STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE



2004

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MAGNETIC MEDIA SPECIFICATIONS

IMPORTANT NOTICE

Enclosed you will find the procedures for filing wage and tax information, W-2 and 1099 (with state tax withheld), with the South Carolina Department of Revenue on magnetic media. <u>Do not send 1099 forms to the South</u> <u>Carolina Department of Revenue if no South Carolina tax has been withheld.</u>

If you are required to file wage information (W2) magnetically with the Social Security Administration, you are required to file that way with the South Carolina Department of Revenue (South Carolina Code Section 12-8-1550(C). A special exception is noted in the enclosed agency Information Letter.

A taxpayer is deemed to have complied with South Carolina Code Section 12-6-4950(C) -- requirement to file information returns (Form 1099) -- when the same information has been furnished to the Internal Revenue Service. However, if South Carolina income tax has been withheld, Form 1099 must be filed with the South Carolina Department of Revenue. <u>Do not send 1099 forms to the South Carolina Department of Revenue if no South Carolina tax has been withheld.</u>

Enclosed you will find the magnetic media procedures and an application --Form I-314 -- for <u>INITIAL</u> filing of information on magnetic media. Form I-314 should <u>NOT</u> be completed if you have been approved by the South Carolina Department of Revenue to file magnetic media MMREF and there have been no changes to the magnetic media specifications. Test tapes are not required and will not be processed or returned. Form I-314 should be completed and returned, if necessary, to the following address:

> South Carolina Department of Revenue Magnetic Media Columbia SC 29214-0022

If additional information is needed, please contact this office at (803) 898-5821.

Internet: Visit the South Carolina Department of Revenue on the Internet for more information on any of the taxes imposed in this state or to download tax forms. Our Internet address is http://www.sctax.org or Fax-On-Demand 1-800-768-3676 Document order number for RS-1 is 9052.

SOUTH CAROLINA DEPARTMENT OF REVENUE PROCEDURES, RULES AND SPECIFICATIONS FOR SUBMITTING WAGE AND TAX INFORMATION ON MAGNETIC MEDIA

PURPOSE

The purpose of this procedure is to set forth requirements and conditions under which information reportable to the South Carolina Department of Revenue may be submitted in the form of magnetic tape, cartridge, diskette, or CD ROM in lieu of original copies of paper documents. To simplify reporting in this manner, the South Carolina Department of Revenue has adopted format conforming to federal standards described in the Social Security Administration publication MMREF-1 for W-2's, and the Internal Revenue Service Publication 1220 for1099's.

APPLICATION FOR REPORTING/TESTING (FORM I-314)

An application for tape or diskette reporting must be filed in duplicate no later than December 1st. A test file is **NOT** required to be submitted with the application. If the application is **NOT** approved, a letter of notification will be mailed stating the reason(s). Once authorization to file magnetic media has been granted, such approval will continue in effect for succeeding years, provided the requirements for the approved procedure are met, and there are no changes in the magnetic media specifications. The application should be submitted to the address shown on the back of this page.

FILING OF RETURNS

The due dates for filing are in accordance with the requirements as prescribed by the South Carolina Income Tax Act of 1926, as amended. WH-1606, Fourth Quarter/Annual returns will be required from each payer but should not be mailed with the magnetic media file. The WH-1606 may be filed by TELEFILE. Agents filing WH-1606 returns for several payers must file one summary Transmitter Report and Summary of Magnetic Media (WH-1612). The total amounts withheld on the magnetic media file and WH-1612 must agree with the amount withheld and reported on the Fourth Quarter/Annual return- Form WH- 1606.

The Business Tax TeleFile System is one of the fastest and easiest ways to file a SC withholding tax return. The process is simple, safe and convenient. The system can be accessed 24 hours a day, 7 days a week with the use of a touchtone phone. To qualify to file, **no payment can be due with your withholding tax return** for the period in which you are filing.

To start the process, please dial (803) 898-5918 and follow the recorded instructions. First time users are required to register first.

If you need **assistance**, call our Help Line at 1-800-476-0311.

