180-181	Adjustment Reason	2	Numeric - Reason code for adjustment to employee wages zero (0) means original filing Right aligned Valid adjustment reason codes are one (1) through ten (10) Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Yes
182-187	Reporting Period	6	The last month and four (4)-digit year for the calendar quarter for which this report applies; e.g., "032013" for January through March of 2013	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
188-198	State Quarterly Unemployment Insurance Total (Gross) Wages	11	Right justify and fill with zeros (0) Do not include the decimal For example $25.64 should be included as: 00000002564	Yes
199-209	Out of State Quarterly Unemployment Insurance Total Taxable Wages	11	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year Right justify and fill with zeros (0) Do not include the decimal For example $25.64 should be included as: 00000002564	No
210-211	Out of State Wage Code	2	State code value for Out of State Wages (see section 10.5)

If Out of State QTR Unemployment Insurance Taxable Wages is not null, cannot never be DC; if there is no Out of State Wage Reported, the field must be null | Conditional |
| 212-247 | Blank | 36 | Fill with spaces | Fill with spaces |
| 248-267 | Employer Account Id | 20 | The state UI account number Right justify and fill with spaces

Employer Account ID will be 6 characters in length, but right justified with spaces | Yes |
| 268-270 | Location/Unit | 3 | Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location | No |

Location	Field Name	Length	Field Specifications	Required?
271-337	Blank	67	Fill with spaces	Fill with spaces
Location	Field Name	Length	Field Specifications	Required?
338-338	Employed on payroll for 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter0=No 1=Yes	No
339-339	Employed on payroll for 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter 0=No 1=Yes	No
340-340	Employed on payroll for 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter 0=No 1=Yes	No
341-341	Owner/Officer Relationship	1	The owner/officer relationship of the worker 0-Employee 1-Officer	Yes
342-344	Num ber of Hours Work ed	3	The number of hours worked during reporting period	Yes
345-375	Adjustment reason. Other explanation	31	Include the reason for adjustment if adjustment code = Ten (10) Left justify and fill with spaces Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Only if adj. reason = Ten (10) or fill with spaces
376-382	Out of State Wage State Code	7	Reference Section 10.5 for Out of State Wage Codes; Cannot be DC if Out of State QTR Unemployment Insurance Taxable Wages value is not null Left pad with zeros; two character integer value	Conditional
383-512	Not used	130	Fill with spaces	Fill with spaces

4.3.4 RT Record: Total Record

RT records contains the calculated gross (total), taxable, and non-taxable (excess) wages for the reporting period.

Below is a description for each field in the RT record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RT	Yes
3-17	State Unemployment Insurance Account Number	15	Employer Account Number assigned by state for reporting Right justify and pad with spaces Employer Account ID will be 6 characters in length, but right justified with spaces	Yes
18-23	Reporting Period	6	Last month and year of reporting period First quarter 2014 would be stored as 032014	Yes
24-33	Blanks	10	Fill with spaces	Fill with spaces
34-53	Gross Wages	20	Gross wages reported by the employer for reporting period Right justify and pad with zeros (0) Include the cents but no decimal For example $25.64 should be included as: 00000000000000002564	Yes
54-73	Taxable wages	20	Taxable wages calculated from the records processed Right justify and pad with zeros (0) Include the cents but no decimal For example $25.64 should be included as: 00000000000000002564	Yes
74-93	Excess (non-taxable) wages	20	Non-taxable wages calculated from the records processed. Right justify and pad with zeros. Include the cents but no decimal. For example $25.64 should be included as: 00000000000000002564	Yes
94-103	Blanks	10	Fill with spaces	Fill with spaces
104-108	Employees on payroll on the 12th of month, Month 1	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the first month of the quarter Right justify and pad with zeros (0)	Yes
109-113	Employees on payroll on the 12th of month, Month 2	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the second month of the quarter Right justify and pad with zeros (0)	Yes
114-118	Employees on payroll on the 12th of month, Month 3	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the third month of the quarter Right justify and pad with zeros (0)	Yes
119-512	Blanks	394	Fill with spaces	Fill with spaces

4.3.5   RF Record: Final Record

The RF record includes the totals for the file. This must be the last record in the file.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RF	Yes
3-7	Blanks	5	Fill with spaces	Fill with spaces
8-16	Number of RW Records	9	The total number of RW records reported on the entire file Right justify and fill with zeros (0)	Yes
17-36	Total wages reported in file	20	The sum of gross wages reported in file Right justify and fill with zeros (0) For example $25.64 should be included as: 00000000000000002564	Yes
37-512	Blanks	476	Fill with spaces	Fill with spaces

4.4   Download Sample File for Employer EFW2 File Layout

SAMPLE

4.4.1   Original Submission

See above section for a link to the sample files for both Original and Amended Submission

4.4.2   Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN at position 195-196. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

5 AGENT EFW2 INTERFACE FILE DEFINITION

5.1 What's New

- **RW Record**:
  - Fields 199-209 will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC **AND** this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
  - Fields 210-211 will now be used to enter the State to which Out of State Taxable Wages were paid to the Employee (Required Only if taxable wages were paid for services performed in another State prior to DC, else the field shall be left blank)
  - Fields 180-181 will be used to enter Employee-level Adjustment Reason Codes in the case of a Wage Amendment
  - Fields 345-375 will be used to enter Adjustment Reason Description, if the Adjustment Reason Code Other (10) is entered
- **RE Record**:
  - Fields 17-25 will be used to capture the FEIN of the Employer for whom the RW record is being submitted
  - Fields 26-39 will be filled with spaces

5.2 General Information

Agents submitting wages in this format can file multiple employers / reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the same employer and reporting period cannot be included in the same file.

Report the actual wages paid for amended wage records, do not report the difference between the amended and original wages.

If a SSN record is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

If a zero wage report is being filed, the RW Record must either be omitted, or all wage amounts entered as zero (0).

