

Created: July 13, 2006
Draft revised: August 11, 2006
Final: August 28, 2006
Revised: September 19, 2006

SR 81615 Requirements

ONLINE W2 (OW2)

Objective:

Modify PPS to interface with AYSO to implement employee's election for electronic W-2 form vs. paper form and to record employee's indicator to block W-2 data from being sent to a third party.

Requested by:

ESI Work Group
Financial Mgmt – Payroll Coordination

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Due Date:

September 2006 prior to installation/activation of OW2 in AYSO

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I. INTRODUCTION

The ability for an employee to view his W-2 form online via At Your Service Online (AYSO) was made available to campuses for the 2005 tax reporting year. Paper copies of the form were made available as in past years. Phase II of this Employee Systems Initiative (ESI) project is to provide the ability for an employee to electronically receive his W-2 statement. To complete the process, modifications need to be made to AYSO to handle the election process, disclosure statement, and most IRS requirements. In addition, the Payroll/Personnel System (PPS) needs to be modified to handle an exchange of data between AYSO and PPS. This new file will provide AYSO with data to create the online version of the employee's W-2 form and to create a file for the University's third-party vendor for integration with tax preparation software.

II. EMPLOYEE DATA BASE (EDB)

A. AYSO

1. The employee must make a positive election (consent) to receive his form electronically. This will be done via AYSO and the indicator set in AYSO will be sent to PPS via the nightly feed.

Therefore, a new data element must be established on the employee's data base record. Create a new indicator to record the employee's election for an electronic statement. The default is "blank". See Attachment 1 for a sample definition of the data element.

Y = Yes, consent for electronic statement of Form W-2
Blank = no, continue to receive paper Form W-2

2. An employee may not wish to have W-2 data sent to the third party vendor and must make an election via AYSO to block the action. Establish a new data element to record the employee's election that will be sent to PPS via the nightly feed. The default is "blank". See Attachment 2.

B = Block the employee's W-2 record from being sent to the third party vendor
Blank = Send the employee's W-2 record to the third party vendor

Although this data element will not be displayed online in PPS, it is needed in order to be stored in the UCOP Sybase data base.

B. EDB MAINTENANCE

The daily process that accepts transactions from UCOP needs to be modified to accept the new data elements for electronic consent and W-2 blocking.

The existing edit associated with message 13-055 (Employee ID not on EDB, all transactions rejected) should reject the W-2 data elements as well. The transaction format should be displayed on the error report along with any other rejected transactions for the employee.

C. EDB WEB INQUIRY

Add the Electronic Consent indicator to the WEB EDB inquiry screen that maintains tax information (see Attachment 3).

III. ONLINE SCREENS

The new “Consent” indicator is to be stored on the ITAX and ETAX screens for display purposes only (see Attachment 4). The new data element for blocking access to a third party vendor will not be displayed on any PPS online screen at this time. Campuses will have administrative access to information in AYSO and will be able to view and update both indicators in that system.

Change the heading on the ITAX screen from “W4/DE4 Tax Withholding” to “Tax Information” so it is consistent with the entry/update screen.

Help Text

Online field level help is to be made available for the new W-2 electronic consent data element. The help function should be based on EDB data dictionary entries as is done for other EDB data elements. Refer to Attachment 1 for the general description.

Since the block indicator will not be displayed online at this time, no help text is required for this data element.

Screen Help Text

The text for the EDBHITAX and EDBHETAX screens has been updated to be consistent and include the new “Consent” indicator. The label for the EDBHITAX screen should be changed from “Help EDB W-4/DE4 Tax Withholding” to “Help EDB Tax Information” to be consistent with the EDBHETAX screen (see Attachment 4).

IV. FILES

A. ONLINE W2 (OW2) FILE

Create a new file to pass the W-2 data to AYSO. AYSO will use the data to create the online version of the employee's W-2 form and also to send the data to the University's third party vendor (TALX). See Attachment 5 for a copy of the file layout.

In field 117 in the file layout, a numeric state code must be used instead of the alpha code. For example, if the employee's state code (EDB0207) = IL, the numeric equivalent is 17. The numeric value of 17 is used in field 117. See Attachment 6 for a copy of the table.

For boxes 12 and 14 on the W-2 form, only pass data where the dollar values are greater than zero.

Campuses will be required to send this new file to UCOP by January 25th each year. If the 25th falls on a weekend the file is to be sent on the next business day.

B. W-2 PRINT FILE

If the Consent for Electronic W-2 EDB xxxx = Y, then do not add the employee's record to the print file. The employee will obtain his or her Form W-2 electronically via AYSO.

V. FORMS

The campuses should have the option of whether to run the OW2 file or not, the same as for the other files.

Modify Form UPAY731 W-2/UI Processes PPP600 Program Run Specification form to include the new OW2 file. See Attachment 7.

Note: For employees who do not have access to the internet, a paper form will be developed so that they may elect to block their record from being sent to a third party vendor. This will not be a part of PPS but the Payroll Office will have the ability to update the employee's indicator in AYSO as an ESI Administrator.

VI. REPORTS

For the OW2 file, create a total report similar to the W2 Forms Printing Report (PPP6014). See Attachment 8 for a sample copy.

VII. IMPLEMENTATION

These changes need to be installed in PPS prior to the implementation and announcement of the new feature in AYSO.

System Number:

User Access Name: xxxx

Programming Name:

Revision Date:

Comments

Location(s):

Programming Name:

Name: ELECTRONIC W-2 INDICATOR

Type: ALPHANUMERIC

Length: X

Format

General Description

The employee's consent to receive an electronic version of Form W-2 as recorded in AYSO.

Code Interpretation

Y = Yes, consent for electronic version of FormW-2

Blank = No, continue to receive paper version of Form W-2

System Number:

User Access Name: xxxx

Programming Name:

Revision Date:

Comments

Location(s):

Programming Name:

Name: BLOCK W-2 DATA TO 3rd PARTY INDICATOR

Type: ALPHANUMERIC

Length: X

Format

General Description

Indicator in AYSO that allows employee to block their W-2 data from being sent to the University's third party vendor.

Code Interpretation

B = Block employee's W-2 data from being sent to the University's third party vendor

Blank = Send the employee's W-2 data to the University's third party vendor

Attachment 4

PPITAX0-I1656	EDB Inquiry	06/21/06 10:09:15
05/25/06 08:19:50	Tax Information	Userid: PAYUSR1
ID: 000050002 Name: POWERS,VITO		
Hm Dept: 804918 CHAN OFFICE	Emplmt Status: A Pri Pay: MO	
Federal	Tax Processor ID : PPS02/09/05PAYPCW	
Marital Status : S	W-4 Process Date : 02/09/05	
Personal Allowances : 010	DE4 Process Date : 02/09/05	
Maximum Withholding : 999	Addl Fed Nonrs Alien Tax :	
California		
Marital Status : S	Consent for Electronic W-2: Y	
Personal Allowances : 010		
Itemized Deductions : 003		
Maximum Withholding : 999	Other State Tax CA Res :	
Addl Fed Tax Withholding : 100.00	Current OS Gross Name :	
Addl CA Tax Withholding : 140.00	Other State Gross Name 1:	
Earned Income Credit Stat:	Other State Gross Name 2:	
EIC YTD Payments :	Other State Gross Name 3:	
Earnings Limit :	Other Local Tax Ind:	
SSN: 555555002		
Next Func: ID:	Name:	SSN:

PPETAX0-E1407	EDB Entry/Update	06/21/06 10:24:59
05/25/06 08:19:50	Tax Information	Userid: PAYUSR1
ID: 000050002 Name: POWERS,VITO	Emp Stat: A Pri Pay: MO	
Federal	Tax Processor ID : PPS02/09/05PAYPCW	
Marital Status : S	W-4 Process Date : 02/09/05	
Personal Allowances : 010	DE4 Process Date : 02/09/05	
Maximum Withholding : 999	Addl Fed Nonres Alien Tax :	
California		
Marital Status : S	Consent for Electronic W-2: Y	
Personal Allowances : 010		
Itemized Deductions : 003		
Maximum Withholding : 999	Other State Tax CA Res :	
Addl Fed Tax Withholding : 100.00	Current OS Gross Name :	
Addl CA Tax Withholding : 140.00	Other State Gross Name 1:	
Earned Inc Credit Status :	Other State Gross Name 2:	
EIC YTD Payments :	Other State Gross Name 3:	
Earnings Limit :	Other Local Tax Ind :	
SSN: 555555002		
Next Func: ID:	Name:	SSN:

EDBHITAX Help EDB Tax Information More:

Function: ITAX enables the user to view the employee's tax withholding data.

