

Release 1796

**Service Request 82047
2007 W-2 Reporting**

Detail Design

December 10, 2007
Prepared by Pamela L. Torres

Information Resources & Communications
Office of the President
University of California

Table of Contents

Introduction	1
Service Request 82047	1
Error Report 2130.....	1
Overview of PPS Modifications	1
Programs	1
Modified Programs.....	1
PPTAXEDB.....	1
PPTAXW2T.....	1
PPTAXW2O	2
PPTAXW2R	2
PPTAXW2.....	2
PPP610	2
Copy Members.....	2
CPWSXTRC	2
CPWSTXTP.....	2
CPWSTXTO.....	3
W-2 Laser Form Update	3
Attachments	4
Attachment 1 – W-2 Form	4
Attachment 2 – Federal Tape (W-2).....	5
Attachment 3 – OW2 Interface Record Layout.....	7

Introduction

Service Request 82047

Service Request 82047 asks for modifications in support of changes to W-2 reporting mandated by the Social Security Administration (SSA) and Internal Revenue Service (IRS). It also asks for changes to various W-2 reports and files.

Error Report 2130

Modification will be made to correct the length of the filler of the XR-RECORD, the header record, of the Online W-2 file.

Overview of PPS Modifications

Logic that converts the value of Country Code for Canada from "CA" to "CN" will be removed from W-2 processing.

Two new fields, Software Vendor Code and Social Security Administration (SSA) reserved field will be added to the Federal W-2 file. The Employee First Name field will be set to "NFN" if there is no Employee First Name on the EDB.

The online W-2 file will be modified to contain blanks in the Employer ID field which has now become obsolete since the file will no longer be sent to a third party vendor. The employer address will be changed to reflect the one used for the W-2 printed forms, not the one used for the Federal Tax file.

The PPP6007 report, which is the W-2 Confirmation and Summary Report, will be modified to indicate that an employee has opted to receive an electronic W-2. A data overflow problem will also be fixed.

The PPP6014 - Totals Reporting report, will be modified to change the detail header from 'Federal W2 Tape' to 'Federal W2 File'.

The PPP6016 - W-2 Forms for Active Employees report, will be modified to identify employees who elected to receive electronic W-2s.

The W-2 Laser Form will be modified to conform to the 2007 form changes.

Programs

Modified Programs

PPTAXEDB

PPTAXEDB creates the EDB extract to be used by quarterly (unemployment insurance) and annual (W-2) tax reporting.

It will be modified to delete the logic that converts Canada's country code from "CA" to "CN". Canada's country code in the EDB will be used.

PPTAXW2T

PPTAXW2T produces the Federal W-2 file.

Program PPTAXW2T will be modified to move blanks to the two new fields that will be defined in CPWSTXTP copybook. The program will be modified to move a value of "NFN" to the Employee First Name field on the file if the EDB 0205, Employee First Name, is blank.

PPTAXW2O

PPTAXW2O creates the online W-2 file.

It will be modified to use the employer address used by the W-2 form instead of the tape address. Currently, XTRC-EMPLOYER-ADDRESS-1 and XTRC-EMPLOYER-ADDRESS-2 are being used as the Employer address; the modified address will use XTRC-EMPLOYER-ADDRESS.

The default value of the Employer ID, now obsolete, will be modified from 12452 to blanks. The program will be modified to eliminate moving spaces to the SSN field when the EDB value is invalid; instead, the SSN value will be moved as is. The conversion of Canada's country code from "CA" to "CN" will be deleted.

PPTAXW2R

PPTAXW2R generates the reports for the W-2 forms.

PPP6007 is the "Tax Reporting W-2 Confirmation and Summary" report. The "pension" detail heading will be moved to the third line to create space for the "W2 indicator" detail heading. Between the status and pension data columns, the W2 data column will be inserted. If the employee's electronic W-2 indicator (EDB1166) is "Y", the value of the W2 data column will be "OW2". When the W-2 indicator (EDB1166) is blank, the value will be "YES". When a W-2 form was not printed due to errors, the value of the W2 data column will be "NO".

The data printing overflow problem of PPP6007 report will be corrected.