5.2.1 Fixed Length Records

This incoming file is submitted to the system via the wage file upload process. The file is a fixed length file; there should be five hundred twelve (512) characters in each row. The file contains the following fixed length records:

- Record type **RA: Submitter Record**
  - There should be one (1) transmitter record per file
  - This record will contain information about the entity submitting the file
    - This will be the agent information
  - The record RA must be the first row in the file
- Record Type **RE: Employer Totals Record**
  - There should be one (1) total record per employer / reporting period
    - There can be multiple RE records in a file
  - This record contains the totals for all record type 'RW' records for an employer / period in the file
- Record Type **RW: Employee Record**
  - There should be one (1) employee record for each employee for whom wages are being reported for each SSN / employer account ID / reporting period
  - This record contains individual employee wage information
    - There may be a single or multiple employee records in the file
- Record Type **RT: Employer Totals Record**
  - There should be one (1) total record per employer / reporting period
  - This record contains the totals for all record type 'RW' records for the employer
- Record Type **RF: Final Record**
  - There should be one (1) final record per file
  - This record indicates the end of the file and must be the last row in each file Below are the rules for fields within the file.

5.2.2 Rules for Alpha/Numeric Fields
- Left justify and fill with blanks
- Where the "field" shows "Blank," all positions must be blank (spaces), not zeros (0)

5.2.3 Rules for Currency Fields
- Must contain only numbers
- No punctuation
- No signed amounts (high order signed or low order signed)
- Right justify and pad with zeros (0)
- Include both dollars and cents with no decimal point (example: $59.60 = 00000005960)
- Any money field that has no amount to be reported must be filled with zeros (0), not blanks or spaces

5.3   Agent EFW2 Record Layouts

5.3.1 RA Record: Submitter Record

The RA record identifies the organization submitting the file. There is only one (1) RA record, and it must be the first data record on each file.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RA	Yes
3-11	Submitter's FEIN	9	The submitter's FEIN Numbers only, do not include the hyphen	Yes
12-28	Blanks	17	Fill with spaces	Fill with spaces
29	Resub Indicator	1	"0" (zero)	Yes
30-37	Blanks	8	Fill with spaces	Fill with spaces
38-94	Company Name	57	The company name Left justify and fill with spaces	Yes
95-116	Mailing Address Line 1	22	The company's mailing address line 1 (Street or Post Office Box) Left justify and fill with spaces	Yes
117-138	Mailing Address Line 2	22	The company's mailing address line 2 (Attention, Suite, Room Number, etc.) Left justify and fill with spaces	Yes
139-160	City	22	The company's mailing address city Left justify and fill with spaces	Yes
161-162	State Abbreviation	2	The company's mailing address State or commonwealth/ territory Use postal abbreviations	Yes
163-167	ZIP Code	5	The company's mailing address ZIP Code	Yes
168-171	ZIP Code Extension	4	The company's four (4)-digit extension of the mailing address ZIP Code If not applicable, fill with spaces Do not include the hyphen	No
172-216	Blanks	45	Fill with spaces	Fill with spaces
217-273	Submitter Name	57	The name of the organization to receive error notification if this file cannot be processed Left justify and fill with spaces	Yes
274-295	Physical Address Line 1	22	The submitter's physical address (Street or Post Office Box) Left justify and fill with spaces	No
296-317	Physical Address Line 2	22	The submitter's physical address line 2 (Attention, Suite, Room, Number, etc.) Left justify and fill with spaces	No
318-339	City	22	The submitter's physical address city Left justify and fill with spaces	No
340-341	State Abbreviation	2	The submitter's physical address State or commonwealth/territory Use postal abbreviations	No
342-346	ZIP Code	5	The submitter's physical address ZIP Code	No

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
347-350	ZIP Code Extension	4	The submitter's physical address four-digit extension of the ZIP Code If not applicable, fill with spaces	No
351-395	Blanks	45	Fill with spaces	Fill with spaces
396-422	Contact Name	27	The name of the person to be contacted by the agency concerning processing problems Left justify and fill with spaces	Yes
423-437	Contact Phone Number	15	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 spaces	Yes
438-442	Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
443-445	Blanks	3	Fill with spaces	Fill with spaces
446-485	Contact E-Mail	40	The contact's Email address in standard format	Yes
486-488	Blanks	3	Fill with spaces	Fill with spaces
489-498	Contact Fax	10	If applicable, include the contact's fax number (including area code) Otherwise, fill with spaces For U.S. and U.S. territories only	Yes
499-512	Blanks	14	Fill with spaces	Fill with spaces

5.3.2 RE Record: Employer Record

The RE record will contain totals reported. There will be one (1) RE record for each employer / reporting period. The records will contain the employer related information.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RE	Yes
3-6	Reporting Year	4	Tax year for which the wages are reported for	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
7	Blanks	1	Fill with spaces	Fill with spaces
8-16	Employer Account Id	9	State issues Employer Account number Right justify and pad with spaces	Yes
17-25	FEIN	9	FEIN of the Employer for whom the record is being submitted	Yes
26-39	Blanks	14	Fill with spaces	Fill with spaces
40 – 96	Employer Name	57	The business name Left justify and fill with spaces	Yes
97 – 118	Mailing Address Line 1	22	The company's mailing address line 1 (Street or Post Office Box) Left justify and fill with spaces	Yes
119 – 140	Mailing Address Line 2	22	The company's mailing address line 2 (Attention, Suite, Room Number, etc.) Left justify and fill with spaces	Yes
141 – 162	City	22	The company's mailing address city Left justify and fill with spaces	Yes
163 – 164	State Abbreviation	2	The company's mailing address state or commonwealth/ territory Use postal abbreviations	Yes
165 – 169	ZIP Code	5	The company's mailing address ZIP Code.	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
170 – 173	ZIP Code Extension	4	The company's four (4)-digit extension of the mailing address ZIP Code If not applicable, fill with spaces Do not include the hyphen	No
174 – 221	Blanks	48	Fill with spaces	Fill with spaces
222 – 248	Employer Contact Name	27	The name of the person to be contacted by the agency concerning processing problems Left justify and fill with spaces	Yes
249 – 263	Employer Contact Phone Number	15	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 spaces	Yes
264 – 268	Employer Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
269 – 278	Blanks	10	Fill with spaces	Fill with spaces
279 – 318	Employer Contact E-Mail	40	The contact's Email address in standard format	Yes
319	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type RW records in the file, and there should never be a zero (0) when there are type RW records in the file	Yes
320 - 321	Report quarter	2	Will be the last month of the calendar quarter to which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
322 – 512	Blanks	191	Fill with spaces	Fill with spaces

5.3.3 RW Record: Employee State Wage Record

The RW records include the individual wage records for an SSN. Include one (1) row for each employer and unique SSN. If a zero wage report is being filed, the RW Record must either be omitted, or all wage amounts entered as zero (0).