SOUTH CAROLINA REQUIREMENT

W-2 information recorded on 3 ½ diskette is acceptable. SOUTH CAROLINA DOES NOT ACCEPT 5 1/4 or 8 " DISKETTES. Please follow all other guidelines pertaining to magnetic tape cartridge, or diskette as outlined in SSA Publication MMREF-1 for W-2s. IN ADDITION, A FILE NAMED W2REPORT and MMREF-1 FORMAT STATE RECORD "RS" RECORD MUST BE INCLUDED ON THE MAGNETIC MEDIA FILE. The supplemental record contains the state information. Please refer to the SSA guidelines pertaining to the RS record. The state code for South Carolina is 45 or SC.

1099 information recorded on 3 ¹/₂ diskette is acceptable. SOUTH CAROLINA DOES NOT ACCEPT 5 1/4 OR 8" DISKETTES. Please follow guidelines pertaining to magnetic tape, cartridge, or diskette as outlined in IRS publication 1220. IN ADDITION, THE STATE "K" RECORD MUST BE INCLUDED ON THE MAGNETIC MEDIA FILE. The supplemental record contains the State information.

TRANSMITTER REPORT (FORM WH-1612)

Form WH-1612 must be completed in its entirely and submitted with each magnetic media file. Form WH-1606, Fourth Quarter/Annual return should be mailed separately unless the WH-1606 was filed by TELEFILE. TYPE OF DATA BEING REPORTED AND NUMBER OF MEDIA BEING FILED MUST BE INDICATED ON TRANSMITTER REPORT. Form WH-1612 is pre-printed and located in the South Carolina Income Tax Withholding Package. A blank copy is attached for review.

PROCESSING OF RETURNS

The magnetic media data will be matched with information on file with the Processing & Document Management Services. Magnetic media will **NOT** be returned to the payer or agents.

CORRECTED RETURNS

W-2C's may be filed on paper or magnetic media. Corrections on magnetic media must be submitted with Form WH-1612. Paper W-2C forms can be obtained from the Internal Revenue Service.

MAILING INSTRUCTIONS

The magnetic media file must be properly labeled with the payer and/or agent name, address, FEI number and type of documents. A sample label is shown below. The mailing address is also listed below.

INSTRUCTIONS FOR LABEL

| SC MMREF-1 EIN: | |
|--------------------|--|
| Name: | |
| City: | |
| Zip Code: | |
| Vol of | |

SOUTH CAROLINA DEPARTMENT OF REVENUE MAGNETIC MEDIA COLUMBIA, SOUTH CAROLINA 29214-0022

COMMON FILING ERRORS TO AVOID

No State Code On This File - One of the two locations is missing a valid State Code ('45' or 'SC').

State Wage/Withholding Fields Non Numeric - Money fields have a non-numeric (e.g. \$, a space, a letter, etc.) contained within them.

Does Not Contain A State ID - The 9 digit state ID contains non-numeric ... most likely a space or '-'.

No Corresponding RS records - Supplemental Record which contains the state information, was not found. This record is not required by the Federal, but is required by this State.

No Corresponding W record - Wage Record which contains all the employee information, was not found.

E Record - Employer Record was not found.

- F Record Final Record was not found.
- **NO DATA -** Contained On the File.
- A Record Submitter Record was not found.
- Invalid Name Format
- **Incorrect Tax Year On Data**

NOTE: W2's and 1099's should not be filed on the same magnetic media

GENERAL INFORMATION

What is MMREF?

MMREF is the "Magnetic Media Reporting and Electronic Filing" specifications, it replaces the "TIB-4 the Technical Information Bulletin 4". These are record layouts for the W2 data. As of Tax year 2001, MMREF is the **REQUIRED** Filing Format.

What do I name my file?

Only a diskette submission must have a file named W2 Report.

Do I have to register before I send you my file?

Yes. First register with the Social Security Administration, once approved by SSA, first time filers may submit an Application for Filing Information Returns on Magnetic Media (I-314), to the South Carolina Department of Revenue, which is due by Dec 1. A test tape is not required and will not be processed or returned.

