

Quarterly Wage Reporting by Magnetic Media (04/10)

Submitting "Test Data"

The certification process **requires** you to send in a "TEST" CD or diskette (the media will not be returned to you). All media received must have an **EXTERNAL LABEL** clearly marked "TEST", along with Employer Name and Account/Federal ID#.

Upon receipt, the department will test the media to ensure that it meets the technical and format requirements listed below. This certification process ensures format compatibility and provides an opportunity to resolve any technical difficulties prior to actual wage reporting. You may contact us 5 days from submitting the Test File to verify the test file was successful. **It is required that you continue your current form of wage reporting until you have been granted authorization by the Department of Workforce Development.**

Technical Requirements for CDs and 3.5 Diskettes

- All CDs and diskettes **must** be externally labeled with Transmitter's name, Employer name, quarter, year and Account/Federal ID#. See the Code "A" record format below. Federal ID# is **required** for the internal tracking of the media by DWD.
- The file on the CD or diskette must be **UIWAGE.TXT** and located in the root directory.
- The CD or diskette must not contain more than one file. When more than one file of wage data is being submitted (i.e. separate reporting quarters), then separate CDs or diskettes are required.
- Transmitters of wage data for multiple employers (i.e. service agents) are to avoid creating separate files for each employer. The attached record formats are designed to allow the reporting of multiple employers in the same quarter (sample – page 3).
- The file must be in ASCII code. EBCDIC or any other code is not acceptable for this type of reporting.
- The file must be in unpacked/non-compressed mode.
- Each logical record on the file must be 275 characters.
- Record delimiters must be used. A carriage return character and a line feed character must be placed in positions 276 and 277 respectively. **Do not place a delimiter before the first record of the file nor after the last record of the file and do not place more than one set of delimiters for a given record.**
- The ASCII hexadecimal value for the carriage return character is 0D (zero and letter D). The ASCII hexadecimal value for the line feed is 0A (zero and letter A). The ACSII decimal values for the two characters are 13 and 10, respectively.

Note: If you have multiple locations but have the same Account/Federal ID# you will only need one code E record and one code T record for your file.

Note: The fields not required are the discretion of the transmitter. Data in non-required fields is simply ignored by DWD.

Multiple-Volume Submission

A multiple-volume CD/diskette submission occurs when the amount of data exceeds the capacity of a single CD/diskette. Strict rules must be followed when submitting such a large file.

- The file on the first volume (CD/diskette) must be UIWAGE.TXT with each additional volume sequenced as UIWAGE2.TXT, UIWAGE3.TXT, UIWAGE4.TXT, etc.
- **The file on each volume must begin with the Code A record and must end with the code F record.**

Further Contact

If you have any questions please contact **Lisa Bickley** at 317-232-7388 / mbickley@dwd.in.gov , or, **Sharon McKinney** at 317-233-6689 / SMckinney@dwd.in.gov .

UC-1 Contribution Reports and Magnetic Media Wage Reports are processed at two different locations. Please see below and utilize the appropriate address.

MAGNETIC MEDIA WAGE REPORTS:
INDIANA DEPARTMENT OF WORKFORCE
DEVELOPMENT
ATTN: WAGE RECORDS RM. SE-003
10 N. SENATE AVE
INDIANAPOLIS IN 46204-2277

UC-1 CONTRIBUTION REPORTS:
INDIANA DEPARTMENT OF WORKFORCE
DEVELOPMENT
P.O. BOX 7054
INDIANAPOLIS IN 46207-7054

Sample File Format for a Single Employer Report

A	123123123	company name	ONE jonh doe PARKWAY	TOLEDO	OH
	43659	john doe	3171234422		
B				company name	
	ONE john doe PARKWAY	TOLEDO	OH	43659	
	E2009	john doe flooring inc			123123
	09				
	S000000000DOE	JOHN	P18	00000002004888	123123 000
	00	092009			
	S111111111DOE	JANE	J18	00000001022827	123123 000
	00	092009			
	S222222222DOE	KEITH	E18	00000001261204	123123 000
	00	092009			
	S333333333DOE	BILLY	R18	00000001203842	123123 000
	00	092009			
	S444444444DOE	JAMES	E18	00000001175487	123123
	000	00	092009		
	T0000005	00000006668248			
	F00000000050000000001	00000006668248			

