

Instructions for Uploading Quarterly Wage File

The information provided below is intended to assist employers which choose to upload quarterly wage reports via Uplink. The instructions and file format detailed below must be strictly adhered to.

The file must be in ASCII code. EBCDIC or any other code is not acceptable for this type of reporting.

The file must be in unpacked/non-compressed mode.

Each logical record on the file must be 275 characters.

Record delimiters must be used. A carriage return character and a line feed character must be placed in positions 276 and 277 respectively. **Do not place a delimiter before the first record of the file nor after the last record of the file and do not place more than one set of delimiters for a given record.**

The ASCII hexadecimal value for the carriage return character is 0D (zero and letter D).

The ASCII hexadecimal value for the line feed is 0A (zero and letter A). The ACSII decimal values for the two characters are 13 and 10, respectively.

Wage upload files cannot contain more than two hundred (200) individual employee (record identifier = 'S') records.

ICESA RECORD LAYOUTS RECORD TYPE A - TRANSMITTER RECORD

:	ICESA Field Name	Required ?	Location	Length	Comments
A1	Record Identifier	YES!	1 - 1	1	Constant "A"
A2	Year		2 - 5	4	
A3	Transmitter's Federal EIN		6 - 14	9	
A4	Taxing Entity Code		15 - 18	4	
A5	Blanks		19 -23	5	
A6	Transmitter Name		24 - 73	50	
A7	Transmitter Street Address		74 - 113	40	
A8	Transmitter City		114 - 138	25	
A9	Transmitter State		139 - 140	2	
A10	Blanks		141 - 153	13	
A11	Transmitter Zip Code		154 - 158	5	
A12	Transmitter Zip Code Extension		159 - 163	5	
A13	Transmitter Contact		164 - 193	30	
A14	Transmitter Contact Telephone Number		194 - 203	10	
A15	Telephone Extension/Box		204 - 207	4	
A16	Media Transmitter/ Authorization Number		208 - 213	6	

A17	C-3 Data		214 - 214	1	
A18	Suffix Code		215 -219	5	
A19	Allocation Lists		220 - 220	1	
A20	Service Agent I.D.		221 -229	9	
A21	Total Remittance Amount		230 - 242	13	
A22	Media Creation Date		243 - 250	8	
A23	Blanks		251 - 275	25	Must be spaces

*** Please note that the fields not required are at the discretion of the transmitter. Any fields not required must contain either actual data or spaces.**

RECORD TYPE B - AUTHORIZATION RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
B1	Record Identifier	YES!	1 - 1	1	Constant "B"
B2	Payment Year		2 - 5	4	
B3	Transmitter's Federal EIN		6 - 14	9	
B4	Computer		15 - 22	8	
B5	Internal Label		23 - 24	2	
B6	Blank		25 - 25	1	
B7	Density		26 - 27	2	
B8	Recording Code		28 - 30	3	
B9	Number of Tracks		31 - 32	2	
B10	Blocking Factor		33 - 34	2	
B11	Taxing Entity Code		35 - 38	4	
B12	Blanks		39 - 146	108	
B13	Organization Name		147 - 190	44	
B14	Street Address		191 - 225	35	
B15	City		226 - 245	20	
B16	State		246 - 247	2	
B17	Blanks		248 - 252	5	
B18	Zip Code		253 - 257	5	
B19	Zip Code Extension		258 - 262	5	
B20	Blanks		263 - 275	13	Must be spaces

*** Please note that the fields not required are at the discretion of the transmitter. Any fields not required must contain either actual data or spaces.**

