Vermont Department of Labor
P.O. Box 488
Montpelier, VT 05601-0488

MAGNETIC MEDIA TECHNICAL SPECIFICATIONS AND INSTRUCTIONS FOR WAGE RECORD REPORTING

C-19 (3/09)

Quarterly Wage Reporting by Magnetic Tape, Diskette, or Compact Disc

The department currently provides four formats for submitting data. The record description for each of these formats is provided. Our preferred method for magnetic reporting is by diskette or compact disc. However, at this time, it is also possible to report on cartridge tapes that can be read on IBM 3480 cartridge drives.

It is **extremely** important that you read all information provided to avoid processing problems. If you have any questions, please contact the Magnetic Media Specialist at (802) 828-4253.

Diskette or Compact Disc

Format 1 – 'ASCII format' – 3.5' floppy diskettes/compact disc or compact disc created on an IBM PC XT, PC/AT, PS/2 or IBM compatible equipment. Instructions for this format begin on page 3.

Cartridge Tapes

At this time, the department will accept data on magnetic cartridges that can be read on IBM 3480 cartridge drives. These cartridges must also use standard header/trailer labels. **Do not compress the data.**

Wage fields may be signed or unsigned at the discretion of the employer. All numeric fields must be right justified and left zero filled. Fields not used may be left blank or filled with zeros. Any field specified as filler may contain any information the employer desires.

Format 2 – fixed length 80 BYTE record with 25 records to a block. Instructions for this format begin on page 4.

Format 3 – 'Social Security Administration format' fixed length 275 BYTE record with 25 records per block, TIB-4 format. (If processing data by diskette or compact disc there must be a carriage return and line feed in column 276 of each record.) Instructions for this format begin on page 5.

Format 4 – 'ICESA format' - fixed length 275 BYTE record with 25 records per block using format developed by ICESA. (If processing data by diskette or compact disc there must be a carriage return and line feed in column 276 of each record.) Instructions for this format begin on page 9.

Reel Tapes

Reel tapes are no longer accepted.

Important Information

- DO NOT include 'S' record if wages are zero or negative.
- Only one record per quarter is allowed for each employee.
- All numeric fields are right justified, with preceding zeros to fill required "field picture".
- For Diskette processing, there must be a carriage return/line feed after each record.

Application for Magnetic Media Reporting

If you can meet the technical specifications described above, we encourage you to complete Application Form C-31 and return to the address below. Service bureaus are encouraged to use our 3rd Party Quarterly C-101 Wage & Contribution Report On-Line Application. Specifications for use of this application are provided on form C-29. Service bureaus representing more than 1 employer should fill out one application form and attach a listing of employer names and account numbers that they will be submitting by magnetic media.

You must file an Application Form C-31 before we can process your file. This application form can be obtained by contacting the Magnetic Media Specialist at (802) 828-4253 or downloading it from our website: www.labor.vermont.gov, “Unemployment Insurance & Wages”, “Forms and Publications” links.

Transmitting Wages on Magnetic Media

The department’s Magnetic Media Transmittal Form C-32 or external label on the tape must identify which format was used to create the data on the tape. (1 = 35 Floppy Diskett or Compact Disc; 2 = 80 BYTE; (1 = 35 Floppy/Compact Disc; 2 = 80 BYTE; 3 = 275 SSA BYTE TIB-4; 4 = 275 BYTE ICESA).

Transmittal form C-32 must be used with each submission. This form can be obtained by contacting the Magnetic Media Specialist at (802) 828-4253 or downloading it from our website: www.labor.vermont.gov, “Unemployment Insurance & Wages”, “Forms and Publications” links.

Return Application Form and Future Transmittals To:

Direct Mail Deliver - Return to:
Vermont Department of Labor
Attn: Employer Services, Magnetic Media Specialist
5 Green Mountain Drive
Montpelier, VT 05602

Post Office Deliver - Return to:
Vermont Department of Labor
Attn: Employer Services, Magnetic Media Specialist
P. O. Box 488
Montpelier, VT. 05601-0488

DISKETTE OR COMPACT DISC

Record Format 1

The department will accept quarterly wage data on 3.5' floppy diskettes or compact disc created in the attached format on M PC/XT, PC/AT, and PS/2 OR IBM compatible equipment, in ASCII format only.

