



Tab-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)

See the Example Tabbed 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. Employee's first day of work
Employee State of Hire	Char	2	Optional	Standard postal state abbreviation