Nature of Information: ITAX may be viewed in sections: Federal, California State, Additional Withholding, Earned Income Credit, and other state tax information. Tax Processor ID, W4 and DE4 process dates, and the employee's consent to receive an electronic W-2 form are also displayed.

The Federal and California State sections address marital status, personal allowances, and maximum withholding; the California State section also identifies itemized deduction withholding allowances. Additional withholding allowances, both federal and state, and earned income credit are displayed.

Command ==>
F1=Help F2=EX help F3=eXit F4=copy F6=move F7=BKwd F8=FWD
F12=Cancel

EDBHETAX Help EDB E U Tax Info More: +

Function: ETAX enables the user to enter and update federal, state, and additional withholding tax information for the employee as well as any applicable exemptions and earned income credit amount.

Nature of Information: ETAX may be viewed in sections: Federal, California State, Additional Withholding, Earned Income Credit, and other state tax information. Tax Processor ID, W4 and DE4 process dates, and the employee's consent to receive an electronic W-2 form are also displayed.

The Federal and California State sections address marital status, personal allowances, and maximum withholding; the California State section also identifies itemized deduction withholding allowances. Additional withholding allowances, both federal and state, and earned income credit are displayed.

There are no highly abbreviated or group field labels on ETAX.

Command ==>
F1=Help F2=EX help F3=eXit F4=copy F6=move F7=BKwd F8=FWD
F12=Cancel

Field No.	Start Pos.	End Pos.	Length	Format	Description	What do you insert?	Specifications	Required for	
								W-2	SSA
1	1	2	2	A/N	Record Type	DR	Enter the following code: "DR" = Data Record. Used to identify the type of record.	na	na
2	3	3	1	A/N	Agent Indicator Code	Fill with BLANK	If applicable, enter one of the following codes: "1" = 2678 Agent (Approved by IRS); "2" = Common Pay Master (A corporation that pays an employee who works for two or more related corporations at the same time). Otherwise, fill with a blank.	na	X
3	4	12	9	N	Employer/Agent Employer Identification Number (EIN)	Campus EIN (no dashes) <i>Location specific</i>	Enter the EIN entered on the Form 941 submitted to IRS. If Agent Indicator Code (Field # 2) is "1" or "2", enter your Agent EIN. Refer to the following EIN rules: A) Only numeric characters; B) Omit hyphens, prefixes, and suffixes; C) Do <u>NOT</u> begin with "00", "07", "08", "09", "17", "18", "19", "28", "29", "49", "69", "70", "78", "79", or "89"; D) Must match the EIN on the Form 941 submitted to IRS; E) If the EIN is <u>not</u> available, enter zeros (0). Note: If the EIN is zeros (0), "Applied For" will appear on the W-2 statement in Box b.	Box b	X
4	13	18	6	N	Employer/Agent Audit Verification Number	Fill with BLANKS	Enter a unique number associated with each unique employer information. This number identifies the group of Data Records associated with each employer. Note: A new number must be entered if the information between and including Field # 2 and Field # 27 changes (excluding Field # 4).	na	na
5	19	27	9	A/N	Agent for EIN	Fill with BLANKS	If Agent Indicator Code (Field # 2) is "1", enter the Employer's EIN for which you are an Agent. Otherwise fill with blanks. Refer to the following EIN rules: A) Only numeric characters; B) Omit hyphens, prefixes, and suffixes; C) Do <u>NOT</u> begin with "00", "07", "08", "09", "17", "18", "19", "28", "29", "49", "69", "70", "78", "79", or "89"; D) Must match the EIN on the Form 941 submitted to IRS; E) If the EIN is <u>not</u> available, enter zeros (0).	na	X

									Note: This is not the Agent's EIN, but rather, the EIN of the employer who has sought out the services of an Agent to do the reporting.		
6	28	28	1	N	Terminating Business Indicator	Use "0"		Enter one of the following codes:	na	X	
								"1" = Terminated your business during this tax year.			
								"0" = Did <u>NOT</u> terminate your business during this tax year.			
7	29	32	4	A/N	Establishment Number	Fill with BLANKS		For multiple Code RE records (<i>Branches or Locations</i>) with the same EIN, you may use this field to designate store or factory locations or types of payroll. Enter any combination of blanks, numbers or letters. Certain military employers must use this field. Otherwise, fill with blanks .	na	X	
								Note: Moore will use this field to create Code RE Records. Every time this field changes, Moore will create a new Code RE Record for the SSA/State Tapes.			
8	33	33	1	A/N	Moore Reserved Filler	Fill with BLANK		Fill with blanks.			
9	34	42	9	A/N	Other EIN	Fill with BLANKS		For this tax year, if you submitted a Form 941 or Form 943 to IRS or W-2 data to SSA and you used an EIN different from the EIN in the Employer/Agent Employer Identification Number (Field # 3) , enter the other EIN. Otherwise, fill with blanks . Refer to the following EIN rules:	na	na	
								A) Only numeric characters;			
								B) Omit hyphens, prefixes, and suffixes;			
								C) Do <u>NOT</u> begin with "00", "07", "08", "09", "17", "18", "19", "28", "29", "49", "69", "70", "78", "79", or "89";			
								D) Must match the EIN on the Form 941 submitted to IRS;			
								E) If the EIN is <u>not</u> available, enter zeros (0) .			
10	43	99	57	A/N	Employer/Agent Name	Enter name of Campus (as shown in Box c of W2) Location specific . Left justify and pad with BLANKS to make string 57 characters in length.		Enter the name associated with the EIN entered in Employer/Agent Employer Identification Number (Field # 3) . Left justify and fill with blanks.	Box c	X	
								Note: Some states will only accept 50 characters, W-2 statements use 47 characters.			
11	100	139	40	A/N	Employer/Agent Address 1 / Extra Address	Fill with BLANKS		Enter the employer/agent's extra address. Use this field as needed. If the employer/agent's address does not require the use of this field, fill with blanks. Left justify and fill with blanks.	Box c	na	
								Note: Moore does not put this address field on the SSA/State Tapes.			

12	140	179	40	A/N	Employer/Agent Address 2 / Location Address	Use this if there is a need to use more than one line for the address. As non-intuitive as it appears, TALX X3 file uses field 13 (below) as address line 1, and uses this as address line 2.	Enter the employer/agent's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks. If the employer/agent has only 1 address line, fill with blanks. Note: SSA/State Tapes use only the first 22 characters, W-2 statements use all 40 characters.	Box c	X
13	180	219	40	A/N	Employer/Agent Address 3 / Delivery Address	Enter the address of the campus. Always use this line!	Always fill this address line. Enter the employer/agent's delivery address (Street or Post Office Box). Left justify and fill with blanks. Note: SSA/State Tapes use only the first 22 characters, W-2 statements use all 40 characters.	Box c	X
14	220	244	25	A/N	Employer/Agent City	Enter Campus City	Enter the employer/agent's city. Left justify and fill with blanks. Note: SSA/State Tapes use only the first 22 characters, W-2 statements use all 25 characters.	Box c	X
15	245	246	2	A/N	Employer/Agent State Abbreviation	CA	If Employer/Agent Foreign Address Indicator (Field # 22) is blank, enter the employer/agent's state. Use the applicable postal abbreviation. Otherwise, fill with blanks. Note: See MMREF TY 2006 for postal abbreviations. If the Employer/Agent Foreign Address Indicator (Field # 22) is "1", Moore will use the Employer/Agent Foreign State/Province (Field # 19) on the W-2 statements and SSA/State Tapes. TALX Note: Add FM, MH, PW to the MMREF TY 2006 list and remove AC from the list.	Box c	X
16	247	251	5	A/N	Employer/Agent Zip Code	Enter Campus zip code. Location specific.	If Employer/Agent Foreign Address Indicator (Field # 22) is blank, enter the employer/agent's ZIP Code. Otherwise, fill with blanks. Note: If the Employer/Agent Foreign Address Indicator (Field # 22) is "1", Moore will use the Employer/Agent Foreign Postal Code (Field # 20) on the W-2 statements and SSA/State Tapes.	Box c	X
17	252	252	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		