The file name should be VDOL.WGS and a label should be placed on the diskette or compact disc with the employer or service bureau name, employer account number, and quarter year of the wages. Mail the diskette or compact disc and transmittal form to the address provided. Diskettes and/or compact discs will be returned to you by written request only.

Location Columns	Field Description	Field Picture	Field Description Details
1-9	Social Security Number	9(9)	Self Explanatory
10-34	Name, Last, First, MI	X(25)	Last Name, First Name, MI
35	Quarter	9	Report Quarter *(1, 2, 3, 4)*
36-37	Year	99	Last 2 Digits
38-47	Total Gross Wages	9(7).99	Total gross wages paid during report quarter. *
48	Filler	9	Space
49-55	VT Employer Account Number	9(7)	Account number assigned by Vermont Dept. of Labor. **
56-56	Hourly/Salaried Flag	X(1)	H = hourly employee S = salaried employee
57-57	Gender	X(1)	F = female M = male
58-61	Total hours worked ***	9(4)	Total hours paid for hourly workers only.
62-68	Hourly Wages	9(4).99	Rate paid for most hours in quarter for hourly workers only. *
69-80	Filler	X(12)	

* Indicate dollars and cents with preceding zeros if less than required field picture. Decimal point IS required for this field picture.

** If VDOL account number is less than 7 digits, enter preceding zeros to fill required 7 digit field picture.

*** At this time, element is not required. Field may be zero filled or left blank.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 81 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 2

Location Columns	Field Description	Field Picture	Field Description Details
1-9	Social Security Number	9(9)	Self Explanatory
10-34	Name	X(25)	Last Name, First Name, MI
35	Quarter	9	Report Quarter *(1, 2, 3, 4)*
36-37	Year	99	Last 2 Digits
38-46	Total Gross Wages	9(7)V99	Total gross wages paid during report quarter. *
47-48	Filler	9(2)	
49-55	VT Employer Account Number	9(7)	Account number assigned by Vermont Dept. of Labor. **
56-56	Hourly/Salaried Flag	X(1)	H = hourly employee S = salaried employee
57-57	Gender	X(1)	F = female M = male
58-61	Total hours worked ***	9(4)	Total hours paid for hourly workers only.
62-67	Hourly wage	9(4)v99	Rate paid for most hours in quarter for hourly workers only. *
68-80	Filler	X(13)	

* Indicate dollars and cents with no decimal point with preceding zeros if less than required field picture.

** If VDOL account number is less than 7 digits, enter preceding zeros to fill required 7 digit field picture.

*** At this time, element is not required. Field may be zero filled or left blank.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 81 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 3 - SSA

Record Format 3 as described on the following pages uses the general format of the social security administration magnetic tape, although specific field content and structure must conform to Vermont's specifications.

The order of the records on the file would be as follows:

Record-Id	Description
E S S S E S S F	A code 'E' record for each employer on the tape, followed by at least one code 'S' record followed by a code 'F' record at the end of the tape. There is only 1 'F' record on the entire tape.

CARTRIDGE TAPE

Record Format 3 - SSA

Code ‘ E ‘ - Employer Record

Location Columns	Field Description	Field Picture	Field Description Details
1	Record-Id	X	Always ‘E’ - 1 record for each employer account.
2-3	Report Quarter	99	Last month of the report quarter. *(‘03’ ‘06’ ‘09’ ‘12’)*
4-5	Report Year	99	Last 2 digits of report year.
6-14	Federal Employer Id	9(9)	Federal employer number.
15-21	VT Employer Account Number	9(7)	Account number assigned by Vermont Dept. of Labor. **
22-23	Filler	X(2)	
24-73	Employer Name	X(50)	
74-113	Employer Address	X(40)	
114-138	Employer City	X(25)	
139-148	Employer State	X(10)	
149-158	Filler	X(10)	
159-275	Filler	X(117)	

** If VDOL account number is less than 7 digits, enter preceding zeros to fill required 7 digit field picture.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 3 - SSA