Sample File Format for a Multiple Employer Report

A	123123123	company name	ONE jonh doe PARKWAY	TOLEDO	OH
	43659	john doe	3171234422		
B				company name	
	ONE john doe PARKWAY	TOLEDO	OH 43659		
	E2009	john doe flooring inc			123123
	09				
	S000000000DOE	JOHN	P18	00000002004888	123123 000
	00	092009			
	S111111111DOE	JANE	J18	00000001022827	123123 000
	00	092009			
	S222222222DOE	KEITH	E18	00000001261204	123123 000
	00	092009			
	S333333333DOE	BILLY	R18	00000001203842	123123 000
	00	092009			
	S444444444DOE	JAMES	E18	00000001175487	123123
	000	00	092009		
	T0000005	00000006668248			
	E2009	JANE DOE CARPET LLC			
	321321	09			
	S555555555DOE	JOSEPH	S18	00000002162337	321321
	000	00	092009		
	S555555555DOE	BETHANY	K18	00000002005183	321321
	000	00	092009		
	S555555555DOE	ROBERT	M18	00000002938500	321321
	000	00	092009		
	S555555555DOE	THOMAS	C18	00000002683577	321321
	000	00	092009		
	S555555555DOE	CHARLES	M18	00000002279358	321321
	000	00	092009		
	T0000005	00000012068955			
	E2009	DOE AND DOE HOUSING INC			
	231231	09			
	S666666666DOE	JAMES	18	00000002103348	231231 000
	00	092009			
	T0000001	00000002103348			
	E2009	JOHN AND JANE RENTALS LLC			
	132132	09			
	S999999999DOE	MICHAEL	18	00000002601645	132132
	000	00	092009		
	T0000001	00000002601645			
	F0000000012000000004		000000023442196		

ICESA RECORD LAYOUTS RECORD TYPE A - TRANSMITTER RECORD

:	ICESA Field Name	Required ?	Location	Length	Comments
A1	Record Identifier	YES!	1 - 1	1	Constant "A" do not include the quotes
A2	Year		2 - 5	4	
A3	Transmitter's Federal EIN	YES!	6 - 14	9	
A4	Taxing Entity Code		15 - 18	4	
A5	Blanks		19 -23	5	
A6	Transmitter Name	YES!	24 - 73	50	Please provide as much information as possible in fields A6 through A9 and fields A11 through A15. The address and the contact information should be the individual or group or reliable liaison who can handle technical questions concerning the transmitted file, the data and the media being submitted. A10 is ignored by Indiana. A12 includes a leading dash.
A7	Transmitter Street Address	YES!	74 - 113	40	
A8	Transmitter City	YES!	114 - 138	25	
A9	Transmitter State	YES!	139 - 140	2	
A10	Blanks		141 - 153	13	
A11	Transmitter Zip Code	YES!	154 - 158	5	
A12	Transmitter Zip Code Extension	YES!	159 - 163	5	
A13	Transmitter Contact	YES!	164 - 193	30	
A14	Transmitter Contact Telephone Number	YES!	194 - 203	10	
A15	Telephone Extension/Box	YES!	204 - 207	4	
A16	Media Transmitter/ Authorization Number		208 - 213	6	
A17	C-3 Data		214 - 214	1	
A18	Suffix Code		215 -219	5	
A19	Allocation Lists		220 - 220	1	
A20	Service Agent I.D.		221 -229	9	
A21	Total Remittance Amount		230 - 242	13	
A22	Media Creation Date		243 - 250	8	
A23	Blanks		251 - 275	25	

*** Please note that the fields not required are at the discretion of the transmitter. The fields not required are simply ignored by the State of Indiana.**

RECORD TYPE B - AUTHORIZATION RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
B1	Record Identifier	YES!	1 - 1	1	Constant "B" do not include the quotes
B2	Payment Year		2 - 5	4	
B3	Transmitter's Federal EIN		6 - 14	9	
B4	Computer		15 - 22	8	
B5	Internal Label		23 - 24	2	
B6	Blank		25 - 25	1	
B7	Density		26 - 27	2	
B8	Recording Code		28 - 30	3	
B9	Number of Tracks		31 - 32	2	
B10	Blocking Factor		33 - 34	2	
B11	Taxing Entity Code		35 - 38	4	
B12	Blanks		39 - 146	108	
B13	Organization Name	YES!	147 - 190	44	Please provide as much information as possible in fields B13 through B16 and fields B18 and B19. The name and address should be the employer or service agent responsible for the data found on the transmitted media.
B14	Street Address	YES!	191 - 225	35	
B15	City	YES!	226 - 245	20	
B16	State	YES!	246 - 247	2	
B17	Blanks		248 - 252	5	
B18	Zip Code	YES!	253 - 257	5	
B19	Zip Code Extension	YES!	258 - 262	5	
B20	Blanks		263 - 275	13	