18	253	256	4	A/N	Employer/Agent Zip Code Extension	Campus 4 digit extension of zip code; if not applicable, fill with blanks. Location specific.	If Employer/Agent Foreign Address Indicator (Field # 22) is blank, enter the employer/agent's four-digit extension of the ZIP Code. If <u>not</u> applicable, fill with blanks. Note: If the Employer/Agent Foreign Address Indicator (Field # 22) is "1", Moore will use the Employer/Agent Foreign Postal Code (Field # 20) on the W-2 statements and SSA/State Tapes.	Box c	X
19	257	279	23	A/N	Employer/Agent Foreign State/Province	Blank fill	If Employer/Agent Foreign Address Indicator (Field # 22) is "1", enter the employer/agent's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.	Box c	X
20	280	294	15	A/N	Employer/Agent Foreign Postal Code	Blank fill	If Employer/Agent Foreign Address Indicator (Field # 22) is "1", enter the employer/agent's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.	Box c	X
21	295	334	40	A/N	Employer/Agent Foreign Country Name	Blank fill	If Employer/Agent Foreign Address Indicator (Field # 22) is "1", enter the employer/agent's foreign country name. Left justify and fill with blanks. Otherwise, fill with blanks.	Box c	na
22	335	335	1	A/N	Employer/Agent Foreign Address Indicator	Blank fill	If applicable, enter the following code: "1" = Foreign. Otherwise, fill with a blank. Note: If foreign, the Employer/Agent Foreign State/Province (Field # 19) and Employer/Agent Foreign Postal Code (Field # 20) <u>must</u> contain data.	na	na
23	336	337	2	A/N	Employer Country Code	Blank fill	If one of the following applies, fill with blanks: A) One of the 50 states of the U.S.A; B) District of Columbia; C) Military Post Office (MPO); D) American Samoa; E) Guam; F) Northern Mariana Islands; G) Puerto Rico; H) Virgin Islands. Otherwise, enter the employer's applicable Country code. Note: See MMREF TY 2006 for Country codes.	na	X

24	338	338	1	A/N	Employer Employment Code	R	Enter the appropriate code:	na	X
							"A" = 943 (Agriculture).		
							"H" = Hshld. Emp. (Household).		
							"M" = Military.		
							"Q" = Medicare govt. emp. (Medicare Qualified Government Employment).		
							"X" = CT-1 (Railroad).		
"R" = 941 (Regular (All others)).									
25	339	351	13	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
26	352	352	1	A/N	Employer Tax Jurisdiction Code	fill with BLANK.	If applicable, enter the appropriate code:	na	X
							"V" = Virgin Islands.		
							"G" = Guam.		
							"S" = American Samoa.		
							"N" = Northern Mariana Islands.		
							"P" = Puerto Rico.		
Otherwise, fill with a blank .									
27	353	353	1	N	Employer Third-Party Sick Pay Indicator	fill with "0" (zero)	Enter one of the following codes:	na	X
							"1" = Third-Party Sick Pay.		
							"0" = <u>NOT</u> Third-Party Sick Pay.		
28	354	368	15	A/N	Sort Key # 1	Fill with 15 BLANKS	Can be used to sort Hard Copies/No-mails/Duplicates.	na	na
29	369	383	15	A/N	Sort Key # 2	Fill with 15 BLANKS	Can be used to sort Hard Copies/No-mails/Duplicates.	na	na
30	384	398	15	A/N	Sort Key # 3	Fill with 15 BLANKS	Can be used to sort Hard Copies/No-mails/Duplicates. Note: This field will print on the W-2 statements above the employee's address.	Box e	na
31	399	407	9	N	Employee SSN	Enter employee SSN. EDB0111	Enter the employee's social security number as shown on the original/replacement SSN card issued by the SSA. Refer to the following SSN rules:	Box d	X
							A) Use the number shown on the original/replacement SSN card;		
							B) Only numeric characters;		
							C) Omit hyphens, prefixes and suffixes;		
							D) May <u>NOT</u> begin with an "8" or "9";		
							E) May <u>NOT</u> be "111111111", "333333333", or "123456789";		
F) If the SSN is <u>not</u> available, enter zeros (0) .									
Note: If the SSN is zeros (0), "Applied For" will appear on the W-2 statement in Box d.									
32	408	422	15	A/N	Employee First Name For AYSO, 'NFN' will be deleted.	Enter employee's first name. If no first name is provided, enter "NFN". Left justify and pad with blanks to make string 15 characters in length. EDB0250	Enter the employee's first name as shown on the social security card. Left justify and fill with blanks.	Box e	X
33	423	437	15	A/N	Employee Middle Name or Middle Initial	Enter employee's middle name. If no middle name is provided, fill with 15 BLANKS. Left justify and pad with blanks to make string 15 characters in length. EDB0251	If applicable, enter the employee's middle name or initial as shown on the social security card. Left justify and fill with blanks. Otherwise, fill with blanks .	Box e	X

34	438	457	20	A/N	Employee Last Name For AYSO, 'NLN' will be deleted.	Enter employee's last name. If no last name is provided, enter "NLN". Left justify and pad with blanks to make string 20 characters in length. EDB0252	Enter the employee's last name as shown on the social security card. Left justify and fill with blanks.	Box e	X
35	458	467	10	A/N	Moore Reserved Filler	Fill with 10 BLANKS.	Fill with blanks.		
36	468	471	4	A/N	Employee Suffix	Employee Name Suffix (JR, SR, etc). Left justify and pad with blanks to make string 4 characters in length. EDB0106	If applicable, enter the employee's alphabetic suffix. For example: SR, JR, III. Left justify and fill with blanks. Otherwise, fill with blanks .	TY2003: na TY2002: Box e TY2001: Box e	X
37	472	511	40	A/N	Employee Address 2 / Location Address	EDB0205 Employee's permanent address - line 2. Use this if there is a need to use more than one line for the employee's address. As non-intuitive as it appears, TALX X3 file uses field 38 (below) as employee address line 1, and uses this as employee address line 2.	Enter the employee's location address (Attention, Suite, Room Number, etc). Left justify and fill with blanks. If the employee has only 1 address line, fill with blanks . Note: SSA/State Tapes use only 22 characters, W-2 statements use all 40 characters.	Box e	X
38	512	551	40	A/N	Employee Address 3 / Delivery Address	EDB0204 Employee's permanent address - line 1. If EDB0205 is blank Always use this line! Left justify and pad with blanks to make a 40 character string.	Always fill this address line. Enter the employee's delivery address (Street or Post Office Box). Left justify and fill with blanks. Note: SSA/State Tapes use only 22 characters, W-2 statements use all 40 characters.	Box e	X
39	552	576	25	A/N	Employee City	EDB0206	Enter the employee's city. Left justify and fill with blanks. Note: SSA/State Tapes use only 22 characters, W-2 statements use all 25 characters.	Box e	X
40	577	578	2	A/N	Employee State Abbreviation	EDB0207	If Mail Flag (Field # 51) is <u>NOT</u> "2", enter the employee's state. Use the applicable postal abbreviation. Otherwise fill with blanks . Note: See MMREF TY 2006 for postal abbreviations. If the Mail Flag (Field # 51) is "2", Moore will use the Employee Foreign State/Province (Field # 44) on the SSA/StateTapes. TALX Note: Add FM, MH, PW to the MMREF TY 2006 list and remove AC from the list.	Box e	X
41	579	583	5	A/N	Employee Zip Code	EDB0208	If Mail Flag (Field # 51) is <u>NOT</u> "2", enter the employee's ZIP Code. Otherwise fill with blanks . Note: If the Mail Flag (Field # 51) is "2", Moore will use the Employee Foreign Postal Code (Field # 45) on the SSA/StateTapes.	Box e	X
42	584	584	1	A/N	Moore Reserved Filler	Fill with BLANK.	Fill with blanks.		
43	585	588	4	A/N	Employee Zip Code Extension	Blank fill	If Mail Flag (Field # 51) is <u>NOT</u> "2", enter the employee's four digit extension of the ZIP Code. If not applicable, fill with blanks . Note: If the Mail Flag (Field # 51) is "2", Moore will use the Employee Foreign Postal Code (Field # 45) on the SSA/StateTapes.	Box e	X