PPTAXW2

PPTAXW2 controls calls to the other W-2 programs that generate the Federal Tax file, the print file for the printed W-2 forms, the microfiche file of the W-2 forms, the interface file to AYSO for the online W-2 forms and all W-2 reports

PPP6014 is the "Tax Reporting – W2 Processes Totals Reporting" report. The heading title of PPP6014, which is "Federal W2 Tape", will be changed to "Federal W2 File".

PPP6016 is the "W-2 Forms for Active Employees" report. It will be modified to identify employees who elected to receive electronic W-2s (EDB1166). An asterisk at the end of the employees' name will be used. The total count at the end of the report will be broken into two sub-totals. The first one is employees receiving paper W-2 forms and the second one is for employees receiving electronic W-2 forms. The title for the total of employees receiving W-2 forms will be changed to 'Total W-2 Forms'.

PPP610

PPP610 creates an updated extract file with certain changes to an employee's information that are made after the EDB has been frozen.

PPP610 will be modified to remove the conversion of Canada's country code from "CA" to "CN".

Copy Members

CPWSXTRC

This copy member contains the Campus Specific tax reporting constants. It includes replacement mapping for several country codes where the IRS country code is different from the Postal country code used in PPS. An entry for Antarctica will be added.

CPWSTXTP

This copy member provides the record layout for the Federal W-2 file.

Release 1796
2007 W-2 Reporting SR 82047
Detail Design
December 10, 2007

It will be modified to split the filler in positions 20 through 28 into two fields. The first field will be for the Software Vendor Code in positions 20 through 23. The second field will be reserved for SSA's use in positions 24 through 28 (file layout included in Attachments 2).

CPWSTXTO

This copy member provides the record layout for the online W-2 interface file.

It will be modified to change the filler length of the XR RECORD, header record, from 2698 to 2658 in order to make this record type consistent with the other record types on the file.

W-2 Laser Form Update

Modifications will be made to the OGL (Overlay Generation Language) program which overlays the W-2 print file with the physical form. The following changes will be made. (updated form included in Attachment 1).

- Change year 2006 to 2007.
- Correct the spelling of the word "negligence" in Copy C.
- Change the letter code in Box a control number to "d".
- Change the letter code in Box d Employee's social security number to "a".
- Change the heading in box e Employee's name, suffix, address and ZIP code to "e Employee's name, suffix f Employee's address and ZIP code"

Attachments

Attachment 1 – W-2 Form

a Employer's name, address, and ZIP code		b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employee's name, address, and ZIP code		d Employee's social security number		3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Advance EIC payment		8 Dependent care benefits	
9 Employee's name, address, and ZIP code		10 Employee's address and ZIP code		12 See instructions for Box 12		14 Other	
				12a			
				12b			
				12c			
				12d			
				12e			
				12f			
11 Nonqualified plans				Form W-2 Wage and Tax Statement 2007			
13 Satisfies the criteria for military spouse plan				Copy B, To Be Filed With Employee's FEDERAL Tax Return			
15 State Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality	

a Employer's name, address, and ZIP code		b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employee's name, address, and ZIP code		d Employee's social security number		3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Advance EIC payment		8 Dependent care benefits	
9 Employee's name, address, and ZIP code		10 Employee's address and ZIP code		12 See instructions for Box 12		14 Other	
				12a			
				12b			
				12c			
				12d			
				12e			
				12f			
11 Nonqualified plans				Form W-2 Wage and Tax Statement 2007			
13 Satisfies the criteria for military spouse plan				Copy C, For EMPLOYER'S RECORDS. See Notice to Employer on back of Copy 3.			
15 State Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality	

a Employer's name, address, and ZIP code		b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employee's name, address, and ZIP code		d Employee's social security number		3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Advance EIC payment		8 Dependent care benefits	
9 Employee's name, address, and ZIP code		10 Employee's address and ZIP code		12 See instructions for Box 12		14 Other	
				12a			
				12b			
				12c			
				12d			
				12e			
				12f			
11 Nonqualified plans				Form W-2 Wage and Tax Statement 2007			
13 Satisfies the criteria for military spouse plan				Copy 2, To Be Filed With Employer's State, City, or Local Income Tax Return.			
15 State Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality	