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RECORD TYPE E - EMPLOYER RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
E1	Record Identifier	YES!	1 - 1	1	Constant "E" do not include the quotes
E2	Payment Year	YES!	2 - 5	4	The year in which wages are being reported. - must be numeric - right justified
E3	Federal EIN		6 - 14	9	
E4	Blanks		15 - 23	9	
E5	Employer Name	YES!	24 - 73	50	The employer's name matching the reporting wages.
E6	Employer Street Address		74 - 113	40	
E7	Employer City		114 - 138	25	
E8	Employer State		139 - 140	2	
E9	Blanks		141 - 148	8	
E10	Zip Code Extension		149 - 153	5	
E11	Zip Code		154 - 158	5	
E12	Blank		159 - 159	1	
E13	Type of Employment		160 - 160	1	
E14	Blocking Factor		161 - 162	2	
E15	Establishment Number or Coverage Group/PRU		163 - 166	4	
E16	Taxing Entity Code		167 - 170	4	
E17	State Identifier Code		171 - 172	2	
E18	Insurance Account Number	YES!	173 - 187	15	Assigned by the State of Indiana to the Employer. The first 6 positions are numeric, the 7th is alphabetic or space and the last 8 are spaces.
E19	Reporting Period	YES!	188 - 189	2	The 3rd month of the quarter in which wages are being reported. - must be numeric - zero filled - right justified
E20	No Workers/No Wages		190 - 190	1	
E21	Tax Type Code		191 - 191	1	
E22	Taxing Entity Code		192 - 196	5	
E23	State Control Number		197 - 203	7	
E24	Unit Number		204 - 208	5	
E25	Blanks		209 - 255	47	
E26	Foreign Indicator		256 - 256	1	
E27	Blanks		257 - 257	1	
E28	Other EIN		258 - 266	9	
E29	Blanks		267 - 275	9	

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RECORD TYPE S - EMPLOYEE RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
S1	Record Identifier	YES!	1 - 1	1	Constant "S" do not include the quotes
S2	Social Security Number	YES!	2 - 10	9	The employee's social security number. Zeroes if not known by the employer. – must be numeric – zero filled – right justified
S3	Employee Last Name	YES!	11 - 30	20	The employee's last name.
S4	Employee First Name	YES!	31 - 42	12	The employee's first name.
S5	Employee Middle Initial	YES!	43 - 43	1	The employee's middle initial.
S6	State Code	YES!	44 - 45	2	Constant "18" do not include the quotes
S7	Filler		46 - 49	4	Blank
S8	State QTR Total Gross Wages		50 - 63	14	
S9	State QTR Unemployment Insurance Total Wages	YES!	64 - 77	14	Total gross wages earned during the quarter. – must be numeric – greater than zero – zero filled – right justified - 2 decimal positions
S10	State QTR Unemployment Insurance Excess Wages		78 - 91	14	
S11	State QTR Unemployment Insurance Taxable Wages		92 - 105	14	
S12	State QTR Disability Insurance Taxable Wages		106 - 120	15	
S13	Quarterly TIP Wages		121 - 129	9	
S14	Number of Weeks Worked		130 - 131	2	
S15	Number of Hours Worked		132 - 134	3	
S16	Filler		135 - 142	8	
S18	Taxing Entity Code		143 - 146	4	
S19	State Unemployment Insurance Account Number	YES!	147 - 161	15	Assigned by the State of Indiana to the Employer. The first 6 characters are numeric, the 7th is alphabetic or space, the 8th is space, 9 through 11 is the location number and the last 4 are spaces.
S20	Unit/Division Location/Plant Code		162 - 176	15	
S21	State Taxable Wages		177 - 190	14	
S22	State Income Tax Withheld		191 - 204	14	
S23	Seasonal Indicator	YES!	205 - 206	2	Assigned by the State of Indiana to the employer when seasonal wages are involved, otherwise it is zeroes. – must be numeric – zero filled – right justified
S24	Employer Health Insurance Code		207 - 207	1	
S25	Employee Health Insurance Code		208 - 208	1	
S26	Probationary Code		209 - 209	1	