44	589	611	23	A/N	Employee Foreign State/Province	EDB1120 if foreign address code = F; otherwise, fill with blanks	If Mail Flag (Field # 51) is "2", enter the employee's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.	Box e	X
45	612	626	15	A/N	Employee Foreign Postal Code	EDB1119 if foreign address code = F; otherwise, fill with blanks.	If Mail Flag (Field # 51) is "2", enter the employee's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.	Box e	X
46	627	666	40	A/N	Employee Foreign Country Name	Print name of country corresponding to EDB1118 (from Foreign Country Code Table) in field #47 below .	If Mail Flag (Field # 51) is "2", enter the employee's foreign country name. Left justify and fill with blanks. Otherwise, fill with blanks.	Box e	X
47	667	668	2	A/N	Employee Country Code	EDB1118 if foreign address code = F; otherwise, fill with blanks.	<p>If one of the following applies, fill with blanks:</p> <p>A) One of the 50 states of the U.S.A;</p> <p>B) District of Columbia;</p> <p>C) Military Post Office (MPO);</p> <p>D) American Samoa;</p> <p>E) Guam;</p> <p>F) Northern Mariana Islands;</p> <p>G) Puerto Rico;</p> <p>H) Virgin Islands.</p> <p>Otherwise, enter the employee's applicable Country code.</p> <p>Note: See MMREF TY 2006 for Country codes.</p>	na	X
48	669	669	1	A/N	Copy A Statement Flag	Fill with BLANK	<p>If applicable, enter the following code:</p> <p>"1" = Copy A Statement.</p> <p>Otherwise, fill with a blank.</p> <p>Note: Determines printing requirements.</p>	na	na
49	670	670	1	A/N	W-3 Statement Flag	Fill with BLANK	<p>Enter one of the following codes:</p> <p>"1" = Real W-3 Statement.</p> <p>"2" = Mock W-3 Statement.</p> <p>"3" = Both Real W-3 Statement and Mock W-3 Statement.</p> <p>Otherwise, fill with a blank.</p> <p>Note: Determines printing requirements.</p>	na	na
50	671	671	1	A/N	Additional W-2 Statement Flag. IF EMPLOYEE HAS MORE THAN THE MAXIMUM LINES TALX ALLOWS FOR BOX 12 (5 LINES VS. UC MAXIMUM 6) AND BOX 14 (4 LINES VS. UC MAXIMUM 5), USE "A" IN THIS FIELD. IF FIELD 50 = A, THEN CREATE 2ND RECORD WITH SAME FIELDS AS LISTED TO RIGHT PLUS ADDITIONAL LINES FOR BOXES 12 AND/OR 14, AS APPLICABLE.	"A", IF APPLICABLE, OTHERWISE, Fill with BLANK	<p>If applicable, enter the following code:</p> <p>"A" = Additional W-2 Statement.</p> <p>Otherwise, fill with a blank.</p> <p>Note: Determines printing requirements.</p> <p>TALX Validator edit: If the Additional W-2 Statement flag is set to "A", the following field values must be the same as they are on the previous DR record. G438</p> <p>Field 54 - Wages, Tips, and Other Compensation</p> <p>Field 56 - Federal Income Tax Withheld</p> <p>Field 58 - Social Security Wages</p> <p>Field 60 - Social Security Tax Withheld</p> <p>Field 62 - Medicare Wages & Tips</p> <p>Field 64 - Medicare Tax Withheld</p> <p>Field 66 - Social Security Tips</p>	na	na

									Field 68 - Advanced Earned Income Credit		
									Field 70 - Dependent Care Benefits		
									Field 84 - Non-Qualified Plan		
									Field 174 - Allocated Tips		
51	672	672	1	A/N	Mail Flag	If EDB0291 foreign address code = F, fill with "2". Otherwise, fill with blanks.	If applicable, enter one of the following codes: "1" = No-Mail. "2" = Foreign. "3" = No-Print. "4" = Full-Rate Mail. Otherwise, fill with a blank (Bulk-Rate Mail). Note: Determines printing requirements. If foreign, the Employee Foreign State/Province (Field # 44) and Employee Foreign Postal Code (Field # 45) must contain data.	na	na		
52	673	673	1	A/N	Data Proof (DP)/Data Print Proof (DPP) Flag	Fill with BLANK	Applies only to W-2 statements. If applicable, enter one of the following codes: "D" = Data Proof. "P" = Data Print Proof. Otherwise, fill with a blank . Note: Determines printing requirements. Moore allows 200 Data Proofs (Computer Print-outs) (Shipped, FTP, or Soft Proof) and 10 Data Print Proofs (Soft Proof, Fax, or Shipped). All marked Data Print Proofs are on the Data Proofs.	na	na		
53	674	674	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.				
54	675	685	11	N	Wages, Tips and Other Compensation (FWT gross year-to-date)	EDB5502 Right justify and pad with leading zeroes. Example: \$13,734.53 would be entered as "00001373453"	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands Employees.</u> Note: Some states will only accept 9 bytes. Moore will generate additional records as needed to fulfill state requirements and report correct dollar amount.	Box 1	X		
55	686	686	1	A/N	Moore Reserved Filler	Fill with BLANK.	Fill with blanks.				
56	687	697	11	N	Federal Income Tax Withheld	014Y Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053"	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands Employees.</u> Note: Some states will only accept 9 bytes. Moore will generate additional records as needed to fulfill state requirements and report correct dollar amount.	Box 2	X		
57	698	698	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.				

58	699	709	11	N	Social Security Wages (OASDI Gross)	EDB5503 Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053"	No negative amounts. Right justify and zero fill. The sum of the amount in this field (Field # 58) and the amount in the Social Securities Tips (Field # 66) should NOT exceed the annual maximum social security wages base for the TY being reported (\$94,200.00 for TY 2006). Note: Some states will only accept 7 bytes. Moore will generate additional records as needed to fulfill state requirements and report correct dollar amount.	Box 3	X
59	710	710	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
60	711	721	11	N	Social Security Tax Withheld (OASDI tax withheld)	013Y Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053"	No negative amounts. Right justify and zero fill. If the amount in this field (Field # 60) is greater than zero, then the amount in either the Social Security Wages (Field # 58) or the Social Security Tips (Field # 66) must be greater than zero. This amount should NOT exceed \$5,840.40 for TY 2006. Note: Some states will only accept 6 bytes. Moore will generate additional records as needed to fulfill state requirements and report correct dollar amount.	Box 4	X
61	722	722	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
62	723	733	11	N	Medicare Wages & Tips (Medicare gross YTD)	EDB5510 Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053"	No negative amounts. Right justify and zero fill. For TY 1983, and later, this field must equal, or exceed the sum of the Social Security Wages (Field # 58) and Social Security Tips (Field # 66). For TY 1991-1993, do not exceed the annual maximum Medicare wage base for the TY. For years prior to TY 1983 zero fill. Note: Some states will only accept 9 bytes. Moore will generate additional records as needed to fulfill state requirements and report correct dollar amount.	Box 5	X
63	734	734	1	A/N	Moore Reserved Filler	Fill with BLANKS	Fill with blanks.		
64	735	745	11	N	Medicare Tax Withheld	009Y Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053".	No negative amounts. Right justify and zero fill. For TY 1991-1993, do not exceed the annual maximum Medicare wage base for the TY. For years prior to TY 1983 zero fill. Note: Some states will only accept 7 bytes. Moore will generate additional records as needed to fulfill state requirements and report correct dollar amount.	Box 6	X
65	746	746	1	A/N	Moore Reserved Filler	Fill with BLANK.	Fill with blanks.		
66	747	757	11	N	Social Security Tips	EDB5556 Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053".	No negative amounts. Right justify and zero fill. The sum of this field (Field # 66) and the Social Security Wages (Field # 58) should NOT exceed the annual maximum Social Security wages base for the TY (\$94,200.00 for TY 2006).	Box 7	X