Attachment 2 – Federal Tape (W-2)

Federal Tape (W-2) to SSA/ IRS (PPP600)				
Change requested by service request 82047				
RA Record Identifier – Submitter Record				
Position	Length/ Format	Field Description	Data Element #	Comments
1 - 2	2	Record Identifier		RA
3 - 11	9	Submitter's Employer Identification # (EIN)		Campus EIN (location specific)
12 – 19	8	Personal Identification # (PIN)		PIN assigned to the employee who is authorized to submit the file (location specific); left justify and fill with blanks
20 – 23	4	Software Vendor Code		Fill with blanks
24 – 28	5	Blank		
29	1	Resub indicator		0 = initial file 1 = file being resubmitted (location specific)
30 – 35	6	Resub WFID		If campus enters "1" in resub indicator field (pos. 29), enter WFID displayed on the notice sent to the campus by SSA (location specific); otherwise fill with blanks.
36 – 37	2	Software code		98 (in-house program)
38 – 94	57	Company name		Campus name; left justify and fill with blanks (location specific)
95-116	22	Location address		Campus address (attention, suite, room no., etc.); left justify and fill with blanks (location specific)
117-138	22	Delivery address		Campus street address; left justify and fill with blanks (location specific)
139-160	22	City		Campus city, left justify and fill with blanks (location specific)
161-162	2	State abbreviation		CA
163-167	5	Zip Code		Campus zip code (location specific)
168-171	4	Zip code extension		Campus 4 digit extension of zip code; if not applicable, fill with blanks (location specific)
172-176	5	Blank		Fill with blanks; reserved for SSA
177-199	23	Foreign state/province		Fill with blanks
200-214	15	Foreign postal code		Fill with blanks
215-216	2	Country Code		Fill with blanks
217-273	57	Submitter name		Name of department to receive notification of unprocessable data; left justify and fill with blanks.
274-295	22	Location address		Campus department address; left justify and fill with blanks (location specific)
296-317	22	Delivery address		Campus street address; left justify and fill with blanks (location specific)

Federal Tape (W-2) to SSA/ IRS (PPP600)				
Change requested by service request 82047				
RA Record Identifier – Submitter Record				
Position	Length/ Format	Field Description	Data Element #	Comments
318-339	22	City		Campus city (location specific)
340-341	2	State abbreviation		CA
342-346	5	Zip code		Campus zip code (location specific)
347-350	4	Zip code extension		Campus zip code extension; if not applicable, fill with blanks (location specific)
351-355	5	Blank		Fill with blanks, reserved for SSA
356-378	23	Foreign state/province		Fill with blanks
379-393	15	Foreign postal code		Fill with blanks
394-395	2	Country code		Fill with blanks
396-422	27	Contact name		Name of person to be contacted by SSA concerning processing problems; left justify and fill with blanks (location specific)
423-437	15	Contact phone #		Phone number of contact person (including area code; left justify and fill with blanks (location specific)
438-442	5	Contact phone extension		Contact's phone extension; left justify and fill with blanks; if not applicable, fill with blanks (location specific)
443-445	3	Blank		Fill with blanks; reserved for SSA
446-485	40	Contact e-mail		If applicable, enter contacts e-mail/internet address; left justify and fill with blanks; otherwise, fill with blanks (location specific)
486-488	3	Blank		Fill with blanks; reserved for SSA
489-498	10	Contact fax		If applicable, enter contact's FAS number (including area code); otherwise, fill with blanks (location specific)
499	1	Preferred method of problem notification code		Enter one of the following codes: 1 – e-mail/internet 2 – postal service (location specific)
500	1	Preparer Code		L (self-prepared)
501-512	12	Blank		Fill with blanks; reserved for SSA

Attachment 3 – OW2 Interface Record Layout

OW2 Interface Record Layout (PPP600) As of SR 82047				
Header Record				
Position	Length/ Format	Field Description	Data Element #	Comments
1-2	2	Record Type		Value "XR"
3-6	4	File Format		Value "X6", left justify, fill with blanks
7-14	8	File Format Version		Value "1", left justify, fill with blanks
15-2712	2698	Filler		Fill with blanks

