KENTUCKY NEW HIRES REPORTING CENTER

KENTUCKY
CABINET FOR HEALTH
AND FAMILY SERVICES

Comma-Delimited File Layout & Instructions

All fields listed below must be included in the order provided
Optional fields must be included but if no data is available, no value or a
space may be provided to represent this element.
Provide one line per record followed by a carriage return and line feed (CRLF)
Quotes can be used around field values but is not required unless there is a comma in the field value
See the Example Comma File and Template on the File Upload page

Field	Type	Max Size	Status	Comments
Employer FEIN	**Num**	**9**	**Required**	**Federal Employer Identification Number. Must be 9 digits including any leading zeroes.**
Employer Name	**Char**	**45**	**Required**	
Employer Address Line 1	**Char**	**40**	**Required**	**Employer payroll processing address**
Employer Address Line 2	Char	40	Optional	
Employer City	**Char**	**25**	**Required**	
Employer State	**Char**	**2**	**Required**	**Domestic address only**
Employer Zip Code	**Num**	**5**	**Required**	**Domestic address only**
Employer Zip+4	Num	4	Optional	If present, must be 4-digits
Employer Country	Char	2	Optional	**Required** if international address
Employer International Postal Code	Char	15	Optional	**Required** if international address
Employee SSN#	**Num**	**9**	**Required**	**Must be 9 digits**
Employee Last Name	**Char**	**30**	**Required**	
Employee First Name	**Char**	**16**	**Required**	
Employee Middle Name	Char	16	Optional	
Employee Address Line 1	**Char**	**40**	**Required**	
Employee Address Line 2	Char	40	Optional	
Employee City	**Char**	**25**	**Required**	
Employee State	**Char**	**2**	**Required**	**Domestic address only**
Employee Zip Code	**Num**	**5**	**Required**	**Domestic address only**
Employee Zip+4	Num	4	Optional	If present, must be 4-digits
Employee Country	Char	2	Optional	**Required** if international address
Employee International Postal Code	Num	15	Optional	**Required** if international address
Employee Date of Birth	**Num**	**8**	**Required**	**CCYYMMDD. Must be a valid date**
Employee Date of Hire	**Num**	**8**	**Required**	**CCYYMMDD. Must be a valid date. Emloyee's first day of work**
Employee State of Hire	Char	2	Optional	Standard postal state abbreviation