When is my file due?

For tax year 2004, magnetic media is due February 28, 2005.

How may I send you my W-2 Information:

31/2" diskettes 1/2" magnetic tape 3490/3490E cartridges CD ROM

What records are Non-Required in a MMREF-1 file and which ones are required?

| Code RA | Submitter Record | Required |
|---------|----------------------|--------------|
| Code RE | Employer Record | Required |
| Code RW | Employee Wage Record | Required |
| Code RO | Employee Wage Record | Non-Required |
| Code RS | State Record | Required |
| Code RT | Total Record | Required |
| Code RU | Total Record | Non-Required |
| Code RF | Final Record | Required |
| | | |

Note: Non-required fields should be filled with 0's if numeric and spaces if non-numeric.

May I send a paper W2 along with my magnetic media?

If possible do not include any paper W2 forms with magnetic media.

Where can the Specifications for filing 1099 be found?

Publication **1220** of the Internal Revenue Service. We follow the Specifications for 1099 of the IRS. <u>Do not send 1099</u> forms to South Carolina Department of Revenue if **no** South Carolina tax has been withheld. **NOTE: THE STATE "K" RECORD MUST BE INCLUDED ON THE MAGNETIC MEDIA FILE.**

Should I automatically receive an up dated booklet for next tax year?

No. The Specification document can only be found on the website **www.sctax.org** or Fax-on-Demand 1-800-768-3676 Document order number for RS-1 is 9052.

State of South Carolina **Department of Revenue**

301 Gervais Street, P.O. Box 125, Columbia, South Carolina 29214

SC REVENUE INFORMATIONAL BULLETIN #00-19

SUBJECT: Filing of W-2's and 1099's

DATE: October 4, 2000

- MODIFIES: SC Information Letter #98-26
- REFERENCE: S.C. Code Ann. Section 12-8-1550 (2000)
- AUTHORITY: S.C. Code Ann. Section 12-4-320 (2000) S.C. Code Ann. Section 1-23-10(4) (2000) SC Revenue Procedure #99-4
- SCOPE: A Revenue Informational Bulletin is a written statement issued to the public by the Department to announce general information useful in complying with the laws administered by the Department. A Revenue Informational Bulletin has no precedential value, and is not binding on the public or the Department.

South Carolina Information Letter #98-26, providing the Department's opinion on W-2's or 1099's required to be submitted to the Department and the method to submit such information, is being modified to revise the phone number to call for assistance at the Department.

An Administrative Pronouncement, South Carolina Information Letter #98-26 states:

South Carolina Code §12-8-1550 provides that where information required under Section 12-8-1540 (Wage and Tax Statements and 1099's) is required to be submitted to the Internal Revenue Service on magnetic media, the information must also be submitted to the Department on magnetic media.

The Department has determined that withholding agents who issue 25 or fewer W-2's to South Carolina employees in a calendar year or who issue 25 or fewer 1099's with South Carolina withholding in a calendar year may submit the W-2's or 1099's to the Department on traditional paper forms or by magnetic media.

Withholding agents are reminded that all W-2's reflecting any South Carolina wages and all 1099's reflecting South Carolina tax withholding must be submitted to the Department.

For questions concerning the magnetic filing of W-2's, please contact the Department's Processing and Document Management Section at 803-898-5821.

SECTION 12-8-1540. Agents shall furnish statements to taxpayers and department; contents.

- (A) A person required to withhold income tax under this chapter, or who would have been required to withhold a tax under Section 12-8-520 if the taxpayer had claimed a single exemption, shall furnish on or before January thirty-first of the following year a properly completed federal wage and tax statement or federal 1099 to the taxpayer with respect to the remuneration paid during the calendar year, showing the following:
 - (1) the withholding agent's name, address, and South Carolina withholding tax account number;
 - (2) the taxpayer's name, address, and social security or federal employer identification number;
 - (3) the total amount of wages or payments; and
 - (4) the total amount withheld.
- (B) The wage and tax statement or 1099 required to be furnished by this section may be required to be furnished at other times, and contain other information as prescribed by the department.
- (C) This section does not apply to agents withholding pursuant to Section 12-8-580 who provide the seller with the nonresident real estate withholding form or to agents required to withhold income tax pursuant to Section

HISTORY: 1995 Act No. 76, Section 2, eff for taxable years beginning after 1995.