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
Employer Detail Record Section				
1 – 2	2	Record Type		Value "DR"
3	1	Filler		Value spaces
4 – 12	9	Employer ID		
13 – 18	6	Filler		Value "0"
19 – 27	9	Filler		Value spaces
28	1	Filler		Value "0"
29 – 42	14	Filler		Value spaces
43 – 99	57	Employer Name		Campus name; left justify and fill with blanks (location specific)
100 – 139	40	Employer Address – Extra		Value spaces
140 – 179	40	Employer Address – 2		Value spaces
180 – 219	40	Employer Address – 1		Campus address used for W-2 print; left justify and fill with blanks (location specific)
220 – 244	25	Employer City		Campus city, left justify and fill with blanks (location specific)
245 – 246	2	Employer State		Ca
247 – 251	5	Employer ZIP Code		Campus zip code (location specific)
252	1	Filler		Value spaces
253 – 256	4	Employer ZIP Code – Extra		Campus 4 digit extension of zip code; if not applicable, fill with blanks (location specific)
257 – 337	81	Filler		Value spaces
338	1	Employment Type		Value "R"
339 – 352	14	Filler		Value space
353	1	Filler		Value "0"
354 – 398	45	Filler		Value spaces
Employee Detail Record Section				
399 – 407	9	Employee SSN	EDB0111	Employee's SSN; if invalid do not fill with zeros; if no SSN enter all zeroes
408 – 422	15	Employee Name	EDB0250	Employee's first name; left justify and fill with blanks; if no first name, fill with blanks
423 – 437	15	Employee Middle Name	EDB0251	If applicable, enter employee

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
				middle name or initial; left justify and fill with blanks; otherwise fill with blanks
438 – 457	20	Employee Last Name	EDB0252	Employee's last name; left justify and fill with blanks
458 – 467	10	Filler		Value spaces
468 – 471	4	Employee Suffix	EDB0106	
472 – 511	40	Employee Address – Line 2	EDB0205	Employee's permanent address – line 2; left justify and fill with blanks
512 – 551	40	Employee Address – Line 1	EDB0204	Employee's permanent address – line 1; left justify and fill with blanks
552 – 576	25	Employee Address – City	EDB0206	Employee's address – permanent city; left justify and fill with blanks
577 – 578	2	Employee Address – State	EDB0207	Employee's address – permanent – state; if foreign address code = F, fill with blanks
579 – 583	5	Employee Address – ZIP Code	EDB0208	Employee's address – permanent zip; if foreign address code = F, fill with blanks
584 – 588	5	Filler		Value spaces
589 – 611	23	Employee Foreign Address - Province	EDB1120	If Foreign Address Indicator = "F", otherwise fill with blanks
612 – 626	15	Employee Foreign Address – Postal Code	EDB1119	If Foreign Address Indicator = "F", otherwise fill with blanks
627 – 666	40	Employee Foreign Address – Country Name		Obtained from FCT Table
667 – 668	2	Employee Foreign Address – Country Code	EDB1118	If Foreign Address Indicator = "F", otherwise fill with blanks
669 – 670	2	Filler		Value spaces
671	1	Additional W-2 Record		"A", if additional DR record required, otherwise fill with blank
672	1	Employee Foreign Address Indicator	EDB0291	If Foreign Address Indicator = "F", fill with "2", otherwise fill with blanks
673 – 674	2	Filler		Value spaces
675 – 685	11 9(09)v99	Employee Federal Withholding Wages	EDB5502	FWT gross year-to-date (YTD); right justify and zero fill
686	1	Filler		Value spaces

