

Who's submitting Form & where comes from

POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	Required
1 - 2	Record Identifier	2	Constant "RA".	X
3 - 11	Submitter's Employer Identification Number (EIN)	9	Enter the submitter's EIN.	X
12 - 37	Blank	26	Fill with blanks.	
38 - 94	Company Name	57	Enter the name of the company to receive MMREF-1 annual filing instructions. Left justify and fill with blanks.	X
95 - 116	Location Address	22	Enter the company's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.	
117 - 138	Delivery Address	22	Enter the company's delivery address (Street or Post Office Box). Left justify and fill with blanks.	X
139 - 160	City	22	Enter the company's city. Left justify and fill with blanks.	X
161 - 162	State Abbreviation	2	Enter the company's state. Use a postal abbreviation as shown in Appendix F. For a foreign address, fill with blanks.	
163 - 167	ZIP Code	5	Enter the company's ZIP Code. For a foreign address, fill with blanks	*
168 - 171	ZIP Code Extension	4	Enter the company's four-digit extension of the ZIP Code. If not applicable, fill with blanks.	
172 - 176	Blank	5	Fill with blanks.	
177 - 199	Foreign State/Province	23	If applicable, enter the company's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.	*

200 - 214	Foreign Postal Code	15	If applicable, enter the company's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.	*
215 - 216	Country Code	2	If one of the following applies, fill with blanks: One of the 50 states of the U.S., District of Columbia, Military Post Office (MPO), American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Virgin Islands. Otherwise, enter the applicable Country Code (see Appendix G).	
217 - 273	Submitter Name	57	Enter the name of the organization to receive notification of data that cannot be processed. Left justify and fill with blanks.	X
274 - 295	Location Address	22	Enter the submitter's location address (Attention, Suite, Room, Number, etc.). Left justify and fill with blanks.	
296 - 317	Delivery Address	22	Enter the submitter's delivery address (Street or Post Office Box). Left justify and fill with blanks.	X
318 - 339	City	22	Enter the submitter's city. Left justify and fill with blanks.	X
340 - 341	State Abbreviation	2	Enter the submitter's State. Use a postal abbreviation as shown in Appendix F. For a foreign address, fill with blanks.	*
342 - 346	ZIP Code	5	Enter the submitter's ZIP Code. For a foreign address, fill with blanks.	*

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347 - 350	ZIP Code Extension	4	Enter the submitter's four-digit extension of the ZIP Code. If not applicable, fill with blanks.	
351 - 355	Blank	5	Fill with blanks. Reserved for SSA use.	
356 - 378	Foreign State/Province	23	If applicable, enter the submitter's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.	*
379 - 393	Foreign Postal Code	15	If applicable, enter the submitter's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.	*
394 - 395	Country Code	2	If one of the following applies, fill with blanks: One of the 50 states of the U.S., District of Columbia, Military Post Office (MPO), American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Virgin Islands. Otherwise, enter the applicable Country Code (see Appendix G).	
396 - 422	Contact Name	27	Enter the name of the person to be contacted by SSA concerning processing problems. Left justify and fill with blanks.	X
423 - 437	Contact Phone Number	15	Enter the contact's telephone number including area code. Left justify and fill with blanks.	X
438 - 442	Contact Phone Extension	5	Enter the contact's telephone extension. Left justify and fill with blanks.	
443 - 445	Blank	3	Fill with blanks.	
446 - 485	Contact Email	40	If applicable, enter the contact's email address. This field may be upper and lower case. Left justify and fill with blanks. Otherwise, fill with blanks.	
486 - 488	Blank	3	Fill with blanks.	
489 - 498	Contact Fax	10	If applicable, enter contact's fax number including area code. Otherwise, fill with blanks. For U.S. and U.S. territories only.	
499 - 512	Blank	14	Fill with blanks.	

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RE Record Layout

Employer info

POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	Required
1 - 2	Record Identifier	2	Constant "RE".	X
3 - 7	Blank	5	Fill with blanks.	
8 - 16	Employer/Agent Employer Identification Number (EIN)	9	Enter the EIN entered on the IRS Form 941 submitted to IRS. If you entered a code in the Agent Indicator Code field (position 7), enter your Agent EIN.	X
17 - 39	Blank	23	Fill with blanks.	
40 - 96	Employer Name	57	Enter the name associated with the EIN entered in positions 8-16. Left justify and fill with blanks.	X
97 - 118	Location Address	22	Enter the employer's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.	
119 - 140	Delivery Address	22	Enter the employer's delivery address (Street or Post Office Box). Left justify and fill with blanks.	X
141 - 162	City	22	Enter the employer's city. Left justify and fill with blanks	X
163 - 164	State Abbreviation	2	Enter the employer's State. Use a postal abbreviation as shown in Appendix F. For a foreign address, fill with blanks	*
165 - 169	ZIP Code	5	Enter the employer's ZIP code. For a foreign address, fill with blanks.	*
170 - 173	ZIP Code Extension	4	Enter the employer's four-digit extension of the ZIP code. If not applicable, fill with blanks.	
174 - 178	Blank	5	Fill with blanks.	
179 - 201	Foreign State/ Province	23	If applicable, enter the employer's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.	*
202 - 216	Foreign Postal Code	15	If applicable, enter the employer's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.	*
217 - 512	Blank	296	Fill with blanks.	