77	818	818	1	A/N	Moore Reserved Filler		Fill with blanks.		
78	819	829	11	N	Deferred Compensation Contributions to Section 408(k)(6)	Zero fill	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Marina Islands employees.</u>	na	X
79	830	830	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
80	831	841	11	N	Deferred Compensation Contributions to Section 457(b)	Sum of YTD dollar amounts for GTN #s with set indicator = 6 &/or 7. Right justify and pad with leading zeros. Example, \$5,200.53 would be entered as "00000520053"	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Marina Islands employees.</u>	na	X
81	842	842	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
82	843	853	11	N	Deferred Compensation Contributions to Section 501(c)(18)(D)	Zero fill	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Marina Islands employees.</u>	na	X
83	854	866	13	A/N	Moore Reserved Filler	Fill with BLANKS.	Fill with blanks.		
84	867	877	11	N	Non-Qualified Plan Can include 457 and 409A plan amounts. Confirming with OGC.	Sum of new data elements for 457 & 409A. No negative amounts. Right justify & zero fill (see instructions to right)	No negative amounts. Right justify and zero fill. The amount of this field (Field # 84) should equal the sum of the Non-Qualified Plan Section 457 (Field # 86) and Non-Qualified Plan NOT Section 457 (Field # 88). TALX Validator edit: If either Field 86 (Non-Qualified Plan Section 457) or Field 88 (Non-Qualified Plan NOT Section 457) are non-zero, the sum of those two fields must match the value of Field 84. If the sum does not match, a WARNING is displayed.	Box 11	X
85	878	878	1	A/N	Moore Reserved Filler	Fill with BLANK.	Fill with blanks.		
86	879	889	11	N	Non-Qualified Plan Section 457 Checking with OGC re data to be reported in this field.	New data element No negative amounts. Right justify and zero fill.	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Marina Islands employees.</u>	na	X
87	890	890	1	A/N	Moore Reserved Filler	Moore Reserved Filler	Fill with blanks.		
88	891	901	11	N	Non-Qualified Plan NOT Section 457 Checking with OGC re data to be reported in this field.	Zero fill.	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Marina Islands employees.</u>	na	X
89	902	902	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
90	903	913	11	N	Employer Cost of Premiums for Group-Term Life Insurance over \$50,000	EDB5518 Executive life insurance imputed income YTD. Right justify and zero fill.	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico employees.</u>	na	X
91	914	914	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
92	915	925	11	N	Income from the Exercise of Nonstatutory Stock Options.	Zero fill	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico employees.</u>	na	X

93	926	927	2	A/N	Box 12 Letter Code - Line 1	Box 12 Letter Code - Line 1. Value will be either C, E, G, P, Y, or Z (for TY 2006). See guidelines in table at right.	<p>Applies to all Box 12 Letter Codes. If applicable, enter one of the following codes:</p> <p>"A" = Uncollected social security or RRTA tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions).</p> <p>"B" = Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions).</p> <p>"C" = Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5). EDB 5518</p> <p>"D" = Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.</p> <p>"E" = Elective deferrals under a section 403(b) salary reduction agreement. Sum of YTD dollar amounts for GTN#s set indicator = 1.</p> <p>"F" = Elective deferrals under a section 408(k)(6) salary reduction SEP.</p> <p>"G" = Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan. Sum of YTD dollar amounts for GTN #s with set indicator = 6 &/or 7.</p> <p>"H" = Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct).</p> <p>"J" = Nontaxable sick pay (not included in boxes 1, 3, or 5).</p> <p>"K" = 20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions).</p> <p>"L" = Substantiated employee business expense reimbursements (nontaxable).</p> <p>"M" = Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions).</p>	Box 12	X
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										<p>"N" = Uncollected medicare tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions).</p> <p>"P" = Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5). EDB 5546</p> <p>"Q" = Non-Taxable Combat Pay</p> <p>"R" = Employer contributions to your Archer (MSA) (see Form 8853, Archer MSAs and Long-Term Care Insurance Contracts).</p> <p>"S" = Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1).</p> <p>"T" = Adoption benefits (not included in box 1) You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.</p> <p>"V" = Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security</p> <p>"W" = Employer contributions to a Health Savings Account.</p>		
						<p>New data element.</p> <p>New data element.</p> <p>n/a to UC</p> <p>n/a to UC</p>				<p>"Y" = Deferrals under a section 409A nonqualified deferred compensation plan</p> <p>"Z" - Income under section 409A on a nonqualified deferred compensation plan.</p> <p>"AA" - Designated Roth contributions to a section 401(k) plan.</p> <p>"BB" - Designated Roth contributions to a section 403(b) salary reduction plan agreement.</p>		
94	928	938	11	N	Box 12 Value - Line 1	Box 12 Value - Line 1. Should correspond to value for letter code of line 1. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"	Applies to all Box 12 Values. No negative amounts. Right justify and zero fill.	Box 12	na			
95	939	940	2	A/N	Box 12 Letter Code - Line 2	Box 12 Letter Code - Line 2. Value should be either C, E, G, P, Y or Z (for TY 2006). See guidelines in table for field 93.		Box 12	na			
96	941	951	11	N	Box 12 Value - Line 2	Box 12 Value - Line 2. Should correspond to value for letter code of line 2. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"		Box 12	na			
97	952	953	2	A/N	Box 12 Letter Code - Line 3	Box 12 Letter Code - Line 3. Value should be either C, E, G, P, Y or Z (for TY 2006). See guidelines in table for field 93.		Box 12	na			
98	954	964	11	N	Box 12 Value - Line 3	Box 12 Value - Line 3 Should correspond to value for letter code of line 3. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"		Box 12	na			

99	965	966	2	A/N	Box 12 Letter Code - Line 4	Box 12 Letter Code - Line 4. Value should be either C, E, G, P, Y or Z (for TY 2006). See guidelines in table for field 93.		Box 12	na
100	967	977	11	N	Box 12 Value - Line 4	Box 12 Value - Line 4 Should correspond to value for letter code of line 4. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"		Box 12	na
101	978	979	2	A/N	Box 12 Letter Code - Line 5	Box 12 Letter Code - Line 5. Value should be either C, E, G, P, Y or Z (for TY 2006). See guidelines in table for field 93.		Box 12	na
102	980	990	11	N	Box 12 Value - Line 5	Box 12 Value - Line 5 Should correspond to value for letter code of line 5. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"		Box 12	na
103	991	1010	20	A/N	Box 14 Title 1 THESE FIELDS ARE NEEDED FOR THE OW2 IN AYSO. AYSO NEEDS TO INSERT THE LINE "INCLUDED IN BOX 01." JUST BELOW ANY DCP VALUES REPORTED. ONLY REPORT VALUES >\$0 FOR EXISTING RECORDS. IF MORE THAN 4 VALUES > \$0 EXIST ON EMPLOYEE'S RECORD, NEED TO GO TO SECOND RECORD.	Title/Value 1- DCP-CAS (GTN#734Y), Title/Value 2 - DCP-REG (GTN#s 733Y, 735Y), Title/Value 3 - OTHER INCOME (EDB5519), Title/Value 4 - INTEREST (EDB5504), Title/Value 5 - FRINGES (EDB5535)	Applies to all Box 14 Titles. Moore will print what is provided. Left justify and fill with blanks. TALX Note: (Applies to all Box 14 Titles.) Specifying a New Jersey Disability Insurance Private Plan Number In order to specify a New Jersey Disability Insurance Private Plan Number, place "DI P.P. # " (w/11 trailing spaces) in a Box 14 Title on the same Data Record that contains the New Jersey state reporting values. In the Unique State Processing field that corresponds to the State where New Jersey is reported, place the DIPP number itself in the 3rd thru 16th positions (the first two positions are already used for New Jersey). In the case of Unique State Processing-1, the DIPP number should start in position 2159; in the case of Unique State Processing-2, the DIPP number should start in position 2239.	Box 14	na
104	1011	1021	11	N	Box 14 Value 1	Box 14 Value 1. If field 103 is not blank, this should correspond to value for field 103. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"	Applies to all Box 14 Values. No negative amounts. Right justify and zero fill. TALX Note: Edit When New Jersey Disability Insurance Private Plan Number Specified If Box 14 Title is "DI P.P. # " (w/11 trailing spaces) and State Code-1 or State Code-2 is New Jersey (FIPS code 34), then Box 14 Value should be zeroes.	Box 14	na
105	1022	1041	20	A/N	Box 14 Title 2	Box 14 Title 2. Left justify and fill with blanks.		Box 14	na
106	1042	1052	11	N	Box 14 Value 2	Box 14 Value 2. If field 104 is not blank, this should correspond to value for field 104. If zero value, fill with zeroes. Right justify and zero fill.		Box 14	na