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
687 – 697	11 9(09)v99	Employee Federal Withholding Tax	GTN014Y	Federal tax withheld; right justify and zero fill
698	1	Filler		Value spaces
699 – 709	11 9(09)v99	Employee OASDI Wages	EDB5503	OASDI gross; right justify and zero fill
710	1	Filler		Value spaces
711 – 721	11 9(09)v99	Employee OASDI Tax	GTN013Y	OASDI tax withheld; right justify and zero fill
722	1	Filler		Value spaces
723 – 733	11 9(09)v99	Employee Medicare Wages	EDB5510	Medicare gross (YTD); right justify and zero fill
734	1	Filler		Value spaces
735 – 745	11 9(09)v99	Employee Medicare Tax	GTN009Y	Medicare tax withheld (YTD); right justify and zero fill
746	1	Filler		Value spaces
747 – 757	11 9(09)v99	Employee TIP Income	EDB5556	TIP Income, right justify, zero fill
758	1	Filler		Value spaces
759 – 769	11 9(09)v99	Employee Advanced Earned Income Credit (EIC)	GTN099Y	Advance earned income credit; right justify and zero fill
770	1	Filler		Value spaces
771 – 781	11 9(09)v99	Employee Depcare Amount	GTN335Y	Employee Depcare YTD balance; right justify and zero fill
782	1	Filler		Value spaces
783 – 793	11 9(09)v99	Filler		Value "O"
794	1	Filler		Value spaces
795 – 805	11 9(09)v99	Filler		Value "O"
806	1	Filler		Value spaces
807 – 817	11 9(09)v99	Employee Defined Compensation – 403(b)	GTN Set Ind = 1	Employee 403(b) contributions YTD balance; right justify and zero fill
818	1	Filler		Value spaces
819 – 829	11 9(09)v99	Filler		Value "O"
830	1	Filler		Value spaces
831 – 841	11 9(09)v99	Employee Define Compensation – 457(b)	GTN Set Ind = 6 and/or 7	Employee 457(b) contributions YTD balance; right justify and zero fill
842	1	Filler		Value spaces
843 – 853	11 9(09)v99	Filler		Value "O"

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
854 – 866	13	Filler		Value spaces
867 – 877	11 9(09)v99	Employee Non-Qualified Plans (W-2 Box 11)	EDB5558	Employee Non-Qualified Plans, right justify, zero fill
878	1	Filler		Value spaces
879 – 889	11 9(09)v99	Non-qualified plan Section 457 distributions or contributions	EDB5557	No negative amounts. Right justify and zero fill.
890	1	Filler		Value spaces
891 – 901	11 9(09)v99	Filler		Value "O"
902	1	Filler		Value spaces
903 – 913	11 9(09)v99	Employer cost of premiums for group term life insurance over \$50,000	EDB5518	Executive life insurance imputed income-YTD right justify and zero fill
914	1	Filler		Value spaces
915 – 925	11 9(09)v99	Filler		Value "O"
926 – 927	2	Box 12 Code Line 1	EDB5518 GTN Set Ind = 1 GTN Set Ind = 6 and/or 7 EDB5546	C" = Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5). ***** "E" = Elective deferrals under a section 403(b) salary reduction agreement. ***** "G" = Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan. ***** "P" = Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5).
928 – 938	11 9(09)v99	Box 12 Amount Line 1		The amount that is represented by the code in Line 1
939 – 940	2	Box 12 Code Line 2		E, G or P if present
941 – 951	11 9(09)v99	Box 12 Amount Line 2		The amount that is represented by the code in Line 2
952 – 953	2	Box 12 Code Line 3		G or P if present
954 – 964	11 9(09)v99	Box 12 Amount Line 3		The amount that is represented by the code in

