

KENTUCKY NEW HIRES REPORTING CENTER



KENTUCKY
CABINET FOR HEALTH
AND FAMILY SERVICES

Excel 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 leave the field blank.

The first row in the file must remain as it is provided in the template.

Provide one new hire per row in the Excel file.

Be careful when copying data in multiple cells so that it does not increment a number (like a zip code, or street address) when it is supposed to be an exact copy of a cell.

See the [Example Excel File and Excel Template on the File Upload page](#)

Field	Type	Length	Position	Status	Comments
Record Identifier	Char	17	1-17	Required	The following text: "KY Newhire Record". Case does not matter.
Format Version Number	Char	4	18-21	Required	The following text: "4.00"
Employee Information					
Employee First Name	Char	16	22-37	Required	At least one character, no special characters.
Employee Middle Name	Char	16	38-53	Optional	If non-blank must be at least one character, no special characters.
Employee Last Name	Char	30	54-83	Required	At least one character, no special characters except hyphen.
Employee SSN#	Numeric	9	84-92	Required	As reported by employee.
Employee Address Line 1	Char	40	93-132	Required	At least two characters, left justify.
Employee Address Line 2	Char	40	133-172	Optional	Left justify. Spaces if unused.
Employee Address Line 3	Char	40	173-212	Optional	Left justify. Spaces if unused.
Employee City	Char	25	213-237	Required	At least two characters, no special characters except hyphen.
Employee State	Char	2	238-239	Required	Valid state or territory abbreviation. Not required for foreign address.
Employee Postal Code	Char	20	240-259	Required	If a domestic address then only U.S. 5 digit zip code, left justified. If foreign address then left justify.
Employee Zip+4	Numeric	4	260-263	Optional	If present, must be 4-digits. Spaces if unknown or foreign address
Employee Country Code	Char	2	264-265	Optional	For foreign addresses only. Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995).
Employee Date of Birth	Numeric	8	266-273	Optional	If present, numeric. Format - MMDDYYYY
Employee Date of Hire	Numeric	8	274-281	Required	Numeric. Format - MMDDYYYY
Employee State of Hire	Char	2	282-283	Optional	Valid state or territory abbreviation.
Is Medical Insurance Available to E	Char	1	284	Required	"Y" if medical insurance is available to employee, otherwise "N". If unknown, please leave blank.
Filler	Char	1	285	Optional	Blank fill. Reserved for future use.

Field	Type	Length	Position	Status	Comments
Employer Information					
Employer FEIN	Numeric	9	286-294	Required	Federal Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.
Employer KEIN	Char	12	295-306	Required	State Employer Identification Number, the first 8 positions must be all numeric including leading zeros which are required. Character positions 9 & 10 may be alphanumeric, position 11 & 12 space fill always. Special note: Use "EXEMPT" if exempt, or "APPLIEDFOR" if company has applied for a SEIN. (ex. "00011111A9 "). Left iustifv
Employer Name	Char	45	307-351	Required	At least two characters, left justify.
Employer Address Line 1	Char	40	352-391	Required	At least two characters, left justify. Please use the same address that is used for the processing of Income Withholding Orders.
Employer Address Line 2	Char	40	392-431	Optional	Left justify if present. Spaces if unused
Employer Address Line 3	Char	40	432-471	Optional	Left justify if present. Spaces if unused
Employer City	Char	25	472-496	Required	At least two characters, left justify
Employer State	Char	2	497-498	Required	Valid state or territory abbreviation. Not required for foreign address.
Employer Postal Code	Char	20	499-518	Required	If a domestic address then only U.S. 5 digit zip code, left justified. If foreign address then left justify.
Employer Zip+4	Numeric	4	519-522	Optional	If present, must be 4-digits. Spaces if unknown or foreign address
Employer Country Code	Char	2	523-524	Optional	For foreign addresses only. Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995).
Employer Address Type	Char	4	525-528	Required	HOFF - Headquarters Office, LADD - Local Address, PADD - Payroll Address, IADD - Insurance Address, FADD - Foreign Address.
Contact First Name	Char	15	529-543	Optional	First name of contact for employer.
Contact Middle Initial	Char	1	544	Optional	Middle initial of contact for employer.
Contact Last Name	Char	17	545-561	Optional	Last name of contact for employer.
Contact Title	Char	10	562-571	Optional	Title of contact.
Contact Email	Char	50	572-621	Optional	Email of contact.
Employer Phone Number	Numeric	10	622-631	Optional	Employer contact ten-digit phone number including area code (no hyphens or parentheses).
Employer Phone Extension	Numeric	6	632-637	Optional	Employer contact extension (numeric only).
Employer Fax Number	Numeric	10	638-647	Optional	Employer contact ten-digit fax number including area code (no hyphens or parentheses).
Employer Address Line 1	Char	40	648-687	Optional	Left justify if present. Spaces if unused
Employer Address Line 2	Char	40	688-727	Optional	Left justify if present. Spaces if unused
Employer Address Line 3	Char	40	728-767	Optional	Left justify if present. Spaces if unused
Employer City	Char	25	768-792	Optional	Left justify if present. Spaces if unused
Employer State	Char	2	793-794	Optional	Valid state or territory abbreviation. Not required for foreign address.
Employer Postal Code	Char	20	795-814	Optional	If a non-foreign address then only U.S. 5 digit zip code, left justified. If foreign address then left justify
Employer Zip+4	Numeric	4	815-818	Optional	If present, must be 4-digits. Spaces if unknown or foreign address
Employer Country Code	Char	2	819-820	Optional	For foreign addresses only
Filler	Char	80	821-900	Optional	Blank fill. Reserved for future use.

Copyright © 2020 Kentucky New Hire Reporting Center, All rights reserved
Phone: (800) 817-2262 | Fax: (800) 817-0099 | ky-newhire.com
The Kentucky New Hire Reporting Center is funded by the Kentucky Cabinet for Health and Family
Services, Department for Income Support, Child Support Enforcement. For more information, visit
www.chfs.ky.gov