						For example, 5200.03 should be "00000520003"			
107	1053	1072	20	A/N	Box 14 Title 3	Box 14 Title 3. Left justify and fill with blanks.		Box 14	na
108	1073	1083	11	N	Box 14 Value 3	Box 14 Value 3. If field 106 is not blank, this should correspond to value for field 106. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"		Box 14	na
109	1084	1103	20	A/N	Box 14 Title 4	Box 14 Title 4. Left justify and fill with blanks.		Box 14	na
110	1104	1114	11	N	Box 14 Value 4	Box 14 Value 4. If field 108 is not blank, this should correspond to value for field 108. If zero value, fill with zeroes. Right justify and zero fill. For example, 5200.03 should be "00000520003"		Box 14	na
111	1115	1115	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks		
112	1116	1116	1	N	Statutory Employee Indicator	Enter "0" (zero)	Enter one of the following codes: "1" = Statutory Employee. "0" = <u>NOT</u> a Statutory Employee.	Box 13	X
113	1117	1117	1	N	Retirement Plan Indicator	Set to 1 (yes) if: 403b gross (008Y) > \$0; or Safe Harbor gross (EDB5544) > \$0; or Retirement gross (EDB5505) > \$0; or Retirement Code (EDB0122) = U,B,P,1,F,S, or O; otherwise, set to 0 (zero).	Enter one of the following codes: "1" = Retirement Plan. "0" = <u>NO</u> Retirement Plan.	Box 13	X
114	1118	1118	1	N	Third-Party Sick Pay Indicator	Enter "0" (zero)	Enter one of the following codes: "1" = Third-Party Sick Pay. "0" = <u>NOT</u> Third-Party Sick Pay.	Box 13	X
115	1119	1119	1	A/N	State Reporting Flag-1	Fill with BLANK.	If applicable, enter one of the following codes: "T" = State Mag Media. "H" = State Hard Copy. "B" = Both State Mag Media and State Hard Copy. Otherwise, fill with a blank.	na	na
116	1120	1133	14	A/N	Moore Reserved Filler (State Name)	Fill with 14 BLANKS.	Fill with blanks.	na	na
117	1134	1135	2	N	State Code-1	Must map state (used in Box 15-1 of W2) to a FIPS numeric code (for example, CA = 06). See separate table to be established (Attachment #6)	If applicable, enter the appropriate Postal Numeric Code. Otherwise, fill with zeros. Note: See MMREF TY 2006 for Postal Numeric Codes.	Box 15-1	X

							Washington = "53" Wyoming = "56" The following states <u>HAVE</u> State Income Tax Withholding and <u>NO</u> Annual Reporting: California = "06" Illinois = "17" Iowa = "19" New York = "36" Oklahoma = "40" Oregon = "41" TALX special handling: If the State Employer Account Number is longer than 15 characters, place "SEE FIELD 225" in this field and in Field #225, place the State Employer Account Number.		
130	1208	1208	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
131	1209	1219	11	N	State Taxable Wages-1	CA tax gross - EDB5506, OS gross 1 - 5512, OS gross 2 - 5540, OS gross 3 - 5541 > \$0. Right justify and zero fill. For example, 5200.03 should be "00000520003"	No Negative Amounts. Right justify and zero fill.	Box 16-1	X
132	1220	1220	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
133	1221	1231	11	N	State Income Tax Withheld-1	012Y (CA). Otherwise, enter YTD balance of GTN set indicator = 4 > \$0. Right justify and zero fill.	No Negative Amounts. Right justify and zero fill.	Box 17-1	X
134	1232	1241	10	A/N	Other State Data-1	Fill with 10 BLANKS.	Defined by state agency.	na	X
135	1242	1248	7	A/N	State Control Number-1	Fill with 7 BLANKS.	Defined by state agency.	na	X
136	1249	1249	1	A/N	Local Reporting Flag-1	Fill with BLANK.	If applicable, enter the following code: "1" = Local Hard Copy. Otherwise, fill with a blank .		
137	1250	1250	1	A/N	Tax Type Code-1 <i>Note: PPS does not maintain this data</i>	Blank fill	Used for entries in the Local Taxable Wages-1 (Field # 140) and Local Income Tax Withheld-1 (Field # 142) . If applicable, enter one of the following codes: "C" = City. "D" = County Income Tax. "E" = School District. "F" = Other Income Tax. Otherwise, fill with a blank .	na	X
138	1251	1255	5	A/N	Local Taxing Entity Code-1	Fill with 5 BLANKS	Defined by state agency.	na	na
139	1256	1256	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		

140	1257	1267	11	N	Local Taxable Wages-1	Same dollar amount as corresponding state wages	No Negative Amounts. Right justify and zero fill. Defined by state agency.	Box 18-1	X
141	1268	1268	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
142	1269	1279	11	N	Local Income Tax Withheld-1	enter YTD balance of GTN set indicator = 5 > \$0 associated with GTN set indicator = 4 (state gross wages).Right justify and zero fill.	No Negative Amounts. Right justify and zero fill. Defined by state agency.	Box 19-1	X
143	1280	1295	16	A/N	Local Alpha Name-1	Use name of associated GTN # w/set indicator = 5	Left justify and fill with blanks.	Box 20-1	na
144	1296	1296	1	A/N	State Reporting Flag-2	Blank fill	If applicable, enter one of the following codes: "T" = State Mag Media. "H" = State Hard Copy. "B" = Both State Mag Media and State Hard Copy. Otherwise, fill with a blank.	na	na
145	1297	1310	14	A/N	Moore Reserved Filler (State Name)	Fill with 14 BLANKS	Fill with blanks.	na	na
146	1311	1312	2	N	State Code-2	Same as field 117	If applicable, enter the appropriate Postal Numeric Code. Otherwise, fill with zeros. Note: See MMREF TY 2006 for Postal Numeric Codes. TALX valid FIPS codes: See StateNamesCodesFIPS.xls "Allowed for State Withholding" column. Only those with "Y" are allowed. TALX special handling: For TY2003 ONLY, treat blank State Code as '00'. If invalid FIPS code, change to "00".	Box 15-2	X
147	1313	1314	2	A/N	Optional Code-2	Fill with 2 BLANKS.	Defined by state agency.	na	X
148	1315	1316	2	A/N	Moore Reserved Filler	Fill with 2 BLANKS.	Fill with blanks.		
149	1317	1322	6	N	Reporting Period-2 (MMYYYY)	Fill with 6 zeroes.	If applicable, enter the last month and 4 digit year for the calendar quarter for which this report applies; e.g., "032001" for January-March of 2001. Otherwise, fill with zeros.	na	X
150	1323	1323	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
151	1324	1334	11	N	State Quarterly Unemployment Insurance Total Wages-2	Fill with 11 zeroes	No Negative Amounts. Right justify and zero fill.	na	X
152	1335	1335	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
153	1336	1346	11	N	State Quarterly Unemployment Insurance Total Taxable Wages-2	Fill with 11 zeroes	No Negative Amounts. Right justify and zero fill.	na	X
154	1347	1348	2	A/N	Number of Weeks Worked-2	Fill with 2 zeroes	Defined by state agency.	na	X

155	1349	1356	8	N	Date First Employed-2 (MMDDYYYY)	Fill with 8 zeroes	If applicable, enter the month, day and 4 digit year; e.g., "03012002" for March 1, 2002. Otherwise, fill with zeros .	na	X
156	1357	1364	8	N	Date of Separation-2 (MMDDYYYY)	Fill with 8 zeroes	If applicable, enter the month, day and 4 digit year; e.g., "03012002" for March 1, 2002. Otherwise, fill with zeros .	na	X
157	1365	1369	5	A/N	Taxing Entity Code-2	Fill with 5 zeroes	Defined by state agency.	na	X
158	1370	1384	15	A/N	State Employer Account Number-2	See rules in table at right Location specific	<p>If State Code-2 (Field # 146) is NOT "00", "02", "12", "32", "33", "46", "47", "48", "53", or "56" enter the employer identification number assigned by a state to an employer for the purpose of filing wage and tax reports to state or local government taxing agencies. Otherwise, fill with blanks.</p> <p>Note: The following states <u>HAVE NO</u> State Income Tax Withholding and <u>NO</u> Annual Reporting:</p> <p>Alaska = "02"</p> <p>Florida = "12"</p> <p>Nevada = "32"</p> <p>New Hampshire = "33"</p> <p>South Dakota = "46"</p> <p>Tennessee = "47"</p> <p>Texas = "48"</p> <p>Washington = "53"</p> <p>Wyoming = "56"</p> <p>The following states <u>HAVE</u> State Income Tax Withholding and <u>NO</u> Annual Reporting:</p> <p>California = "06"</p> <p>Illinois = "17"</p> <p>Iowa = "19"</p> <p>New York = "36"</p> <p>Oklahoma = "40"</p> <p>Oregon = "41"</p> <p>TALX special handling: If the State Employer Account Number is longer than 15 characters, place "SEE FIELD 226" in this field and in Field #226, place the State Employer Account Number.</p>	Box 15-2	X
159	1385	1385	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
160	1386	1396	11	N	State Taxable Wages-2	OS gross 1 - 5512, OS gross 2 - 5540, OS gross 3 - 5541 > \$0. Right justify and zero fill. For example, 5200.03 should be "00000520003"	No Negative Amounts. Right justify and zero fill.	Box 16-2	X
161	1397	1397	1	.	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
162	1398	1408	11	N	State Income Tax Withheld-2	012Y (CA). Otherwise, enter YTD balance of GTN set indicator = 4 > \$0. Right justify and zero fill.	No Negative Amounts. Right justify and zero fill.	Box 17-2	X