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RW	Yes
3-11	Social Security Number (SSN)	9	The employee's SSN as shown on the original/replacement SSN card issued by SSA without hyphens If no SSN is available, fill with nines	Yes
12-26	Employee First Name	15	The employee's first name as shown on the SSN card Left justify and fill with spaces	Yes
27-41	Employee Middle Initial	15	If applicable, include the employee's initial	No
42-61	Employee Last Name	20	The employee's last name as shown on the SSN card Left justify and fill with spaces	Yes
62-65	Suffix	4	If applicable, include the employee's alphabetic suffix For example: SR, JR Left justify and fill with spaces Otherwise, fill with spaces	No
66-179	Blanks	114	Fill with spaces	Fill with spaces
180-181	Adjustment Reason	2	Numeric - Reason code for adjustment to employee wages zero (0) means original filing Right aligned Valid adjustment reason codes are one (1) through ten (10) Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Yes
182-187	Reporting Period	6	The last month and four (4)-digit year for the calendar quarter for which this report applies; e.g., "032013" for January through March of 2013	Yes
188-198	State Quarterly Unemployment Insurance Total (Gross) Wages	11	Right justify and fill with zeros (0) Do not include the decimal For example $25.64 should be included as: 00000002564	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
199-209	Out of State Quarterly Unemployment Insurance Total Taxable Wages	11	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year. Right justify and fill with zeros (0) Do not include the decimal For example $25.64 should be included as: 00000002564	NO
210-211	Out of State Wage State Code	2	State code value for Out of State Wages (see section 10.5) If Out of State QTR Unemployment Insurance Taxable Wages is not null, cannot be DC	Conditional
212-247	Blank	36	Fill with spaces	Fill with spaces
248-267	Employer Account Id	20	The state UI account number Right justify and fill with spaces Employer Account ID will be 6 characters in length, but right justified with spaces	Yes
268-270	Location/Unit	3	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location	No

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
271-337	Blank	67	Fill with spaces	Fill with spaces
338-338	Employed on payroll on 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included on the 12th of the month for the first month of the quarter0=No 1=Yes	No
339-339	Employed on payroll on 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included on the 12th of the month for the first month of the quarter 0=No 1=Yes	No
340-340	Employed on payroll on 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included on the 12th of the month for the first month of the quarter 0=No 1=Yes	No
341-341	Owner/Officer Relationship	1	The owner/officer relationship of the worker 0- Employee 1- Officer	Yes
342-344	Num ber of Hours Work ed	3	The number of hours worked during reporting period	Yes
345-375	Adjustment reason. Other explanation	31	Include the reason for adjustment if adjustment code = Ten (10) Left justify and fill with spaces Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Only if adj. reason = Ten (10) or fill with spaces
376-382	SOC Code	7	SOC code of the employee Ex. 11- 0000	No
383-512	Not used	130	Fill with spaces	Fill with spaces

5.3.4 RT Record: Total Record

RT records contains the calculated gross (total), taxable, and non-taxable (excess) wages for the reporting period.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RT	Yes
3-17	State Unemployment Insurance Account Number	15	Employer Account Number assigned by state for reporting Right justify and pad with spaces Employer Account ID will be 6 characters in length, but right justified with spaces	Yes
18-23	Reporting Period	6	Last month and year of reporting period First quarter 2014 would be stored as 032014	Yes
24-33	Blanks	10	Fill with spaces	Fill with spaces
34-53	Gross Wages	20	Gross wages reported by the employer for reporting period Right justify and pad with zeros (0) Include the cents but no decimal For example $25.64 should be included as: 00000000000000002564	Yes
54-73	Taxable wages	20	Taxable wages calculated from the records processed Right justify and pad with zeros (0) Include the cents but no decimal For example $25.64 should be included as: 00000000000000002564	Yes
74-93	Excess (non-taxable) wages	20	Non-taxable wages calculated from the records processed. Right justify and pad with zeros. Include the cents but no decimal. For example $25.64 should be included as: 00000000000000002564	Yes
94-103	Blanks	10	Fill with spaces	Fill with spaces
104-108	Employees on payroll on the 12th of month, Month 1	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the first month of the quarter Right justify and pad with zeros (0)	Yes
109-113	Employees on payroll on the 12th of month, Month 2	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the second month of the quarter Right justify and pad with zeros (0)	Yes

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
114-118	Employees on payroll on the 12th of month, Month 3	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the third month of the quarter Right justify and pad with zeros (0)	Yes
119-512	Blanks	394	Fill with spaces	Fill with spaces

5.3.5 RF Record: Final Record

The RF record includes the totals for the file. This must be the last record in the file.

Below is a description for each field in the record:

LOCATION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	REQUIRED?
1-2	Record Identifier	2	Should always be RF	Yes
3-7	Blanks	5	Fill with spaces	Fill with spaces
8-16	Number of RW Records	9	The total number of RW records reported on the entire file Right justify and fill with zeros (0)	Yes
17-36	Total wages reported in file	20	The sum of gross wages reported in file Right justify and fill with zeros (0) For example $25.64 should be included as: 00000000000000002564	Yes
37-512	Blanks	476	Fill with spaces	Fill with spaces

5.4   Download Sample File for Agent EFW2 Record Layout

5.4.1   Original Submission

See Section 5.3 for a sample agent EFW2 file layout.

