

Figure: 1 TAC §55.303(c)(3)

ELECTRONIC REPORTING SPECIFICATIONS

This attachment presents the submission requirements for those employers who wish to report new hires electronically. Employers who have any questions about reporting electronically should contact Technical Support Staff at New Hire Operations Center at (888) TEXHIRE.

3½" Diskette: The diskettes must conform to the format specifications for Data Record Layout below. The diskettes must be non-compressed and in ASCII fixed field length format. Do not enclose fields in quotes or use comma delimiters. An external label must be affixed to the diskette indicating the employer's name, federal EIN number, contact name, and phone is required.

Magnetic Tape: The tape must conform to specifications for Header and Data Record Layouts below. Magnetic tapes must be 9 track, 1600 or 6250 bpi, non-labeled, EBCDIC. Block size must be 8010. Tapes must contain one header record per physical file. An external label indicating the employer's name, address, contact name, and phone is required.

Cartridge Tape: The cartridge tape (IBM 3480, 3490 - NOTE: Cannot process 3490(E) must conform to specifications for Header and Data Record Layouts below. Cartridge tapes must be non-labeled, EBCDIC. Block size must be 8010. Tapes must contain one header record per physical file. An external label indicating the employer's name, address, contact name, and phone is required.

Note: All fields are in upper case alphanumeric format - left justified with trailing spaces and no special characters, except where specified. Missing non-required fields should contain all spaces.

Field Name	Type	Length	St Position	End Position	Optional/Required	Format/Default Values
Record Identifier*	Character	2	1	2	Required	=T4
Data Record Count*	Numeric	11	3	13	Required	Excludes Header Record
Filler*	Character	788	14	801	Required	Fill with spaces

Data Record Layout
Logical Record Length = 801

Field Name	Type	Length	St Position	End Position	Optional/Required	Format/Default Values
Record Type*	Character	2	1	2	Required	=W4
Employee Social Security Number	Numeric	9	3	11	Required	As reported by employee
Employee's First Name*	Character	16	12	27	Required	
Employee's Middle Name	Character	16	28	43	Optional	
Employee's Last Name*	Character	30	44	73	Required	
Employee's Address - Line 1*	Character	40	74	113	Required	
Employee's Address - Line 2	Character	40	114	153	Optional	
Employee's Address - Line 3	Character	40	154	193	Optional	
Employee's City*	Character	25	194	218	Required	
Employee's State*	Character	2	219	220	Required	
Employee's Zip Code*	Character	5	221	225	Required	Valid 2 letter state code (e.g. Texas = TX)
Employee's Zip Code +4	Character	4	226	229	Optional	All zeros will be rejected
Employee's Address: Foreign Country Code	Character	2	230	231	Optional	Mandatory for Foreign Address
Employee's Address: Foreign Country Name	Character	25	232	256	Optional	
Employee's Address: Foreign Zip Code	Character	15	257	271	Optional	
Employee's Date of Birth	Character	8	272	279	Optional	CCYYMMDD
Employee's Date of Hire	Character	8	280	287	Optional	CCYYMMDD, Default = Date File Created
Employee's State of Hire	Character	2	288	289	Optional	
Employer's Federal EIN*	Numeric	9	290	298	Required	All zeros will be rejected
Employer's State EIN	Character	12	299	310	Optional	
Employer's Name*	Character	45	311	355	Required	

Employer's Street Address - Line 1*	40	356	395	Required	
Employer's Street Address - Line 2	40	396	435	Optional	
Employer's Street Address - Line 3	40	436	475	Optional	
Employer's City*	25	476	500	Required	
Employer's State*	2	501	502	Required	Valid 2 letter state code (e.g. Texas = TX)
Employer's Zip Code*	5	503	507	Required	All zeros will be rejected
Employer's Zip Code +4	4	508	511	Optional	
Employer's Add.; Foreign Country Code	2	512	513	Optional	
Employer's Add.; Foreign Country Name	25	514	538	Optional	Mandatory for Foreign Address
Employer's Add.; Foreign Country Zip Code	15	539	553	Optional	
Employer's Optional Address - Line 1	40	554	593	Optional	
Employer's Optional Address - Line 2	40	594	633	Optional	
Employer's Optional Address - Line 3	40	634	673	Optional	
Employer's Optional Address: City	25	674	698	Optional	
Employer's Optional Address: State	2	699	700	Optional	
Employer's Optional Address: Zip Code 1	5	701	705	Optional	
Employer's Optional Address: Zip Code 2	4	706	709	Optional	
Employer's Optional Add.; For Country Code	2	710	711	Optional	
Employer's Optional Add.; For Country Name	25	712	736	Optional	
Employer's Optional Add.; Zip Code	15	737	751	Optional	
Filler*	10	752	761	Required	Fill with spaces
Salary	9	762	770	Optional	**7.2 format, right justified, left filled with zeros
Frequency	1	771	771	Optional	... See frequency codes below
Filler*	30	772	801	Required	Fill with spaces

***Field Names in bold denote required fields

.. Decimal point is implied

... Frequency Codes are as follows: H = hourly Q = quarterly M = monthly

A = annually S = semi-monthly B = bi-weekly

W = weekly T = semi-annually O = one-time