*The Zip Code or Foreign State/Province and Foreign Postal Code are required fields. Either code field is required to have data. If there is no data in one of the fields than the upload wage data will error out.

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RS Record Layout - Employee Detail

POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	Required
1 - 2	Record Identifier	2	Constant "RS".	X
3 - 9	Blank	7	Fill with blanks.	
10 - 18	Social Security number (SSN)	9	Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. If no SSN is available, enter zeros.	X
19 - 33	Employee First Name	15	Enter the employee's first name as shown on the SSN card. Left justify and fill with blanks. If none then enter "NFN".	X
34 - 48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial as shown on the SSN 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 SSN card. Left justify and fill with blanks. If none then enter "NLN".	X
69 - 196	Blank	128	Fill with blanks.	
197 - 202	Reporting Period	6	Enter the last month and four-digit year for the calendar quarter for which this report applies; e.g., 032004 for January-March of 2004. Applies to unemployment reporting.	X
203 - 213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill. Applies to unemployment reporting. Include dollars and cents with the decimal point assumed.	X
214 - 224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill. Applies to unemployment reporting. Include dollars and cents with the decimal point assumed.	X
225 - 247	Blank	23	Defined by State/local agency. Applies to unemployment reporting.	
248 - 267	State Employer Account Number	20	Left justified 6 digit Kansas Account Number.	X
268 - 337	Blank	70	Fill with blanks.	
338 - 338	Mid-month Employment 1	1	<p>0 if employee (full or part time) did NOT work or was NOT paid for the payroll period that includes the 12th of the first month.</p> <hr/> <p>1 if employee (full or part time) did work or was paid for the payroll period that includes the 12th of the first month.</p>	X

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339 - 339	Mid-month Employment 2	1	<p>0 if employee (full or part time) did NOT work or was NOT paid for the payroll period that includes the 12th of the second month.</p> <hr/> <p>1 if employee (full or part time) did work or was paid for the payroll period that includes the 12th of the second month.</p>	X
340 - 340	Mid-month Employment 3	1	<p>0 if employee (full or part time) did NOT work or was NOT paid for the payroll period that includes the 12th of the third month.</p> <hr/> <p>1 if employee (full or part time) did work or was paid for the payroll period that includes the 12th of the third month.</p>	X
341 - 341	Zero Wage	1	1 = zero wages for quarter, if wages for the quarter have been reported leave blank.	
342 - 512	Blank	171	Fill with blanks.	

NASWA

Code A Record Layout - where info comes from

Legend: x - required, * - optional

Location	FIELD NAME	FIELD LENGTH	TYPE	DESCRIPTION and REMARKS	Criteria	Required
1 - 1	Record Identifier	1	Text	Constant A	Only "A"	x
2 - 5	Blanks	4	Text	Any entry will be ignored. Not used by KDOL because we accept multiple quarters in one file.		
6 - 14	Transmitter FEIN	9	Numeric	Transmitter's Federal Employer's Identification Number Use only the 9 numeric characters. No hyphens, prefixes or suffixes		x
15 - 23	Blanks	9	Text	Fill with Blanks.		
24 - 73	Transmitter Name	50	Text	Name of the organization submitting (transmitting) the file		x
74 - 113	Transmitter Street	40	Text	Street address of the transmitter		x
114 - 138	Transmitter City	25	Text	City of the transmitter		x
139 - 140	Transmitter State	2	Text	The standard 2 character FIPS postal code abbreviation for the transmitter's state		x
141 - 153	Blanks	13	Text	Fill with Blanks.		
154 - 158	Transmitter Zip	5	Numeric	Transmitter's Zip Code		x
159 - 159	Blanks	1		Fill with Blanks.		
160 - 163	Transmitter Zip +4	4	Numeric	Transmitter's 4 digit extension of the zip code. Include the hyphen in position 159. If unknown, fill with blanks.		
164 - 193	Transmitter Contact	30	Text	Name of individual from transmitter organization who is responsible for the accuracy and completeness of this file.		x
194 - 203	Telephone Number	10	Numeric	10 digit voice telephone number where the transmitter contact can be reached		x
204 - 207	Extension	4	Numeric	Voice telephone extension or voice mail box of transmitter contact		
208 - 275	Blanks	68	Text	Fill with Blanks.		