Section 12-8-1550. Due date for statements filed with department; recapitulation and reconciliation statement; request for filing extension.

- (A) On or before the last day of February following the calendar year of the withholding, the following items must be filed with the department:
 - (1) the original copy of the statement required by Section 12-8-1540;
 - (2) a recapitulation and reconciliation of taxes withheld and paid in the form the department prescribes.
- (B) A withholding agent may request in writing an extension of time for filing the information required under this section for a time not to exceed thirty days.
- (C) Where essentially the same information required to be submitted by Section 12-8-1540 is required to be submitted to the Internal Revenue Service on magnetic media, the same method must be used for purposes of this section.

HISTORY: Added by 1995 Act No. 76, Section 2. Amended by 1997 Act No. 83, Section 3, eff June 10, 1997.

SECTION 12-6-4950. {Eff for taxable years beginning after 1995} Information returns.

- (A) An information return must be filed by all individuals, corporations, and partnerships acting in any capacity who make payments to another individual, corporation, or partnership in the amount of:
 - (1) two hundred dollars or more of interest or dividends; or
 - (2) eight hundred dollars or more of rent, salaries, wages, emoluments, or determinable gain, profit, or income.
- (B) The return shall provide the recipient's name, address, and the amount of the payments.
- (C) Providing the department with information required to be provided to the Internal Revenue Service or participating in the department agreement with the Internal Revenue Service to allow combined federal and state reporting of information returns constitutes compliance with this section.
- (D) The provisions of this section do not apply to personal service compensation paid to individuals on which withholding taxes are required and reported as provided in Article 13 of Chapter 8.

HISTORY: 1995 Act No. 76, Section 1, eff for taxable years beginning after 1995.



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE **APPLICATION FOR FILING INFORMATION RETURNS ON MAGNETIC MEDIA**

Mail to: South Carolina Department of Revenue Magnetic Media

| Columbia, South Carolina 29 | 9214-0022 |
|-----------------------------|-----------|
|-----------------------------|-----------|

| Name and Address of Reporting Entity Making Application: | IRS Employer ID Number: |
|--|--|
| | S.C. Employer ID Number: |
| Name, Title, Address & Telephone Number of Person to Contact Concerning Report: | Tax Year You Wish to Begin Filing on Magnetic Media: |

DOCUMENTS TO BE REPORTED

| FORM | ESTIMATED VOLUME |
|-------------------------------|------------------|
| 1 W-2 (SOUTH CAROLINA) | 1 |
| 2 1099 (With SC TAX WITHHELD) | 2 |

SUBMITTAL FORMAT

MMREF

If your magnetic media file includes data from more than one reporting entity, list the entity and identification number to be included in the file. If you need more space, please attach a list.

| ENTITY | IRS EIN | SC EIN | |
|--------|---------|--------|--|
| | | | |
| | | | |
| | | | |

Signature of Reporting Entity-Person Responsible for Preparation of Magnetic Media Approved by Department of Revenue

| Signed_ | | |
|---------|--|--|
| | | |

Title_____

Signed _____

Title _____

NOTE: FORM I-314 MUST BE COMPLETED FOR INITIAL FILING OF INFORMATION ON MAGNETIC MEDIA. A test file is not required and will not be processed or returned.



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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE TRANSMITTER SUMMARY REPORT WAGE AND TAX INFORMATION

Use this form only if you have filed your WH-1606 by TeleFile and/or you are reporting your wage and tax information by Magnetic Media.

| _ | SC WITHHOLDING NO. | PERIOD COVERED |
|---|--------------------|----------------|
| I | | |
| | | |
| | | FEB 28, 2005 |
| | FEI NO. | DUE DATE |
| 1 | | |

IMPORTANT

- South Carolina Code of Laws Section 12-8-1550 requires wage and tax information to be submitted to the South Carolina Department of Revenue on magnetic media **if the withholding agent is required to do so by the IRS.**
- WH-1612 should be completed and submitted with magnetic media on or before the last day of February.