5.4.2   Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN at position 195-196. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

See Section 5.3 for a sample agent EFW2 file layout

6 EMPLOYER XML INTERFACE FILE DEFINITION

6.1 What's New

- **XML Record**:
  - o Field < OutofStateTaxable Wages> will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC AND this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
  - o Field <OutofStateWageCode> will now be used to enter the State to which Out of State Taxable Wages were paid to the Employee (Required Only if taxable wages were paid for services performed in another State prior to DC, else the field shall be left blank)

6.2 General Information

Employers can file original or amended wage reports in this file, however, each file should only contain the information for one (1) quarter.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.
Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

6.3 Employer XML File

This incoming file is submitted to via the employer wage file upload process. The file is an XML file. The file contains the following system fields:

FIELD NAME	DESCRIPTION	VALIDATION
XmlVersion	This informs the compiler of the XML version that is used There is no end tag for the XML Version	NA
<root>	Parent tag must be the first tag in the file There must be a </root> tag as the final row in the file	Required
<Submitter>	Tag informing the compiler that this is a submitter record There must be a </Submitter> end tag at the end of the record	Required
<FEIN>	Submitter FEIN, must have end tag.	Required
<BusinessName>	Submitter business name, must have an end tag.	Required
<Address>	Submitter street address, must have an end tag.	Required
<City>	Submitter city, must have an end tag.	Required
<State>	Submitter state, must have an end tag.	Required
<ZIP>	Submitter ZIP code, must have an end tag.	Required
<ZIP4>	Submitter +Four (4) for ZIP Code, must have and end tag	Not Required, but tags must be in the file <ZIP4></ZIP4>

Field Name	Description	Validation
<Contact>	First and last name of contact person This is the person the Department will contact with questions about the file, must have an end tag	Required
<Phone>	Contact telephone number, must have an end tag	Required
<Extension>	Contact telephone extension, must have an end tag	Not Required, but tags must be in the file
<Email>	Email address of the contact person Must have end tag	Required
<Wage>	Tag informing the compiler that this is a wage file There must be a </Wage> end tag at the end of the file	Required
<WageRecord>	Tag informing the compiler that an individual wage record is following There must be a </WageRecord> tag following each individual wage record	Required
<Employee>	Tag informing the compiler that an individual employee record is beginning There must be an end tag </Employee> at the end of each individual record	Required
<EmployerID>	This field will contain the employer's UI account number Must have end tag <EmployerID>123456</EmployerID>	Required The file will be rejected if the employer account number is not included. Employer Account ID will be 6 characters in length
<Period>	This field will contain the period for which the report is filed Should contain the last month of the quarter and the year The values for the year 2014 would be: 1st quarter = 032014 2nd quarter = 062014 3rd quarter = 092014 4th quarter = 122014 <Period>032014</Period>	Required, the file will be rejected if the period is not included in the file The period in the file must equal the period selected in the wage submission screen.
<SSN>	This field will contain the employee SSN <SSN>123456789</SSN>	Required
<LastName>	This field will contain the employee's last name, as shown on the Social Security card <LastName>Smith</LastName>	Required
<FirstName>	This field will contain the employee's first name, as shown on the Social Security card <FirstName>Jane</FirstName>	Required
<MI>	This field will contain the employee's middle initial It is not required <MI>G</MI>	Not required but tags must be included in the file
<StateGrossWages>	This field will contain the gross wages paid to the employee during the quarter in DC Do not include the decimal point or comma separators <GrossWages>1254636</GrossWages>	Required

FIELD NAME	DESCRIPTION	VALIDATION
<OutofStateTaxable Wages>	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year Do not include the decimal point or comma separators <OutofStateTaxableWages>1254636</OutofStateTaxableWag e s>	No
<OutofStateWageCod e>	This field will contain the State Code value for Out of State Wages Do not include the decimal point or comma separators	Required if <OutofStateTaxableWages> is not null; cannot be DC
<Location>	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location < Location >1</ Location >	No
<HrsWkd>	This field will contain the hours worked by the worker in the reporting period <HrsWkd>150</HrsWkd>	Required
<SOCCode>	SOC code of the employee Ex. 11-0000	No
<OwnerRel>	Include the owner/officer relationship of the worker <OwnerRel>0</OwnerRel>	Required
<EmployMon1>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter <EmployMon1>1<EmployMon1> for yes <EmployMon1>2<EmployMon1> for no	No
<EmployMon2>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter <EmployMon2>1<EmployMon2> for yes <EmployMon2>2<EmployMon2> for no	No
<EmployMon3>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter <EmployMon3>1<EmployMon3> for yes <EmployMon3>2<EmployMon3> for no	No
<AdjCode>	This field will contain the original filing/adjustment code Codes are numbers zero (0) – ten (10) <AdjCode>0</AdjCode> Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Required

FIELD NAME	DESCRIPTION	VALIDATION
<Reason>	This field will contain reason if adjustment code = Ten (10) Otherwise do not include <Reason>Testing</Reason>	Only if adj. reason = Ten (10) but tags must be included in the file
<Totals>	Tag informing the complier that this is a total record; there must be an end tag at the end of the record	Required
<EmployerID>	This field will contain the UI account number <EmployerID>123456</EmployerID>	Required Employer Account ID will be 6 characters in length
<Period>	This field will contain the period for which the report is filed. Should contain the last month of the quarter and the year The values for the year 2014 would be: 1st quarter = 032014 2nd quarter = 062014 3rd quarter = 092014 4th quarter = 122014 <Period>032014</Period>	Required, the file will be rejected if the period is not included in the file The period in the file must equal the period selected in the wage submission screens
<NoWageIndicator>	Email address of the contact person Must have end tag If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1)	Required
<TotalWages>	This field will contain the total wages reported by the employer for the period Do not include decimal or comma separators, <TotalWages>1548233</TotalWages>	Required The file will be rejected if the employer account number is not included
<TaxableWages>	This field will contain the total taxable wages reported by the employer for the period Do not include decimal or comma separators <TaxableWages>5264525</TaxableWages>	Required,
<ExcessWages>	This field will contain the total excess wages reported by the employer for the period Do not include decimal or comma separators, <ExcessWages>524525</ExcessWages>	Required
<Month1>	This field will contain the total number of employees who were on the payroll that includes the 12th of the first month of the quarter <Month1>5</Month1>	Required
<Month2>	This field will contain the total number of employees who were on the payroll that includes the 12th of the second month of the quarter <Month2>5</Month2>	Required
<Month3>	This field will contain the total number of employees who were on the payroll that includes the 12th of the third month of the quarter <Month3>5</Month3>	Required

6.4　Download Sample File for Employer XML File Layout

6.4.1　Original Submission

See Section 6.3 for ~~a sample~~ employer XML file layout

6.4.2　Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN in the employee record. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

See Section 6.3 for employer XML file layout for amendment.

