

### DATA TYPES

A/N = Alphanumeric; left justified and blank filled

N = Numeric; right justified, zero filled, unsigned

Wage fields include cents. Do not include commas or decimals.

M = Only these fields are read by the Minnesota DEED.

| Location  | Field Name   | Length | Type     | Description and Remarks  |
|-----------|--|--------|----------|--|
| M 1       | Record Identifier                                  | 1      | A/N      | Constant "S".  |
| M 2 – 10  | Social Security Number                             | 9      | N        | Employee's Social Security Number. If not known, enter zeros.  |
| M 11 – 30 | Employee Last Name                                 | 20     | A/N      | Enter Employee Last Name. Hyphens OK.  |
| M 31 – 42 | Employee First Name                                | 12     | A/N      | Enter Employee First Name.   |
| M 43      | Employee Middle Initial                            | 1      | A/N      | Enter Employee Middle Initial. If no middle initial, leave blank.  |
| M 44 – 45 | State Code   | 2      | A/N or N | Enter the State FIPS Postal Numeric Code for the state to which wages are being reported. ("MN" or "27") |
| 46 – 49   | Blank  | 4      |          | This area is left blank.   |
| 50 – 63   | State Qtr Total Gross Wages                        | 14     | N        | Enter Quarterly Wages subject to all taxes. Include all tip income.                                      |
| M 64 – 77 | State Qtr Unemployment Insurance Total Wages       | 14     | N        | Enter Quarterly Wages subject to Unemployment Taxes. Include all Tip Income. (No commas or decimals.)    |
| 78 – 91   | State Qtr Unemployment Excess Wages                | 14     | N        | Quarterly Wages in Excess of the State U.I. Taxable Wage Base.   |
| 92 – 105  | State Qtr Unemployment Insurance Taxable Wages     | 14     | N        | State Qtr U.I. Total Wages less State Qtr U.I. Excess Wages  |
| 106-120   | Quarterly State Disability Insurance Taxable Wages | 15     | N        | States requiring this data will define. If not required, enter zeros.                                    |
| 121-129   | Quarterly Tip Wages                                | 9      | N        | Include all Tip Income. If not required, enter zeros.  |
| 130-131   | Number of Weeks Worked                             | 2      | N        | The number of Weeks Worked in the Quarterly Reporting Period.  |

|   |                 |  |               |             |  |
|---|-----------------|--|---------------|-------------|--|
| M | 132-134         | Hours Worked                                   | 3             | N           | Number of Hours Worked in quarter. Right justified and zero fill. No decimal allowed. ( 000 to 999 only)   |
|   | <b>Location</b> | <b>Field Name</b>                              | <b>Length</b> | <b>Type</b> | <b>Description and Remarks</b>   |
|   | 135-142         | Blank  | 8             |             | This area is left blank.   |
| M | 143-146         | Taxing Entity Code                             | 4             | A/N         | Constant "UTAX"  |
| M | 147-154         | MN State Unemployment Insurance Account Number | 8             | N           | The 8-digit State ID Registration Account Number assigned for Unemployment Insurance reporting purposes. (Right justify and zero fill.)  |
|   | 155-161         | Blank  | 7             |             | This area is left blank for MN.  |
| M | 162-165         | Unit/Division Location (Plant Code)            | 4             | N           | The 4-digit ID assigned to identify Wages by Work Site. (Right justify and zero fill)  |
|   | 166-176         | Blank  | 11            |             | This area is left blank for MN.  |
|   | 177-190         | State Taxable Wages                            | 14            | N           | Enter Wages subject to State Income Tax.   |
|   | 191-204         | State Income Tax Withheld                      | 14            | N           | Enter State Income Tax Withheld.   |
|   | 205-206         | Seasonal Indicator                             | 2             | A/N         | States requiring this data will define. If not required, enter blanks.   |
|   | 207             | Employer Health Insurance Code                 | 1             | A/N         | States requiring this data will define. If not required, enter blanks.   |
|   | 208             | Employee Health Insurance Code                 | 1             | A/N         | States requiring this data will define. If not required, enter blanks.   |
|   | 209             | Probationary Code                              | 1             | A/N         | States requiring this data will define. If not required, enter blanks.   |
| M | 210             | Officer Code                                   | 1             | N           | "1" if affirmative. Default Value = "0".   |
|   | 211             | Wage Plan Code                                 | 1             | A/N         | States requiring this data will define. If not required, enter blanks.   |
| M | 212             | Month 1 Employment                             | 1             | N           | Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 1st month of the reporting period. |
| M | 213             | Month 2 Employment                             | 1             | N           | Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 2nd month of the reporting period. |

| Location  | Field Name                 | Length | Type | Description and Remarks  |
|-----------|----------------------------|--------|------|--|
| M 214     | Month 3 Employment         | 1      | N    | Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 3rd month of the reporting period. |
| M 215-220 | Reporting Quarter and Year | 6      | N    | Enter the Last Month and Year for the calendar quarter for which this report applies. (e.g., 032002 for Jan – Mar of 2002)   |
| 221-226   | Date First Employed        | 6      | N    | Enter the month and year, e.g., "022002"   |
| 227-232   | Date of Separation         | 6      | N    | Enter the month and year, e.g., "022002"   |
| 233-274   | Blank                      | 42     |      | This area is left blank for MN.  |
| M 275     | End of Line Identifier.    | 1      | A/N  | Constant "X". (Required for MN processing.)  |