Code B Record Layout - who's submitting report

Location	FIELD NAME	FIELD LENGTH	TYPE	DESCRIPTION and REMARKS	Criteria	Required
1 - 1	Record Identifier	1	Text	Constant B	Only "B"	x
2 - 146	Blanks	145	Numeric	Fill with blanks.		
147 - 190	Organization Name	44	Text	Service bureau or employer creating this media		x
191 - 225	Street Address	35	Text	Street Address		x
226 - 245	City	20	Text	City		x
246 - 247	State	2	Text	2 character FIPS postal abbreviation		x
248 - 252	Blanks	5	Text	Blanks		
253 - 257	Zip Code	5	Numeric	Zip Code		x
258 - 258	Blanks	1		Fill with blanks.		
259 - 262	Zip + 4	4	Numeric	4 digit zip code extension; Include hyphen in position 258. If unknown, fill with blanks		
263 - 275	Blanks	13	Text	Blanks		

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Code E Record Layout - Employer info

Location	FIELD NAME	FIELD LENGTH	TYPE	DESCRIPTION and REMARKS	Criteria	Required
1 - 1	Record Identifier	1	Text	Constant E	Only "E"	x
2 - 5	Blanks	4	Numeric	Fill with blanks.		
6 - 14	Employer FEIN	9	Numeric	Employer's Federal Employer's Identification Number. Use only 9 digits. NO hyphens, prefixes or suffixes		x
15 - 23	Blanks	9	Text			
24 - 73	Employer Name	50	Text	The first 50 positions of the employer's name as shown on the K-CNS 100 mailed to you.		x
74 - 113	Employer Street	40	Text	Employer's street address		x
114 - 138	Employer City	25	Text	Employer's city		x
139 - 140	Employer State	2	Text	2 character FIPS postal abbreviation		x
141 - 149	Blanks	9	Text	Fill with blanks.		
150 - 153	Zip + 4	4	Numeric	4 digit zip code extension. No hyphen. If unknown, fill with blanks.		
154 - 158	Zip Code	5	Numeric	Zip Code		x
159 - 172	Blanks	14	Text	Fill with blanks.		
173 - 187	KS Unemployment Tax Account Number (Serial Number)	15	Numeric	6 digit Kansas account number, left justified and blank filled	Must be 6 digits	x
188 - 275	Blanks	88	Numeric	Fill with blanks.		

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Code S Record Layout - Employee Detail

Location	FIELD NAME	FIELD LENGTH	TYPE	DESCRIPTION and REMARKS	Criteria	Required
1 - 1	Record Identifier	1	Text	Constant S	Only "S"	x
2 - 10	Social Security No	9	Numeric	Employee's social security account number. If not known, enter letter I in position 2 and blanks in 3-10.		x
11 - 30	Employee Last Name	20	Text	Employee Last Name. If none then enter "NLN".		x
31 - 42	Employee First Name	12	Text	Employee First Name. If none then enter "NFN".		x
43 - 43	Employee Middle Initial	1	Text	Employee middle initial. If no middle initial, enter blank		
44 - 63	Blanks	20	Text	Fill with blanks.		
64 - 77	State QTR Unemployment Insurance Total	14	Numeric	Total gross amount of Kansas wages paid during this quarter. Include tip income. Include dollars and cents with the decimal point assumed.	No Decimal	x
78 - 91	State QTR UI Excess Wages	14	Numeric	Quarterly wages in excess of \$14,000 a year. Include dollars and cents with the decimal point assumed.	No Decimal	x
92 - 146	Blanks	55	Text	Fill with blanks.		
147 - 152	KS UI Tax A/C No.	6	Numeric	6 digit KS unemployment tax account		x
153 - 211	Blanks	59	Text	Fill with blanks.		
212 - 212	Mid-month Employment 1	1	Numeric	0 if employee (full or part time) did NOT work or was NOT paid for the payroll period that includes the 12th of the first month. 1 if employee (full or part time) did work or was paid for the payroll period that includes the 12th of the first month.	0 or 1	x
213 - 213	Mid-month Employment 2	1	Numeric	0 if employee (full or part time) did NOT work or was NOT paid for the payroll period that includes the 12th of the second month. 1 if employee (full or part time) did work or was paid for the payroll period that includes the 12th of the second month.	0 or 1	x
214 - 214	Mid-month Employment 3	1	Numeric	0 if employee (full or part time) did NOT work or was NOT paid for the payroll period that includes the 12th of the third month. 1 if employee (full or part time) did work or was paid for the payroll period that includes the 12th of the third month.	0 or 1	x
215 - 220	Reporting Year	6	Numeric	Quarter = last month of the quarter; 3=First Quarter (March); 6=Second Quarter (June); 9=Third Quarter (September); 12=Fourth Quarter (December); 061998=2nd Quarter, 1998		x
221 - 221	Zero Wage	1	Text	1 = zero wages for quarter, if wages for the quarter have been reported leave blank.		
222 - 275	Blanks	54	Text	Blanks		