RECORD TYPE E - EMPLOYER RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
E1	Record Identifier	YES!	1 - 1	1	Constant "E"
E2	Payment Year	YES!	2 - 5	4	The year in which wages are being reported. - must be numeric - must be 4 digits -- cannot be future year
E3	Federal EIN	YES!	6 - 14	9	Employer FEIN
E4	Blanks		15 - 23	9	
E5	Employer Name		24 - 73	50	
E6	Employer Street Address		74 - 113	40	
E7	Employer City		114 - 138	25	
E8	Employer State		139 - 140	2	
E9	Blanks		141 - 148	8	
E10	Zip Code Extension		149 - 153	5	
E11	Zip Code		154 - 158	5	
E12	Blank		159 - 159	1	
E13	Type of Employment		160 - 160	1	
E14	Blocking Factor		161 - 162	2	
E15	Establishment Number or Coverage Group/PRU		163 - 166	4	
E16	Taxing Entity Code		167 - 170	4	
E17	State Identifier Code		171 - 172	2	
E18	Insurance Account Number	YES!	173 - 187	15	Assigned by the State of Indiana to the Employer. The first 6 positions are numeric, the 7th is alphabetic or space and the last 8 are spaces.
E19	Reporting Period	YES!	188 - 189	2	The 3rd month of the quarter for which wages are being reported. - must be numeric - zero filled - must be 03, 06, 09, or 12
E20	No Workers/No Wages		190 - 190	1	
E21	Tax Type Code		191 - 191	1	
E22	Taxing Entity Code		192 - 196	5	
E23	State Control Number		197 - 203	7	
E24	Unit Number		204 - 208	5	
E25	Blanks		209 - 255	47	
E26	Foreign Indicator		256 - 256	1	
E27	Blanks		257 - 257	1	
E28	Other EIN		258 - 266	9	
E29	Blanks		267 - 275	9	Must be spaces

* Please note that the fields not required are at the discretion of the transmitter. Any fields not required must contain either actual data or spaces.

RECORD TYPE S - EMPLOYEE RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
S1	Record Identifier	YES!	1 - 1	1	Constant "S"
S2	Social Security Number	YES!	2 - 10	9	The employee's social security number. Zeroes if not known by the employer. - must be numeric - zero filled - right justified
S3	Employee Last Name	YES!	11 - 30	20	The employee's last name.
S4	Employee First Name	YES!	31 - 42	12	The employee's first name.
S5	Employee Middle Initial		43 - 43	1	The employee's middle initial.
S6	State Code		44 - 45	2	
S7	Filler		46 - 49	4	
S8	State QTR Total Gross Wages		50 - 63	14	
S9	State QTR Unemployment Insurance Total Wages	YES!	64 - 77	14	Total gross wages earned by employee during the quarter. - must be numeric - must be greater than zero - zero filled - right justified - 2 decimal positions (decimal is implied and should NOT be in record)
S10	State QTR Unemployment Insurance Excess Wages		78 - 91	14	
S11	State QTR Unemployment Insurance Taxable Wages	YES!	92 - 105	14	Portion of Total Gross wages earned by employee during the quarter that are taxable. -- cannot be greater than S9 from above -- cannot be greater than \$7000 -- must be numeric - zero filled - right justified - 2 decimal positions (decimal is implied and should NOT be in record)
S12	State QTR Disability Insurance Taxable Wages		106 - 120	15	
S13	Quarterly TIP Wages		121 - 129	9	
S14	Number of Weeks Worked		130 - 131	2	
S15	Number of Hours Worked		132 - 134	3	
S16	Blanks		135 - 142	8	
S18	Taxing Entity Code		143 - 146	4	
S19	State Unemployment Insurance Account Number		147 - 161	15	
S20	Unit/Division Location/Plant Code		162 - 176	15	
S21	State Taxable Wages		177 - 190	14	

S22	State Income Tax Withheld		191 - 204	14	
S23	Seasonal Indicator	YES!	205 - 206	2	Assigned by the State of Indiana to the employer when seasonal wages are involved, otherwise it is zeroes. – must be numeric – zero filled – right justified
S24	Employer Health Insurance Code		207 - 207	1	
S25	Employee Health Insurance Code		208 - 208	1	
S26	Probationary Code		209 - 209	1	
S27	Officer Code		210 - 210	1	
S28	Wage Plan Code		211 - 211	1	
S29	Month 1 Employment		212 - 212	1	
S30	Month 2 Employment		213 - 213	1	
S31	Month 3 Employment		214 - 214	1	
S32	Reporting Quarter and Year		215 - 220	6	
S33	Date First Employed		221 - 226	6	
S34	Date Of Separation		227 - 232	6	
S35	Blanks		233 - 275	43	Must be spaces