CODE 'S' - Supplemental State Record

Location Columns	Field Description	Field Picture	Field Description Details
1	Record-Id	X	Always 'S' - 1 Record for Each Employer.
2-10	Social Security No.	9(9)	Self Explanatory (Valid SS#)
11-37	Employee Name	X(27)	Last Name, First Name, MI
38-131	Filler	X(94)	
132-140	Total Gross Wages	9(7)V99	Total gross wages paid during report quarter. *
141-142	Filler	9(2)	
143-149	VT Employer Account Number	9(7)	Account number assigned by Vermont Dept. of Labor. **
150-159	Filler	X(10)	
160-160	Hourly/Salaried Flag	X(1)	H = hourly employee S = salaried employee
161-161	Gender	X(1)	F = female M = male
162-165	Total hours worked ***	9(4)	Total hours paid for hourly workers only.
166-171	Hourly Wage	9(4)v99	Rate paid for most hours in quarter for hourly workers only. *
172-275	Filler	X(104)	

* Indicate dollars and cents with no decimal point with preceding zeros if less than required field picture.

** If VDOL account number is less than 7 digits, enter preceding zeros to fill required 7 digit field picture.

*** At this time, element is not required. Field may be zero filled or left blank.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 3 - SSA

Code ‘F’ - Final Record

Location Columns	Field Description	Field Picture	Field Description Details
1	Record-Id	X	Always ‘F’ - 1 code F record for the tape.
2-7	Filler	X(6)	
8-18	Total Wages	9(9)V99	Total wages for all employees reported.
19-275	Filler	X(257)	

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 4 - ICESA

This is the uniform format for quarterly UI wage reporting. As developed by the interstate conference of Employment Security agencies and is commonly referred to as the ICESA Format.

The layouts for the various record types are described on the following pages. Only the fields required by Vermont are shown. Specific field content and structure must conform to Vermont's specifications. All records are 275 BYTES.

There are six record types used by this format. They are:

Record Id	Description
A	First record in file; identifies transmitter.
B	Second record in file; identifies type of equipment used to create the file.
E	identifies employer whose wage data is being reported. There should be one 'E' record for each employer on the tape.
S	Used to report wage data for an employee. 'S' records should follow the related 'E' record.
T	Contains the totals for all 'S' records for the related 'E' record.
F	Last record in file; indicates the end of file.

The order of the records on the tape would be as follows:

A B E S S S S S S T E S S S S S T E S S S S S S S S T F

CARTRIDGE TAPE

Record Format 4 - ICESA

Code 'A' - Transmitter Record

Location Columns	Field Description	Field Picture	Field Description Details
1-1	Record Id	X(01)	Always 'A'
2-5	Year	9(04)	Year Of Data On Tape.
6-14	Transmitter's Fein	9(09)	
15-18	Taxing Entity Code	X(04)	Always 'UTAX'
19-23	Filler	X(05)	
24-73	Name Of Transmitter	X(50)	
74-113	Street Address	X(40)	
114-138	Transmitter City	X(25)	
139-140	Transmitter State	X(02)	
141-153	Filler	X(13)	
154-158	Transmitter Zip	X(05)	
159-163	Zip Extension	X(05)	
164-193	Name Of Contact Person	X(30)	
194-203	Contact Telephone No.	9(30)	
204-207	Telephone Extension	9(04)	
208-213	Authorization Code	9(06)	
214-242	Filler	X(29)	
243-250	Tape Creation Date	9(08)	MMDDYYYY
251-275	Filler	X(25)	

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 4 - ICESA

Code 'B' - Authorization Record

Location Columns	Field Description	Field Picture	Field Description Details
1-1	Record Id	X(01)	Always 'B'
2-5	Year	9(04)	Year Of Data On Tape.
6-14	Transmitter's Fein	9(09)	
15-22	Computer	X(08)	Manufacturer's Name
23-24	Internal Label	X(02)	'SL' = IBM Standard; 'NL' = No Labels *(only acceptable fields)*
25-25	Filler	X(01)	
26-27	Density	9(02)	Always '38' *(IBM 3480 Cartridge)*
28-30	Character Set	X(03)	Always 'EBC'
31-32	Number Of Tracks	9(02)	Always '18' *(IBM 3480 Cartridge)*
33-34	Blocking Factor	9(02)	Always '25'
35-38	Taxing Entity Code	X(04)	Always 'UTAX'
39-146	Filler	X(108)	
147-190	Organization Name	X(44)	Organization to Which Tape Should Be Returned.
191-225	Street Address	X(35)	Address To Which The Tape Should Be Returned.
226-245	City	X(20)	
246-247	State	X(02)	
248-252	Filler	X(05)	
253-257	Zip Code	X(05)	
258-262	Zip Extension	X(05)	
263-275	Filler	X(13)	