7　AGENT XML INTERFACE FILE DEFINITION

7.1　What's New

- **XML Record**:
  - Field < OutofStateTaxable Wages> will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC AND this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
  - Field <OutofStateWageCode> will now be used to enter the State to which Out of State Taxable Wages were paid to the Employee (Required Only if taxable wages were paid for services performed in another State prior to DC, else the field shall be left blank)
  - Field <FEIN> will be used for FEIN of the corresponding Employer record for which the file is being submitted

7.2　General Information

Agents can file multiple employers / reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the same employer and reporting period cannot be included in the same file. The file can also contain no wage reports for employers.

All begin and end tags must be included in the file. If there is no data for that field then include the tags with nothing between them e.g. <tag></tag>.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

If an SSN record is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

7.3   Agent XML File

This incoming file is submitted to the system via the wage file upload process. The file is an XML file. The file contains the following fields:

FIELD NAME	DESCRIPTION	VALIDATION
XmlVersion	This informs the compiler of the XML version that is used There is no end tag for the XML Version	NA
<root>	Parent tag, must have an end tag as the last row in the file	Required
<Submitter>	Tag informing the compiler that this is a submitter record There must be a </Submitter> end tag at the end of the record	Required
<FEIN>	Submitter FEIN, must have end tag	Required
<BusinessName>	Submitter business name, must have an end tag	Required
<Address>	Submitter street address, must have an end tag	Required
<City>	Submitter city, must have an end tag	Required
<State>	Submitter state, must have an end tag	Required
<ZIP>	Submitter ZIP code, must have an end tag	Required
<ZIP4>	Submitter + Four (4) for ZIP Code, must have and end tag	Not Required, but tags must be in the file <ZIP4></ZIP4>
<Contact>	First and last name of contact person This is the person the Department will contact with questions about the file, must have an end tag	Required
<Phone>	Contact telephone number, must have an end tag	Required
<Extension>	Contact telephone extension, must have an end tag	Not Required, but tags must be in the file
<Email>	Email address of the contact person Must have end tag	Required
<Wage>	Tag informing the compiler that this is a wage file There must be a </Wage> end tag at the end of the file	Required
<WageRecord>	Tag informing the compile that an individual wage record is following There must be a </WageRecord> tag following each individual	Required
<Employee>	Tag informing the compiler that an individual employee record is beginning There must be an end tag </Employee> at the end of each individual record	Required

FIELD NAME	DESCRIPTION	VALIDATION
<EmployerID>	This field will contain the employer's UI account number Must have end tag <EmployerID>123456</EmployerID>	Required The file will be rejected if the employer account is missing Employer Account ID will be 6 characters in length
<FEIN>	This field will contain the Employer's FEIN Must have end tag <FEIN>123456789<FEIN>	Required
<Period>	This field will contain the period for which the report is filed Should contain the last month of the quarter and the year The values for the year 2014 would be: 1st quarter = 032014 2nd quarter = 062014 3rd quarter = 092014 4th quarter = 122014 <Period>032014</Period>	Required, the file will be rejected if the period is not included in the file The period in the file must equal the period selected in the wage submission screens
<SSN>	This field will contain the employee SSN <SSN>123456789</SSN>	Required
<LastName>	This field will contain the employee's last name, as shown on the Social Security card <LastName>Smith</LastName>	Required
<FirstName>	This field will contain the employee's first name, as shown on the Social Security card. <FirstName>Jane</FirstName>	Required
<MI>	This field will contain the employee's middle initial It is not required <MI>G</MI>	Not required but tags must be included in the file
<StateGrossWages>	This field will contain the state gross wages paid to the employee during the quarter Do not include decimal or comma separators <StateGrossWages>1254636</StateGrossWages>	Required
<OutofStateTaxable Wa ges>	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here IF this is the employee's first quarter reporting wages to DC in the current year. Do not include the decimal point or comma separators <OutofStateTaxableWages>1254636</OutofStateTaxableWa ges >	No

FIELD NAME	DESCRIPTION	VALIDATION
<OutofStateWageCode>	This field will contain the State Code value for Out of State Wages Do not include the decimal point or comma separators	Required if <OutofStateTaxableWages> is not null; cannot be DC
<Location>	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location < Location >1</ Location >	No
<HrsWkd>	This field will contain the hours worked by the worker in the reporting period. <HrsWkd>150</HrsWkd>	YES
<SOCCode>	SOC code of the employee Ex. 11-0000	No
<OwnerRel>	Include the owner/officer relationship of the worker. <OwnerRel>0</OwnerRel>	Required
<EmployMon1>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter. <EmployMon1>1<EmployMon1> for yes <EmployMon1>2<EmployMon1> for no	No
<EmployMon2>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter <EmployMon2>1<EmployMon2> for yes <EmployMon2>2<EmployMon2> for no	No
<EmployMon3>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter <EmployMon3>1<EmployMon3> for yes <EmployMon3>2<EmployMon3> for no	No
<AdjCode>	This field will contain the original filing/adjustment code Codes are numbers zero (0) – eight (8) <AdjCode>0</AdjCode> Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Required
<Reason>	This field will contain reason if adjustment code = Eight (8) Otherwise do not include <Reason>Testing</Reason>	Only if adj. reason = Ten (10) but tags must be included in the file
<Totals>	Tag informing the complier that this is a total record There must be an end tag at the end of the record	Required

FIELD NAME	DESCRIPTION	VALIDATION
<EmployerID>	This field will contain the UI account number. <EmployerID>123456</EmployerID>	Required Employer Account ID will be 6 characters in length
<Period>	This field will contain the period for which the report is filed Should contain the last month of the quarter and the year The values for the year 2014 would be: 1st quarter = 032014 2nd quarter = 062014 3rd quarter = 092014 4th quarter = 122014 <Period>032014</Period>	Required, the file will be rejected if the period is not included in the file The period in the file must equal the period selected in the wage submission screens
<NoWageIndicator>	Email address of the contact person Must have end tag If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1)	Required
<TotalWages>	This field will contain the total wages reported by the employer for the period Do not include the decimal point or comma separators <TotalWages>1548233</TotalWages>	Required The file will be rejected if the employer account number is not included
<TaxableWages>	This field will contain the total taxable wages reported by the employer for the period Do not include the decimal point or comma separators <TaxableWages>5264525</TaxableWages>	Required
<ExcessWages>	This field will contain the total excess wages reported by the employer for the period Do not include the decimal point or comma separators <ExcessWages>524525</ExcessWages>	Required
<Month1>	This field will contain the total number of employees who were on the payroll that includes the 12th of the first month of the quarter <Month1>5</Month1>	Required
<Month2>	This field will contain the total number of employees who were on the payroll that includes the 12th of the second month of the quarter <Month2>5</Month2>	Required
<Month3>	This field will contain the total number of employees who were on the payroll that includes the 12th of the third month of the quarter <Month3>5</Month3>	Required

7.4 Download Sample File for Agent XML File Layout

7.4.1 Original Submission

See Section 7.3 for a sample agent XML file layout.