S27	Officer Code		210 - 210	1	
S28	Wage Plan Code		211 - 211	1	
S29	Month 1 Employment		212 - 212	1	
S30	Month 2 Employment		213 - 213	1	
S31	Month 3 Employment		214 - 214	1	
S32	Reporting Quarter and Year	YES!	215 - 220	6	The 3rd month of the quarter in which the wage is being reported (i.e. "062010" for 2nd Quarter 2010) do not include the quotes -must be numeric -zero filled -right justified
S33	Date First Employed		221 - 226	6	
S34	Date Of Separation		227 - 232	6	
S35	Blanks		233 - 275	43	

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RECORD TYPE T - TOTAL RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
T1	Record Identifier	YES!	1 - 1	1	Constant "T" do not include the quotes
T2	Total Number of Employees	YES!	2 - 8	7	The total number of "S" records since the last "E" record. – Must be numeric – zero filled – right justified
T3	Taxing Entity Code		9 - 12	4	
T4	State QTR Total Gross Wages for Employer		13 - 26	14	
T5	State QTR Unemployment Insurance Total Wages for Employer	YES!	27 - 40	14	The total sum of State QTR Total Gross Wages for all "S" records since the last "E" record. – must be numeric – zero filled – right justified – 2 decimal positions
T6	State QTR Unemployment Insurance Excess Wages for Employers		41 - 54	14	
T7	State QTR Unemployment Insurance Taxable Wages for Employer		55 - 68	14	
T8	Quarterly TIP Wages for Employer		69 - 81	13	
T9	U.I. Tax Rate This Quarter		82 - 87	6	
T10	State QTR U.I. Taxes Due		88 - 100	13	
T11	Previous QTR(s) Underpayment		101 - 111	11	
T12	Interest		112 - 122	11	
T13	Penalty		123 - 133	11	
T14	Credit/Overpayment		134 - 144	11	
T15	Employer Assessment Rate		145 - 148	4	
T16	Employer Assessment Amount		149 - 159	11	
T17	Employee Assessment Rate		160 - 163	4	
T18	Employee Assessment Amount		164 - 174	11	
T19	Total Payment Due		175 - 185	11	
T20	Allocation Amount		186 - 198	13	
T21	Wages Subject to State Income Tax		199 - 212	14	
T22	State Income Tax Withheld		213 - 226	14	
T23	Month 1 Employment for Employer		227 - 233	7	
T24	Month 2 Employment for Employer		234 - 240	7	

T25	Month 3 Employment for Employer		241 - 247	7	
T26	County Code		248 - 250	3	
T27	Outside County Employees		251 - 257	7	
T28	Document Control Number		258 - 267	10	
T29	Blanks		268 - 275	8	

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RECORD TYPE F - FINAL RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
F1	Record Identifier	YES!	1 - 1	1	Constant "F" do not include the quotes
F2	Total Number of Employees in File	YES!	2 - 11	10	The total number of "S" records. - must be numeric - zero filled - right justified
F3	Total Number of Employers in File	YES!	12 - 21	10	The total number of "E" records. - must be numeric - zero filled - right justified
F4	Taxing Entity Code		22 - 25	4	
F5	Quarterly Total Gross Wages in File		26 - 40	15	
F6	Quarterly State Unemployment Insurance Total Wages in File	YES!	41 - 55	15	The total sum of State QTR Total Gross Wages for all "S" records. - must be numeric - zero filled - right justified - 2 decimal positions
F7	Quarterly State Unemployment Insurance Excess Wages in File		56 - 70	15	
F8	Quarterly State Unemployment Insurance Taxable Wages in File		71 - 85	15	
F9	Quarterly Disability Insurance Taxable Wages in File		86 - 100	15	
F10	Quarterly TIP Wages in File		101 - 115	15	
F11	Month 1 Employment for Employer in File		116 - 123	8	
F12	Month 2 Employment for Employer in File		124 - 131	8	
F13	Month 3 Employment for Employer in File		132 - 139	8	
F14	Blanks		140 - 275	136	

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