DO NOT Submit WH-1606 with magnetic media. Only MMREF format will be accepted.

MAGNETIC MEDIA

| Number of reporting media filed: | _Magnetic tape(s), _ | Diskette(s), | C | artridge(s) | _CD ROM |
|---|----------------------|--------------|-------------|--------------|---------|
| Type of data being reported (check only | / one): | W-2 original | | W-2c for W-2 | |
| Contact Person: | | | | | |
| Name | | Phone Number | er <u>(</u> |) | |
| Total Amount of Form W-2 Fields SC State income tax withheld Wages, tips & other compensation Number of W-2 forms | \$ \$ | | | | |

TELEFILE

DO NOT Submit WH-1606 if you have already filed it by Telefile.

Have you previously filed your WH-1606 for this calendar year?

____ YES (Do not mail WH-1606 with this WH-1612.)

NO (File WH-1606 by Telefile if you have a \$0.00 tax balance due. Mail WH-1612 with your W-2's. WH-1606 should be mailed separately.)

| Total Amount of Form W-2 Fields | |
|---------------------------------|--|
| CC State income tax withhold | |

SC State income tax withheld Wages, tips & other compensation Number of W-2 forms \$ _____ \$ _____

INSTRUCTIONS

Please complete this form as directed and submit with your magnetic media or paper W-2's.

Do Not submit WH-1606 if you have already filed it by Telefile.

WHO NEEDS TO FILE MAGNETIC MEDIA:

South Carolina Code 12-8-1550 provides that where information required under Section 12-8-1540 (Wage and Tax Statements and 1099's) is required to be submitted to the Internal Revenue Service on magnetic media, the information must also be submitted to the SC Department of Revenue on magnetic media.

- Employers with 250 or more W-2 forms should submit on magnetic media.
- Employers with 250 nation wide who issue 25 or fewer W-2's to South Carolina employees in a calendar year or who issue 25 or fewer 1099's with South Carolina withholding in a calendar year may submit the W-2's or 1099's to the Department on traditional paper forms or by magnetic media.

MAGNETIC MEDIA

- Indicate the number of tapes, cartridges or diskettes covered by this transmittal.
- Indicate whether this file contains original or corrected data.
- Enter name, and telephone number of the person to contact concerning the magnetic media file.
- Enter the total for all W-2's, wages, tips, etc. and SC state income tax withheld from all sources.

See complete **Magnetic Media Specifications** in South Carolina Department of Revenue Package **RS-1**. A complete package is available on our website at **www.sctax.org** or through Fax on Demand forms ordering, 1-800-768-3676 or in Columbia 898-5320, Document Retrieval Number 9052. Anyone having Magnetic Media related questions should call 803-898-5821.

If you are Filing by Magnetic Media, mail to:

SC Department of Revenue Mag Media Columbia SC 29214-0022

TELEFILE

Indicate whether you filed your WH-1606 (Fourth Quarter/Annual Reconciliation) Enter the total for all W-2's, wages, tips, etc. and SC state income tax withheld from all sources.

If you are Filing Paper W-2's, mail to:

SC Department of Revenue Withholding Columbia SC 29214-0004

MMREF

Code RS - State Record (Required)

MMREF-1 is the Magnetic Media Reporting and Electronic Filing Record layouts for the W2 data. This specifications has the layout of the RS record only. To find other record layouts go to the Social Security Administration MMREF-1 publication, at www.ssa.gov/employer

Required Records for South Carolina Dept. of Revenue are to be in this order.