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 4 - ICESA

Code ‘E’ - Employer Record

Location Columns	Field Description	Field Picture	Field Description Details
1-1	Record Id	X(01)	Always ‘E’
2-5	Year	9(04)	Year Of Data On Tape.
6-14	Transmitter’s Fein	9(09)	
15-23	Filler	X(09)	
24-73	Employer Name	X(50)	
74-166	Filler	X(93)	
167-170	Taxing Entity Code	X(04)	Always ‘UTAX’
171-172	State Code	9(02)	‘50’ state to which wages are being sent.
173-179	VT Employer Account Number	9(07)	Account number assigned by Vermont Dept. of Labor. **
180-187	Filler	X(08)	
188-189	Reporting Period	9(02)	Last month of report quarter. *(‘03’ ‘06’ ‘09’ ‘12’)*
190-275	Filler	X(86)	

** If VDOL account number is less than 7 digits, enter preceding zeros to fill required 7 digit field picture.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 4 - ICESA

Code 'S' - Employee Record

Location Columns	Field Description	Field Picture	Field Description Details
1-1	Record Id	X(01)	Always 'S'
2-10	Social Security Number	9(09)	Valid SS#
11-30	Employee Last Name	X(20)	
31-42	Employee First Name	X(12)	
43-43	Middle Initial	X(01)	
44-45	State Code	9(02)	'50' State to which wages are being sent.
46-49	Report Quarter-Year	9(04)	Last Month and Year Of Report Quarter. '0605' = Apr-June 2005
50-63	Gross Wages For Qtr	9(12)v99	Total gross wages paid during report quarter. *
64-142	Filler	X(79)	
143-146	Taxing Entity Code	X(04)	Always 'UTAX'
147-154	Filler	X(08)	
155-161	VT Employer Account Number	9(07)	Account number assigned by Vermont Dept. of Labor. **
162-232	Filler	X(71)	
233-233	Hourly/Salaried Flag	X(1)	H = hourly employee S = salaried employee
234-234	Gender	X(1)	F = female M = male
235-238	Total hours worked ***	9(4)	Total hours paid for hourly workers only.
239-244	Hourly wage	9(4)v99	Rate paid for most hours in quarter for hourly workers only. *
245-275	Filler	X (31)	

* Indicate dollars and cents with no decimal point with preceding zeros if less than required field picture.

** If VDOL account number is less than 7 digits, enter preceding zeros to fill required 7 digit field picture.

*** At this time, element is not required. Field may be zero filled or left blank.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 4 - ICESA

Code ‘T’ - Total Record

Location Columns	Field Description	Field Picture	Field Description Details
1-1	Record Id	X(01)	Always ‘T’
2-8	Total Number Of Employees	9(07)	Total Number Of ‘S’ Records For Employer.
9-12	Taxing Entity Code	X(04)	Always ‘UTAX’
13-26	Total Gross Wages	9(14)	Total Wages On ‘S’ Records For Employer.
27-275	Filler	X(249)	

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.

CARTRIDGE TAPE

Record Format 4 - ICESA

Code ‘F’ - Final Record

Location Columns	Field Description	Field Picture	Field Description Details
1-1	Record Id	X(01)	Always ‘F’
2-11	Total Number Of Employees in File	9(10)	Total Number of ‘S’ Records in Entire File.
12-21	Total Number Of Employes in File	9(10)	Total Number of ‘E’ Records in Entire File.
22-25	Taxing Entity Code	X(04)	Always ‘UTAX’
26-40	Total Gross Wages In File	9(15)	Total Of Gross Wages on All ‘S’ Records. *
41-275	Filler	X(235)	

* Indicate dollars and cents with no decimal point with preceding zeros if less than required field picture.

Only one record per quarter is allowed for each employee.

There must be a carriage return/line feed in column 276 of each record, if reporting on diskette or compact disc.