163	1409	1418	10	A/N	Other State Data-2	Fill with 10 BLANKS.	Defined by state agency.	na	X
164	1419	1425	7	A/N	State Control Number- 2	Fill with 7 BLANKS.	Defined by state agency.	na	X
165	1426	1426	1	A/N	Local Reporting Flag-2	Fill with BLANK	If applicable, enter the following code: "1" = Local Hard Copy. Otherwise, fill with a blank.	na	na
166	1427	1427	1	A/N	Tax Type Code-2	If State Code not CA (06), enter "F" if corresponding local gross GTN # set indicator = 5 and YTD > \$0. Otherwise, blank fill.	Used for entries in the Local Taxable Wages-2 (Field # 169) and Local Income Tax Withheld-2 (Field # 171). If applicable, enter one of the following codes: "C" = City. "D" = County Income Tax. "E" = School District. "F" = Other Income Tax. Otherwise, fill with a blank.	na	X
167	1428	1432	5	A/N	Local Taxing Entity Code-2	Blank fill	Defined by state agency.	na	na
168	1433	1433	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
169	1434	1444	11	N	Local Taxable Wages-2	Same dollar amount as corresponding state wages	No Negative Amounts. Right justify and zero fill. Defined by state agency.	Box 18-2	X
170	1445	1445	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
171	1446	1456	11	N	Local Income Tax Withheld-2	enter YTD balance of GTN set indicator = 5 > \$0 associated with GTN set indicator = 4 (state gross wages). Right justify and zero fill.	No Negative Amounts. Right justify and zero fill. Defined by state agency.	Box 19-2	X
172	1457	1472	16	A/N	Local Alpha Name-2	Use name of associated GTN # w/set indicator = 5	Left justify and fill with blanks.	Box 20-2	na
173	1473	1473	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
174	1474	1484	11	N	Allocated Tips	Fill with 11 zeroes	No negative amounts. Right justify and zero fill. Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.	Box 8	X
175	1485	1485	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
176	1486	1496	11	N	Uncollected Employee Tax on Tips	Fill with 11 zeroes	No negative amounts. Right justify and zero fill. Combine the Uncollected Social Security Tax and the Uncollected Medicare Tax in this field.	na	X
177	1497	1497	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
178	1498	1508	11	N	Medical Savings Account	Fill with 11 zeroes	No negative amounts. Right justify and zero fill. Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.	na	X
179	1509	1509	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
180	1510	1520	11	N	Simple Retirement Account	Fill with 11 zeroes	No negative amounts. Right justify and zero fill. Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.	na	X
181	1521	1521	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		

182	1522	1532	11	N	Qualified Adoption Expenses	Fill with 11 zeroes	No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.</u>	na	X
183	1533	1533	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
184	1534	1544	11	N	Uncollected Social Security or RRTA Tax on Cost of Group-Term Life Insurance over \$50,000	Fill with 11 zeroes	No negative amounts. Right justify and zero fill.	na	X
185	1545	1545	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
186	1546	1556	11	N	Uncollected Medicare Tax on Cost of Group-Term Life Insurance over \$50,000	Fill with 11 zeroes	No negative amounts. Right justify and zero fill.	na	X
187	1557	1557	1	A/N	Filler	Fill with BLANK	Fill with blanks		
188	1558	1558	1	A/N	Civil Status	Blank fill	Puerto Rico Employees Only. If applicable, enter one of the following codes: "S" = Single. "M" = Married. Otherwise, fill with a blank .	na	X
189	1559	1559	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks		
190	1560	1568	9	N	Spouse's SSN+F427	Zero fill	Puerto Rico Employees Only. If applicable, enter the spouse's social security number as shown on the original/replacement SSN card issued by the SSA. Refer to the following SSN rules: A) Use the number shown on the original/replacement SSN card; B) Only numeric characters; C) Omit hyphens, prefixes and suffixes; D) May NOT begin with an "8" or "9"; E) May NOT be "111111111", "333333333", or "123456789"; F) If the SSN is <u>not</u> available, enter zeros (0) . Otherwise, fill with blanks .	na	X
191	1569	1569	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
192	1570	1580	11	N	Wages Subject to Puerto Rico Tax	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: If the value is non-zero, generate a warning ("Puerto Rican or Virgin Territory record found and skipped") and skip this record.	na	X
193	1581	1581	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
194	1582	1592	11	N	Commissions Subject to Puerto Rico Tax	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X

195	1593	1593	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
196	1594	1604	11	N	Allowances Subject to Puerto Rico Tax	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X
197	1605	1605	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
198	1606	1616	11	N	Tips Subject to Puerto Rico Tax	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X
199	1617	1617	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
200	1618	1628	11	N	Total Wages, Commission, Tips, and Allowances Subject to Puerto Rico Tax	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X
201	1629	1629	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
202	1630	1640	11	N	Puerto Rico Tax Withheld	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X
203	1641	1641	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
204	1642	1652	11	N	Retirement Fund Annual Contributions	Zero fill	Puerto Rico Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X
205	1653	1653	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
206	1654	1664	11	N	Total Wages, Tips and Other Compensation Subject to Virgin Islands, Guam, American Samoa, or Northern Mariana Islands Income Tax	Zero fill	Virgin Islands, Guam, American Samoa or Northern Mariana Islands Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X
207	1665	1665	1	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
208	1666	1676	11	N	Virgin Islands, Guam, American Samoa or Northern Mariana Islands Income Tax Withheld	Zero fill	Virgin Islands, Guam, American Samoa or Northern Mariana Islands Employees Only. No negative amounts. Right justify and zero fill. TALX special handling: Same handling as for Field # 192.	na	X