7.4.2 Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN in the employee record. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

See Section 7.3 for a sample agent XML file layout for amendment.

8 EMPLOYER CSV INTERFACE FILE DEFINITION

8.1 What's New

- **Wage Record**:
  - Field I3 will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC AND this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
  - Fields S3 will now be used to enter the State to which Out of State Taxable Wages were paid to the Employee (Required Only if taxable wages were paid for services performed in another State prior to DC, else the field shall be left blank)
  - Fields 03 will be used to enter Employee-level Adjustment Reason Codes in the case of a Wage Amendment
  - Fields P3 will be used to enter Adjustment Reason Description, if the Adjustment Reason Code Other (10) is entered

8.2 General Information

This section contains the file specifications for the state Unemployment Insurance Tax and Wage reporting .csv file format. This format can be created using commercially available spreadsheet software (e.g., Microsoft Excel). Employers can file original or amended wage reports in this file, however, each file should only contain the information for one (1) quarter.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

This incoming file is submitted to the State via the employer wage file upload process. The file is a comma separated file, and there is no set length for the rows. The following paragraphs contain the specifications for the incoming wage report and outgoing confirmation files.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

 If a zero wage report is being filed, indicate a zero (0) in position J2 in the Employer Record.

8.2.1   Rules for Currency Fields

- Must contain only numbers
- No comma separators
- No signed amounts (high order signed or low order signed)
- Include both dollars and cents with no decimal point (example: $59.60 = 00000005960)

8.2.2   Rules for SSN Fields

- Must contain nine (9) digits
  - Excel will trim leading zeros (0) with the default settings
  - Set the number format to 'text' for the SSN column if creating the file with Excel

8.3   Employer CSV File

This incoming file is submitted to the system via the wage file upload process. The file is a comma separated file. The file contains four (4) records and the rules for records and fields within the file as described in the following subchapters.

8.3.1   Submitter Record

The submitter record will contain information about the business submitting the file, this may be the same as the employer.

Below is a description for each field in the record. (Beginning at Column A, Row 1)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED
A1	Record Identifier	Should always be zero (0)	Yes
B1	Submitters FEIN	The business' FEIN; numbers only, do not include the hyphen	Yes
C1	Business Name	The legal name of the business submitting the file	Yes
D1	Business Address	The mailing address of the business submitting the file	Yes
E1	Business City	The mailing address city of the business submitting the file	Yes

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED
F1	State FIPS code	The two character FIPS code for 'STATE': (11 for District of Columbia)	Yes
G1	Transmitter Zip Code	The mailing address ZIP Code of the business submitting the file Include leading zeros (0)	Yes
H1	Transmitter ZIP Code extension (+4)	The mailing address ZIP Code extension of the business submitting the file If unknown, fill with spaces	No, fill with spaces or include the + Four (4)
I1	Transmitter Contact	First and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name	Yes
J1	Transmitter Contact Telephone Number	Contact telephone number, include the area code Numbers only, no special characters	Yes
K1	Telephone Extension/Box	Contact telephone number extension (if any) If there is no extension, fill with spaces	No, fill with spaces or Extension
L1	Transmitter Email	Email Alphanumeric	Yes

8.3.2   Employer Record

The employer record will contain summary totals for the employer / reporting period.
Below is a description for each field in the record. (Beginning at Column A, Row 2)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED
A2	Record type	Must be one (1) for employer record	Yes
B2	Employer Account Id	Employer account number Employer Account ID will be 6 characters in length	Yes
C2	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2014 would be: 1st - 032014 2nd – 062014 3rd - 092014 4th – 122014	Yes
D2	Gross wages paid	Total Gross wages for employer/reporting period Do not use comma separator or decimal	Yes
E2	Taxable wages paid	Total taxable wages for employer/reporting period Do not use comma separator or decimal	Yes

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED
F2	Total excess wages paid	Total excess (nontaxable) wages for employer/reporting period Do not use comma separator or decimal	Yes
G2	12th of month count for month 1	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter	Yes
H2	12th of month count for month 2	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter	Yes
I2	12th of month count for month 3	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter	Yes
J2	No Wage Indicator	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type S records in the file, and there should never be a zero (0) when there are type S records in the file	Yes

8.3.3 Wage Record

The wage record will contain wage data for the employees. There should be one (1) row for each SSN. If a zero wage report is being filed, this record should be omitted.

Below is a description for each field in the record. (Beginning at Column A, Row 3)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
A3	Record type	Must be two (2) for wage record	Yes
B3	Employer Account Id	Employer's account number Employer Account ID will be 6 characters in length	Yes
C3	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2014 should be: 1st - 032014 2nd – 062014 3rd - 092014 4th – 122014	Yes
D3	SSN	Employee's SSN Note: the SSN must contain nine (9) digits Excel will trim leading zeros (0) with the default settings Set the number format to 'text' for the SSN column if creating the file with Excel	Yes

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
E3	First Name	Employee's First Name, as printed on Social Security card	Yes
F3	Employer's middle Initial	Employees Middle Initial Do not fill if there is no middle initial	No
G3	Employee's last name	Employee's Last Name, as printed on Social Security card	Yes
H3	Gross wages paid	Gross wages subject to UI paid to employee for employer/unit/reporting period Do not use comma separator or decimal	Yes
I3	Out of State Taxable Wages Paid	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year. Do not use comma separator or decimal	No
J3	Hours worked	Include hours worked during the quarter for the employee	Yes
K3	Employee 12th of month for month 1	Employee worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter	No
L3	Employee 12th of month for month 2	Employee worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter	No
M3	Employee 12th of month for month 3	Employee worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter	No
N3	Owner/Officer relationship information	Include the owner/officer relationship of the worker 0- Employee 1- Officer	Yes
O3	Adjustment Code	Numeric - Reason code for adjustment to employee wages Zero (0) means original filing Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Yes
P3	Other description	Description if adjustment code is ten (10)	Only if Adjustment Code in column O3 = Ten (10)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
Q3	Location	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location	No
R3	SOC code of the employee	SOC code of the employee Ex. 11-0000	No
S3	Out of State Wage State Code	Out of State Wage State Code (see Section 10.5)	If I3 is not null

8.3.4   Final Record

The final record will contain totals for the file.