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
				Line 3
965 – 966	2	Box 12 Code Line 4		P if present
967 – 977	11 9(09)v99	Box 12 Amount Line 4		The amount that is represented by the code in Line 4
978 – 979	2	Box 12 Code Line 5		Value spaces
980 – 990	11 9(09)v99	Box 12 Amount Line 5		Value zeros
991 – 1010	20	Box 14 Title Line 1	GTN6734Y GTN6733Y GTN735Y EDB5519 EDB5504 EDB5535	“DCP-CAS” = DCP Casual ***** “DCP-REG” = DCP Regular ***** “OTHER INCOME” ***** “INTEREST” = Interest Income ***** “FRINGES” = Fringe Income
1011 – 1021	11 9(09)v99	Box 14 Amount Line 1		The amount that is represented by the title in Line 1
1022 – 1041	20	Box 14 Title Line 2		One of the 5 titles listed above
1042 – 1052	11 9(09)v99	Box 14 Amount Line 2		The amount that is represented by the title in Line 2
1053 – 1072	20	Box 14 Title Line 3		One of the 5 titles listed above
1073 – 1083	11 9(09)v99	Box 14 Amount Line 3		The amount that is represented by the title in Line 3
1084 – 1103	20	Box 14 Title Line 4		One of the 5 titles listed above
1104 – 1114	11 9(09)v99	Box 14 Amount Line 4		The amount that is represented by the title in Line 4
1115	1	Filler		Value spaces
1116	1	Filler		Value “O”
1117	1	Retirement Plan Indicator		Derived
1118	1	Filler		Value “O”
Employee State and Local Taxes - 1				
1119 – 1133	15	Filler		Value spaces

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
1134 – 1135	2	State Code – 1		Numeric representation of state
1136 – 1139	4	Filler		Value spaces
1140 – 1145	6	Filler		Value "O"
1146	1	Filler		Value spaces
1147 – 1157	11 9(09)v99	Filler		Value "O"
1158	1	Filler		Value spaces
1159 – 1169	11 9(09)v99	Filler		Value "O"
1170 – 1171	2	Filler		Value spaces
1172 – 1179	8	Filler		Value "O"
1180 – 1187	8	Filler		Value "O"
1188 – 1192	5	Filler		Value spaces
1193 – 1207	15	Employer State ID – 1		Campus specific
1208	1	Filler		Value spaces
1209 – 1219	11 9(09)v99	Employee SWT Wages – 1	One of the following: EDB5506 EDB5512 EDB5540 EDB5541	CA Gross Wages Other State – 1 Gross Wages Other State – 2 Gross Wages Other State – 3 Gross Wages
1220	1	Filler		Value spaces
1221 - 1231	11 9(09)v99	Employee SWT Taxes – 1	One of the following: GTN12Y GTN OS-1 GTN OS-2 GTN OS-3	CA SWT Taxes Other State – 1 SWT Taxes Other State – 2 SWT Taxes Other State – 3 SWT Taxes
1232 – 1256	25	Filler		Value spaces
1257 – 1267	11 9(09)v99	Employee Local Wages – 1	One of the following: EDB5512 EDB5540	Note: Wages are the same as state Other State – 1 Gross Wages Other State – 2 Gross Wages

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
			EDB5541	Other State – 3 Gross Wages
1268	1	Filler		Value spaces
1269 - 1279	11 9(09)v99	Employee Local Taxes – 1	One of the following: GTN OS-1 GTN OS-2 GTN OS-3	Other State – 1 Local Taxes Other State – 2 Local Taxes Other State – 3 Local Taxes
1280 – 1295	16	Employee Locality Name – 1	One of the following: GTN OS-1 GTN OS-2 GTN OS-3	Note: The description on it is the locality name.
Employee State and Local Taxes - 2				
1296 – 1310	15	Filler		Value spaces
1311 – 1312	2	State Code – 2		Note: See State-1
1313 – 1316	4	Filler		Value spaces
1317 – 1322	6	Filler		Value "O"
1323	1	Filler		Value spaces
1324 – 1334	11 9(09)v99	Filler		Value "O"
1335	1	Filler		Value spaces
1336 – 1346	11 9(09)v99	Filler		Value "O"
1347 – 1348	2	Filler		Value spaces
1349 – 1356	8	Filler		Value "O"
1357 – 1364	8	Filler		Value "O"
1365 – 1369	5	Filler		Value spaces
1370 – 1384	15	Employer State ID – 2		Note: See State-1
1385	1	Filler		Value spaces
1386 – 1396	11 9(09)v99	Employee SWT Wages – 2		Note: See State-1
1397	1	Filler		Value spaces
1398 – 1408	11 9(09)v99	Employee SWT Tax – 2		Note: See State-1
1409 – 1433	25	Filler		Value spaces
1434 – 1444	11	Employee Local Wages – 2		Note: See State-1