209	1677	1746	70	A/N	Employee E-mail Address	Fill with 70 BLANKS	If the Moore Internet Consentment module is managed by the employer, enter the employee's e-mail address. Left justify and fill will blanks. Otherwise, fill with blanks .	na	na
210	1747	1755	9	A/N	Moore Reserved Filler	Fill with BLANK	Fill with Blanks		
211	1756	1768	13	A/N	Moore Reserved Filler	Fill with BLANK	Fill with Blanks		
212	1769	1775	7	A/N	Moore Reserved Filler	Fill with BLANK	Fill with Blanks		
213	1776	1777	2	A/N	Box 12 Year - Line 1	Blank fill	Applies to all Box 12 Years. Codes D through H and S Only. If amounts for codes D through H and S are makeup amounts under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) for a prior year, enter the 2 digit year that corresponds to the prior year(s) contributions, beginning with the earliest year. Otherwise, fill with blanks .	Box 12	na
214	1778	1779	2	A/N	Box 12 Year - Line 2	Blank fill		Box 12	na
215	1780	1781	2	A/N	Box 12 Year - Line 3	Blank fill		Box 12	na
216	1782	1783	2	A/N	Box 12 Year - Line 4	Blank fill		Box 12	na
217	1784	1785	2	A/N	Box 12 Year - Line 5	Blank fill		Box 12	na
218	1786	2005	220	A/N	Moore Reserved Filler	Fill with BLANK	Fill with blanks.		
219	2006	2010	5	N	TALX Employer Code	KF to insert value provided for the corresponding campus/site before sending file to TALX	The TALX Employer Code is provided by your Implementation Manager. (This field is REQUIRED for employees to have access to W-2 eXpress.)	na	na
220	2011	2018	8	N	TALX Employee PIN KF checking with TALX re PIN override or not	Insert value defined for this campus. Typically, we use the last 6-digits of employee's SSN	The Default PIN an employee will use to access W-2 eXpress.(This field is REQUIRED for employees to have access to W-2 eXpress.)	na	na
221	2019	2044	26	A/N	W-2 ID	Fill with BLANKS	The Unique Identifier for this W-2 data. TALX Validator edit:If the first DR record in the file has a W-2 ID, all DR records must have W-2 IDs. If the first DR record in the file does not have a W-2 ID, no DR records may have W-2 IDs. If any discrepancies are found, a SEVERE error is displayed.	na	na
222	2045	2045	1	A	W-2 Action Flag	Fill with BLANKS	Action to Delete W-2 data. Enter D to delete this W-2 data.	na	na
223	2046	2074	29	A/N	TALX Reserved Field 1	Fill with 29 BLANKS	Fill with blanks.	na	na
224	2075	2103	29	A/N	TALX Reserved Field 2	Fill with 29 BLANKS	Fill with blanks.	na	na
225	2104	2132	29	A/N	TALX Reserved Field 3	Fill with 29 BLANKS	Fill with blanks.	na	na
226	2133	2161	29	A/N	TALX Reserved Field 4	Fill with 29 BLANKS	Fill with blanks.	na	na
227	2162	2241	80	A/N	Unique State Processing-1	Fill with 80 BLANKS	Enter the unique state data for State Magnetic Media processing. Otherwise, fill with blanks .	na	na

242	2610	2620	11	N	Designated Roth Contributions to a Section 401(k) Plan		No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico employees.</u>		
243	2621	2621	1	A/N	Moore Reserved Filler	Fill with Blanks			
244	2622	2632	11	N	Designated Roth Under a Section 403(b) Salary Reduction Agreement		No negative amounts. Right justify and zero fill. <u>Does not apply to Puerto Rico employees.</u>		
245	2633	2672	40	A/N	Moore Reserved Filler	Fill with Blanks	Fill with Blanks		

Social Security Administration Publication No. 42-007
MMREF-1 Tax Year 2006 (V.2)

14.0 APPENDIX F – POSTAL ABBREVIATIONS AND NUMERIC CODES**14.1 U.S. States**

STATE	ABBREVIATION	NUMERIC CODE*	STATE	ABBREVIATION	NUMERIC CODE*
Alabama	AL	01	Montana	MT	30
Alaska	AK	02	Nebraska	NE	31
Arizona	AZ	04	Nevada	NV	32
Arkansas	AR	05	New Hampshire	NH	33
California	CA	06	New Jersey	NJ	34
Colorado	CO	08	New Mexico	NM	35
Connecticut	CT	09	New York	NY	36
Delaware	DE	10	North Carolina	NC	37
District of Columbia	DC	11	North Dakota	ND	38
Florida	FL	12	Ohio	OH	39
Georgia	GA	13	Oklahoma	OK	40
Hawaii	HI	15	Oregon	OR	41
Idaho	ID	16	Pennsylvania	PA	42
Illinois	IL	17	Rhode Island	RI	44
Indiana	IN	18	South Carolina	SC	45
Iowa	IA	19	South Dakota	SD	46
Kansas	KS	20	Tennessee	TN	47
Kentucky	KY	21	Texas	TX	48
Louisiana	LA	22	Utah	UT	49
Maine	ME	23	Vermont	VT	50
Maryland	MD	24	Virginia	VA	51
Massachusetts	MA	25	Washington	WA	53
Michigan	MI	26	West Virginia	WV	54
Minnesota	MN	27	Wisconsin	WI	55
Mississippi	MS	28	Wyoming	WY	56
Missouri	MO	29			

**Use on Code RS State Records only*



PAYROLL / PERSONNEL W-2 / UI PROCESSES PPP600 PROGRAM RUN SPECIFICATION UPAY731 (R12/99) R1267

(1-11) PPP600 - SPEC	QUARTER (12)	YEAR (13-14)
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THESE ENTRIES
ARE MANDATORY

EXTRACT

(20-23)

NONE OR BLANK - NO EXTRACT PRODUCED
 UI - UI EXTRACT ONLY
 W2 - W2 EXTRACT ONLY
 BOTH - BOTH EXTRACTS PRODUCED

UI PROCESSING

IF NO UI PROCESSING DESIRED, LEAVE ALL BOXES BLANK

REPORTS (30)	TAPE (31)
-----------------	--------------

Y - PRODUCE UI REPORTS
 N - NO UI REPORT

Y - PRODUCE UI TAPE
 N - NO UI TAPE

W2 PROCESSING

IF NO W2 PROCESSING DESIRED, LEAVE ALL BOXES BLANK

FORMS (40)	REPORTS (41)	TAPE (42)	ACTIVE EMPLS REPORT (43)	W2 SORT (44)	NUMBER OF BLANK W2S (45-47)	W2 FICHE (48)	OW2 FILE (49)
---------------	-----------------	--------------	-----------------------------	-----------------	--------------------------------	------------------	------------------

A - ALL EMPLOYEES
 S - SELECTED EMPLOYEES
 B - BLANKS ONLY
 N - NO W2 FORMS

Y - PRODUCE W2 REPORTS
 N - NO W2 REPORT

Y - PRODUCE W2 TAPE
 N - NO W2 TAPE

Y - PRODUCE ACTIVE EMPLOYEES REPORT
 N - NO ACTIVE EMPLOYEES REPORT

N - ALPHABETICAL BY NAME
 Z - EMPLOYEE NAME WITHIN ZIP CODE
 C - ACTIVE EMPLOYEES BY NAME WITHIN HOME DEPARTMENT, INACTIVES BY NAME WITHIN ZIP CODE
 D - ACTIVE EMPLOYEES BY NAME WITHIN HOME DEPARTMENT, INACTIVES BY EMPLOYEE ID NO.
 E - ACTIVE EMPLOYEES BY MAIL CODE/NAME WITHIN HOME DEPARTMENT, INACTIVES BY NAME WITHIN ZIP CODE.
 F - ACTIVE EMPLOYEES BY MAIL CODE/NAME WITHIN HOME DEPARTMENT, INACTIVES BY EMPLOYEE ID NO.

NUMBER OF BLANK W2S TO PRINT (0-999)

Y - PRODUCE W2 FICHE TAPE
 N - NO W2 FICHE TAPE

OW2 FILE
 Y - PRODUCE FILE
 N - NO OW2 FILE

PREPARED BY:	DATE
AUTHORIZED BY:	DATE

PPP6014/PPTAXW2/121005
RETN: SEE RPTS DISP SCHEDULE/DIST.
DATA EXTRACTED: 12/22/05

UNIVERSITY OF CALIFORNIA-SYSTEMWIDE
TAX REPORTING - W2 PROCESSES
TOTALS REPORTING

ATTACHMENT 8

PAGE NO. 000001
RUN DATE 12/22/05
YEAR END: 12/31/05

~~W2 FORMS PRINTING~~
OW2 FILE

	REPORTABLE
OASDI GROSS	26,467,185.05
[REDACTED]	[REDACTED]
MED GROSS	34,445,817.71
[REDACTED]	[REDACTED]
FWT GROSS	34,022,963.54
[REDACTED] SWT GROSS	33,759,001.31
[REDACTED]	[REDACTED]
OLTX GROSS-1	0.00
OTHER INCOME	0.00
NONCASH FRNGE	185,946.09
EXEC LIFE INC	15,805.80
INTEREST	0.00
OASDI TAX	1,640,965.50
MEDICARE TAX	499,464.42
[REDACTED]	[REDACTED]
FWT TAX	5,878,732.95
[REDACTED] SWT TAX	1,700,148.82
[REDACTED]	[REDACTED]
OLOC TAX-1	0.00
403(B) AMOUNT	377,327.69
457(B) AMOUNT	364,334.39
EIC PAYMENT	1,648.00
EXCL MOVE EXP	0.00
DEPCARE DED	130,029.07
DCP CASUAL	217,149.24
DCP REGULAR	583,357.46
EMPLOYEES	632
W2S	632