Below is a description for each field in the record. (Beginning at Column A, Row 4)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
A4	Record type	Must be three (3) for final record	Yes
B4	Total number of records in file	Include total number of wage records in file	Yes
C4	Total wages reported	Include total SSN level wages reported in file Do not use comma separator or decimal	Yes

8.4   Download Sample File for Employer CSV File Layout

8.4.1   Original Submission

See Section 8.3 for employer CSV file layout

8.4.2   Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN in the record type two (2). A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

See Section 8.3 for employer CSV file layout for amendment.

9 AGENT CSV INTERFACE FILE DEFINITION

9.1 What's New

- **Wage Record**:
    - o Field I3 will be used to report the amount of YTD Out of State Taxable Wages reported to another State prior to reporting to DC AND this is the first quarter the employee is being reported to DC in the current year (Required Only if taxable wages were paid for services performed in another State and reported to another state prior to DC and employee is now reportable to DC per localization of work rules).
    - o Fields S3 will now be used to enter the State to which Out of State Taxable Wages were paid to the Employee (Required Only if taxable wages were paid for services performed in another State prior to DC, else the field shall be left blank).
    - o Fields 03 will be used to enter Employee-level Adjustment Reason Codes in the case of a Wage Amendment.
    - o Fields P3 will be used to enter Adjustment Reason Description, if the Adjustment Reason Code Other (10) is entered.

- **Employer Record**
    - o Field K2 will be used to enter the FEIN of the Employer for which the record is being submitted.

9.2 General Information

This section contains the file specifications for the state Unemployment Insurance Tax and Wage reporting .csv file format. This format can be created using commercially available spreadsheet software (e.g., Microsoft Excel). Agents can file multiple employers / reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. The file can also contain original filings and adjustments in the same file, however, an original and amendment for the same employer and reporting period cannot be included in the same file.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

This incoming file is submitted to the agency via the employer wage file upload process. The file is a comma separated file, and there is no set length for the rows. The following paragraphs contain the specifications for the incoming wage report and outgoing confirmation files.

If an SSN record is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

Information regarding what is considered a valid SSN is located in Appendix 10.5.

A listing of error messages and identification of fatal versus informational messages is listed in Appendix 10.6.

If a zero wage report is being filed, indicate a zero (0) in position J2 in the Employer Record.

9.2.1 Rules for Currency Fields

- Must contain only numbers
- No comma separators
- No signed amounts (high order signed or low order signed)

- Include both dollars and cents with no decimal point (example: $59.60 = 00000005960)

9.2.2   Rules for SSN Fields

- Must contain nine (9) digits
  - Excel will trim leading zeros (0) with the default settings
  - Set the number format to 'text' for the SSN column if creating the file with Excel

9.3   Agent CSV File

This incoming file is submitted to the system via the wage file upload process. The file is a comma separated file. The file contains four (4) records and the rules for records and fields within the file as described in the following subchapters.

9.3.1   Submitter Record

The submitter record will contain information about the business submitting the file, this may be the same as one (1) of the employers.

Below is a description for each field in the record. (Beginning at Column A, Row 1)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED
A1	Record Identifier	Should always be zero (0)	Yes
B1	Submitters FEIN	The business FEIN; numbers only, do not include the hyphen	Yes
C1	Business Name	The legal name of the business submitting the file	Yes
D1	Business Address	The mailing address of the business submitting the file	Yes
E1	Business City	The mailing address city of the business submitting the file	Yes
F1	State FIPS code	The two character FIPS code for the state. 11 for District of Columbia	Yes
G1	Transmitter ZIP Code	The mailing address ZIP Code of the business submitting the file	Yes
H1	Transmitter ZIP code extension (+4)	The mailing address ZIP Code extension of the business submitting the file If unknown, fill with spaces	No, fill with spaces or include the + Four (4)
I1	Transmitter Contact	First and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name	Yes
J1	Transmitter Contact Telephone Number	Contact telephone number, include the area code Numbers only, no special characters	Yes
K1	Telephone Extension/Box	Contact telephone number extension (if any) If there is no extension, fill with spaces	No, fill with spaces or Extension
L1	Transmitter Email	Contact email address Alphanumeric	Yes

9.3.2   Employer Record

The employer record will contain summary totals for the employer / reporting period.
Below is a description for each field in the record. (Beginning at Column A, Row 2)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
A2	Record type	Must be one (1) for employer record	Yes
B2	Employer Account Id	Employer UI Account number Employer Account ID will be 6 characters in length	Yes
C2	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2014 would be: 1st - 032014 2nd – 062014 3rd - 092014 4th - 122014	Yes
D2	Gross wages paid	Total Gross wages for employer/reporting period Do not use comma separator or decimal	Yes
E2	Taxable wages paid	Total taxable wages for employer/reporting period Do not use comma separator or decimal	Yes
F2	Excess wages paid	Total excess (nontaxable) wages for employer/reporting period Do not use comma separator or decimal	Yes
G2	12th of month data for month 1.	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter	Yes
H2	12th of month data for month 2.	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter	Yes
I2	12th of month data for month 3.	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter	Yes
J2	No Wage Indicator	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type S records in the file, and there should never be a zero (0) when there are type S records in the file	Yes
K2	FEIN	FEIN of the Employer for which the record is being submitted	YES

9.3.3　Wage Record

The wage record will contain wage data for the employees. There should be one (1) row for each SSN / employer / reporting period. If a zero wage report is being filed, this record should be omitted.