- **RA** Submitter Record
- **RE** Employer Record
- **RW** Employee Record
- **RS** State Record
- **RT** Total Record
- **RF** Final Record

CODE RS - State Record REQUIRED with the State of SC

| | | | | Social Security | Employee First | Employee |
|----------|-------------------|------------|-----------------------|--------------------|-------------------|------------|
| FIELD | Record Identifier | State Code | Taxing Entity code | Number (SSN) | ✓ Name | or Initial |
| LOCATION | 1-2 | 3-4 | 5-9 | 10-18 | 19-33 | 34-48 |
| LENGTH | 2 | 2 | 5 | 9 | 15 | 15 |

| Employee Last Name | ✓ Suffix | Location Address | Delivery Address | V City | State Abbreviation |
|--------------------|----------|---------------------|---------------------|---------|-----------------------|
| 49-68 | 69-72 | 73-94 | 95-116 | 117-138 | 139-140 |
| 20 | 4 | 22 | 22 | 22 | 2 |

| 🗸 Zip Code | Zip Code Extension | Blank | Foreign State/Pro- vince | Foreign Postal Code | Country Code |
|------------|-----------------------|---------|--------------------------------|---------------------------|-----------------|
| 141-145 | 146-149 | 150-154 | 155-177 | 178-192 | 193-194 |
| 5 | 4 | 5 | 23 | 15 | 2 |

| Optional Code | Reporting Period | State Quarterly Unemploy- ment Insurance Total Wages | State Quarterly Unemploy- ment Insurance Total Taxable Wages | Number of Weeks Worked | Date First Employed |
|------------------|---------------------|---|--|------------------------------|------------------------|
| 195-196 | 197-202 | 203-213 | 214-224 | 225-226 | 227-234 |
| 2 | 6 | 11 | 11 | 2 | 8 |

| Date of Separation | Blank | State Employer Account Number | Blank | State Code | State Taxable Wages |
|-----------------------|---------|--|---------|------------|---------------------|
| 235-242 | 243-247 | 248-267 | 268-273 | 274-275 | 276-286 |
| 8 | 5 | 20 | 6 | 2 | 11 |

MMREF FOR TAPES, CARTRIDGES AND DISKETTES: STATE REQUIRED FIELDS ARE CHECKED

| State Income Tax Withheld | Other State Data | Tax Type Code | Local Taxable Wages | Local Income Tax Withheld | State Control Number |
|---------------------------|---------------------|------------------|---------------------------|------------------------------|-------------------------|
| 287-297 | 298-307 | 308 | 309-319 | 320-330 | 331-337 |
| 11 | 10 | 1 | 11 | 11 | 7 |

| Supplemental Data 1 | Supplemental Data 2 | Blank |
|------------------------|------------------------|---------|
| 338-412 | 413-487 | 488-512 |
| 75 | 75 | 25 |

| LOCATION | FIELD | LENGTH | SPECIFICATIONS |
|----------|------------------------------------|--------|--|
| 1-2 | Record Identifier | 2 | Constant "RS". |
| 3-4 | State Code | 2 | Enter the appropriate postal Numeric Code. (See Appendix F.) |
| 5-9 | Taxing Entity Code | 5 | Spaces. |
| 10-18 | Social Security Number (SSN) | 9 | Enter the employee's social security number as shown on the original/replacement SSN card issued by SSA |
| | | | If the SSN is not available, enter zeros. |
| 19-33 | Employee First Name | 15 | Enter the employee's first name as shown on the social security card. |
| | | | Left justify and fill with blanks. |
| 34-48 | Employee Middle Name or Initial | 15 | If applicable, enter the employee's middle name or initial exactly as shown on the social security card. |
| | | | Left justify and fill with blanks. |
| | | | Otherwise, fill with blanks. |
| 49-68 | Employee Last Name | 20 | Enter the employee's last name as shown on the social security card. |
| | | | Left justify and fill with blanks. |
| 69-72 | Suffix | 4 | If applicable, enter the employee's alphabetic suffix. |
| | | | For example: SR, JR |
| | | | Left justify and fill with blanks. |
| | | | Otherwise, fill with blanks. |
| 73-94 | Location Address | 22 | Enter the employee's location address (Attention, Suite, Room Number, etc.). |
| | | | Left justify and fill with blanks. |