*** Please note that the fields not required are at the discretion of the transmitter. Any fields not required must contain either actual data or spaces.**

RECORD TYPE T - TOTAL RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
T1	Record Identifier	YES!	1 - 1	1	Constant "T"
T2	Total Number of Employees	YES!	2 - 8	7	The total number of "S" records since the last "E" record. – Must be numeric – zero filled – right justified
T3	Taxing Entity Code		9 - 12	4	
T4	State QTR Total Gross Wages for Employer		13 - 26	14	
T5	State QTR Unemployment Insurance Total Wages for Employer	YES!	27 - 40	14	The total sum of State QTR Total Gross Wages for all "S" records. – must be numeric – zero filled – right justified – 2 decimal positions (decimal is implied and should NOT be in record)
T6	State QTR Unemployment Insurance Excess Wages for Employers		41 - 54	14	
T7	State QTR Unemployment Insurance Taxable Wages for Employer	YES!	55 - 68	14	The total sum of State QTR Total Gross Wages for all "S" records. -- cannot be greater than T5 from above – must be numeric – zero filled – right justified – 2 decimal positions (decimal is implied and should NOT be in record)
T8	Quarterly TIP Wages for Employer		69 - 81	13	
T9	U.I. Tax Rate This Quarter		82 - 87	6	
T10	State QTR U.I. Taxes Due		88 - 100	13	
T11	Previous QTR(s) Underpayment		101 - 111	11	
T12	Interest		112 - 122	11	
T13	Penalty		123 - 133	11	
T14	Credit/Overpayment		134 - 144	11	
T15	Employer Assessment Rate		145 - 148	4	
T16	Employer Assessment Amount		149 - 159	11	
T17	Employee Assessment Rate		160 - 163	4	
T18	Employee Assessment Amount		164 - 174	11	

T19	Total Payment Due		175 - 185	11	
T20	Allocation Amount		186 - 198	13	
T21	Wages Subject to State Income Tax		199 - 212	14	
T22	State Income Tax Withheld		213 - 226	14	
T23	Month 1 Employment for Employer		227 - 233	7	
T24	Month 2 Employment for Employer		234 - 240	7	
T25	Month 3 Employment for Employer		241 - 247	7	
T26	County Code		248 - 250	3	
T27	Outside County Employees		251 - 257	7	
T28	Document Control Number		258 - 267	10	
T29	Blanks		268 - 275	8	Must be spaces

*** Please note that the fields not required are at the discretion of the transmitter. Any fields not required must contain either actual data or spaces.**

RECORD TYPE F - FINAL RECORD

	ICESA Field Name	Required ?	Location	Length	Comments
F1	Record Identifier	YES!	1 - 1	1	Constant "F"
F2	Total Number of Employees in File		2 - 11	10	
F3	Total Number of Employers in File		12 - 21	10	
F4	Taxing Entity Code		22 - 25	4	
F5	Quarterly Total Gross Wages in File		26 - 40	15	
F6	Quarterly State Unemployment Insurance Total Wages in File		41 - 55	15	
F7	Quarterly State Unemployment Insurance Excess Wages in File		56 - 70	15	
F8	Quarterly State Unemployment Insurance Taxable Wages in File		71 - 85	15	
F9	Quarterly Disability Insurance Taxable Wages in File		86 - 100	15	
F10	Quarterly TIP Wages in File		101 - 115	15	
F11	Month 1 Employment for Employer in File		116 - 123	8	
F12	Month 2 Employment for Employer in File		124 - 131	8	
F13	Month 3 Employment for Employer in File		132 - 139	8	
F14	Blanks		140 - 275	136	Must be spaces

*** Please note that the fields not required are at the discretion of the transmitter. Any fields not required must contain either actual data or spaces.**

If you have any further questions, please feel free to call **DWD at 317-233-6689**