Below is a description for each field in the record. (Beginning at Column A, Row 3)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
A3	Record type	Must be two (2) for wage record	Yes
B3	Employer Account Id	Employer's UI Account Number Employer Account ID will be 6 characters in length	Yes
C3	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2014 should be: 1st - 032014 2nd – 062014 3rd - 092014 4th – 122014	Yes
D3	SSN	Employee's SSN Note: the SSN must contain nine (9) digits Excel will trim leading zeros (0) with the default settings Set the number format to 'text' for the SSN column if creating the file with Excel	Yes
E3	First Name	Employee's First Name, as printed on Social Security card	Yes
F3	Employer's middle Initial	Employees Middle Initial	No
G3	Employee's last name	Employee's Last Name, as printed on Social Security card	Yes
H3	Gross wages paid	Gross wages subject to UI paid to employee for employer/unit/reporting period Do not use comma separator or decimal	Yes
I3	Out of State Taxable Wages Paid	Employee's Out of State (OOS) UI taxable wages reported to other state prior to wages reported to DC for work performed in DC in accordance with localization of work rules. OOS taxable wages should be YTD for all quarters including current quarter and only be reported here **IF** this is the employee's first quarter reporting wages to DC in the current year. Do not use comma separator or decimal	No
J3	Hours worked	Include hours worked during the quarter for the employee	Yes

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
K3	Employee 12th of month for month 1	Employee worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter	No
L3	Employee 12th of month for month 2	Employee worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter	No
M3	Employee 12th of month for month 3	Employee worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter	No
N3	Owner/Officer relationship information	Include the owner/officer relationship of the worker	Yes
O3	Adjustment Code	Numeric - Reason code for adjustment to employee wages Zero (0) means original filing Refer Section 10.2 Adjustment Reason Codes for valid reason codes	Yes
P3	Other description	Description if adjustment code = Ten (10) If not, leave blank	Only if Adjustment Code in column O3 = Ten (10)
Q3	Location	Employer location/Unit Right justify and fill with spaces If blank, defaulted to primary location	No
R3	SOC code of the employee	SOC code of the employee Ex. 11-0000	No
S3	Out of State Wage State Code	Out of State Wage Code (see Section 10.5)	If I3 is not null

9.3.4   Final Record

The final record will contain totals for the file.

Below is a description for each field in the record. (Beginning at Column A, Row 4)

POSITION	FIELD NAME	FIELD SPECIFICATIONS	REQUIRED?
A4	Record type	Must be three (3) for final record	Yes
B4	Total number of records in file	Total number of wage records in file	Yes
C4	Total wages reported	Total SSN level wages reported in file Do not use comma separator or decimal	Yes

9.4   Download Sample File for Agent CSV File Layout

9.4.1   Original Submission

See Section 9.3 for agent CSV file layout

9.4.2   Amendment Submission

To amend wages for a SSN, employers should enter the proper adjustment code against each SSN in the record type 2. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper adjustment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper adjustment reason code.

See Section 9.3 for agent CSV file layout for amendment.

10 APPENDICES

10.1 Worker Relationship

The state requires information about the relationship between the employee and the employer. This information will be used to help agency staff make determinations regarding unemployment claims.

The types and values that should be included in the file are described below:

VALUE	TITLE	DESCRIPTION
0	Worker/Employee	Use this if there is no relationship between the worker and the employer Most workers will fall into this category
1	Owner or Officer	Use code one (1) if the worker is also an owner or officer of the business.

10.2 Adjustment Reason Codes

Code used for adjustment to employee wages.
The code descriptions are the following:

CODE	ADJUSTMENT REASON	
00	Original Report	
01	Wages Reported in Error	
02	Employment and Wages adjusted because the Employees performed services for a different business	
03	Wages adjusted because exempt employee is not taxable	
04	Employment and Wages adjusted because they were reported to the wrong state	
05	Employee name or hours worked corrected	
06	Employment and Wages adjusted to correct computer system, data entry or accounting	
07	Amendment to adjust or report out of state taxable wages	
08	Employee reported under incorrect SSN	
09	Wage Adjusted due to omission	
10	Other	

10.3 Email Standard Format

- Must contain only one (1) @ 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 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, tothe left of the @ symbol: (~!#$%^&*_+{}|?'-= / `)

10.4 OOS Wage State Codes

Name	OOS Code	Postal Code
Alabama	1	AL
Alaska	2	AK
Arizona	4	AZ
Arkansas	5	AR
California	6	CA
Colorado	8	CO
Connecticut	9	CT
Delaware	10	DE
District of Columbia	11	DC
Florida	12	FL
Georgia	13	GA
Hawaii	15	HI
Idaho	16	ID
Illinois	17	IL

Name	OOS Code	Postal Code
Indiana	18	IN
Iowa	19	IA
Kansas	20	KS
Kentucky	21	KY
Louisiana	22	LA
Maine	23	ME
Maryland	24	MD
Massachusetts	25	MA
Michigan	26	MI
Minnesota	27	MN
Mississippi	28	MS
Missouri	29	MO
Montana	30	MT
Nebraska	31	NE
Nevada	32	NV
New Hampshire	33	NH
New Jersey	34	NJ
New Mexico	35	NM
New York	36	NY
North Carolina	37	NC
North Dakota	38	ND
Ohio	39	OH
Oklahoma	40	OK
Oregon	41	OR

Name	OOS Code	Postal Code
Pennsylvania	42	PA
Puerto Rico	72	PR
Rhode Island	44	RI
South Carolina	45	SC
South Dakota	46	SD
Tennessee	47	TN
Texas	48	TX
U.S. Virgin Islands	78	VI
Utah	49	UT
Vermont	50	VT
Virginia	51	VA
Washington	53	WA
West Virginia	54	WV
Wisconsin	55	WI
Wyoming	56	WY

10.5   SSN Validation

Social Security Numbers are validated based on the standard Social Security Administration rules. These are listed below.

- A Social Security number CANNOT :
  - Contain all zeroes in any specific group (ie 000-##-####, ###-00-####, or ###-##-0000)
  - Begin with '666'.
  - Begin with any value from '900-999'
  - Be '078-05-1120'
  - Be '219-09-9999'
  - Be 000000000, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 123456789, 987654321.