MMREF

| LOCATION | FIELD | LENGTH | SPECIFICATIONS |
|----------|------------------------|--------|---|
| 95-116 | Delivery Address | 22 | Enter the employee's delivery address. |
| | | | Left justify and fill with blanks. |
| 117-138 | City | 22 | Enter the employee's city |
| | | | Left justify and fill with blanks. |
| 139-140 | State Abbreviation | 2 | Enter the employee's state |
| | | | Use a postal abbreviation as shown in Appendix A |
| | | | For a foreign address, fill with blanks |
| 141-145 | Zip Code | 5 | Enter the employee' zip code. |
| | | | For a foreign address, fill with blanks. |
| 146-149 | Zip Code Extension | 4 | Enter the employee's four-digit extension of the Zip Code. |
| | | | If not applicable, fill with blanks. |
| 150-154 | Blank | 5 | Fill with blanks. Reserved for SSA Use. |
| 155-177 | Foreign State/Province | 23 | If applicable, enter the employee's foreign state/province. |
| | | | Left justify and fill with blanks. |
| | | | Otherwise, fill with blanks. |
| 178-192 | Foreign Postal Code | 15 | If applicable, enter the employee's foreign postal code. |
| | | | Left justify and fill with blanks. |
| | | | Otherwise, fill with blanks. |

| LOCATION | FIELD | LENGTH | SPECIFICATIONS |
|----------|--------------|--------|---|
| 193-194 | Country Code | 2 | If one of the following applies, fill with blanks. |
| | | | One of the 50 states of the U.S.A. District of Columbia Military Post Office (MPO) American Samoa Guam Northern Mariana Islands Puerto Rico Virgin Islands |
| | | | Otherwise, enter the employee's applicable Country code (See Appendix B). |

LOCATIONS 195 TO 267 APPLY TO UNEMPLOYMENT REPORTING

| 195-196 | Optional Code | 2 | Spaces. |
|---------|--|----|--|
| 197-202 | Reporting Period | 6 | Enter the last month and 4 digit year for the calendar quarter for which this report applies; e.g., "032000" for January-March of 2000. |
| 203-213 | State Quarterly Unemployment Insurance Total Wages | 11 | Right justify and zero fill. |
| 214-224 | State Quarterly Unemployment Insurance Total Taxable Wages | 11 | Right justify and zero fill. |
| 225-226 | Number of Weeks Worked | 2 | Spaces. |
| 227-234 | Date First Employed | 8 | Enter the month, day and four digit year, e.g., "01312000." |
| 235-242 | Date of Separation | 8 | Enter the month, day, and four digit year e.g., "01312000." |
| 243-247 | Blank | 5 | Fill with blanks. Reserved for SSA use. |

MMREF

| 248-267 | State Employer Account Number | 20 | Withholding File Number. |
|---------|----------------------------------|-----------------------------|--|
| 268-273 | Blank LOCATIONS | 6 274 TO 337 APPLY TO IN | Fill with blanks. Reserved for SSA use. |
| | | | |
| 274-275 | State Code | 2 | Enter the appropriate postal NUMERIC code. (See Appendix A). |
| 276-286 | State Taxable Wages | 11 | Right justify and zero fill. |
| 287-297 | State Income Tax Withheld | 11 | Right justify and zero fill. |
| 298-307 | Other State Code | 10 | Spaces. |
| 308 | Tax Type Code | 1 | Enter the appropriate code for entries in fields 309-319 and 320-330: C - City Income Tax D - County Income Tax E - School District Income Tax F - Other Income Tax |
| 309-319 | Local Taxable Wages | 11 | Spaces. |
| 320-330 | Local Income Tax Withheld | 11 | Spaces. |
| 331-337 | State Control Number | 7 | Optional. |
| | | | |
| 338-412 | Supplemental Data 1 | 75 | To be defined by user. |
| 413-487 | Supplemental Data 2 | 75 | To be defined by user. |
| 488-512 | Blank | 25 | Fill with blanks. Reserved for SSA use. |

MMREF