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
	9(09)v99			
1445	1	Filler		Value spaces
1446 – 1456	11 9(09)v99	Employee Local Tax – 2		Note: See State-1
1457 – 1472	16	Employee Locality Name – 2		Note: See State-1
1473	1	Filler		Value spaces
1474 – 1484	11 9(09)v99	Filler		Value "O"
1485	1	Filler		Value spaces
1486 – 1496	11 9(09)v99	Filler		Value "O"
1497	1	Filler		Value spaces
1498 – 1508	11 9(09)v99	Filler		Value "O"
1509	1	Filler		Value spaces
1510 – 1520	11 9(09)v99	Filler		Value "O"
1521	1	Filler		Value spaces
1522 – 1532	11 9(09)v99	Filler		Value "O"
1533	1	Filler		Value spaces
1534 – 1544	11 9(09)v99	Filler		Value "O"
1545	1	Filler		Value spaces
1546 – 1556	11 9(09)v99	Filler		Value "O"
1557 – 1559	1	Filler		Value spaces
1560 – 1568	11 9(09)v99	Filler		Value "O"
1569	1	Filler		Value spaces
1570 – 1580	11 9(09)v99	Filler		Value "O"
1581	1	Filler		Value spaces
1582 – 1592	11 9(09)v99	Filler		Value "O"
1593	1	Filler		Value spaces
1594 – 1604	11 9(09)v99	Filler		Value "O"
1605	1	Filler		Value spaces
1606 – 1616	11 9(09)v99	Filler		Value "O"
1617	1	Filler		Value spaces
1618 – 1628	11 9(09)v99	Filler		Value "O"

OW2 Interface Record Layout As of SR 82047				
Detail Record				
Position	Length/ Format	Field Description	Data Element #	Comments
1629	1	Filler		Value spaces
1630 – 1640	11 9(09)v99	Filler		Value "O"
1641	1	Filler		Value spaces
1642 – 1652	11 9(09)v99	Filler		Value "O"
1653	1	Filler		Value spaces
1654 – 1664	11 9(09)v99	Filler		Value "O"
1665	1	Filler		Value spaces
1666 – 1676	11 9(09)v99	Filler		Value "O"
1677 – 2005	329	Filler		Value spaces
2006 – 2010	5	OW2 Employer Code		Value spaces, no longer used
2011 – 2018	8	OW2 Employer PIN		Value spaces, no longer used
2019 – 2441	423	Filler		Value spaces
2442 – 2449	8	Filler		Value spaces
2450 – 2513	64	Employee ID		EDB employee ID
2514 – 2561	48	Filler		Value spaces
2562 – 2572	11	Filler		Value "O"
2573	1	Filler		Value spaces
2574 – 2584	11	Filler		Value "O"
2585	1	Filler		Value spaces
2586 – 2596	11	Filler		Value "O"
2597	1	Filler		Value spaces
2598 – 2608	11	Filler		Value "O"
2609	1	Filler		Value spaces
2610 – 2620	11	Filler		Value "O"
2621	1	Filler		Value spaces
2622 – 2632	11	Filler		Value "O"
2633 – 2672	40	Filler		Value spaces

OW2 Interface Record Layout As of SR 82047				
Trailer Record				
Position	Length/ Format	Field Description	Data Element #	Comments
1 – 2	2	Trailer Record Code		Value "TR"
3 – 9	7	Employee Record Count		Number of employees on the file.
10 – 24	15 9(13)v99	FWT Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
25 – 39	15 9(13)v99	FWT Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
40 – 54	15 9(13)v99	OASDI Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
55 – 69	15 9(13)v99	OASDI Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
70 – 84	15 9(13)v99	Medicare Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
85 – 99	15 9(13)v99	Medicare Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
100 – 114	15 9(13)v99	ADV EIC Payment		Enter total dollar amount for all DR employee records, right justify and zero fill
115 – 129	15 9(13)v99	Depcare		Enter total dollar amount for all DR employee records, right justify and zero fill
130 – 144	15 9(13)v99	State Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
145 – 159	15 9(13)v99	State Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
160 – 174	15 9(13)v99	Local Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
175 – 189	15 9(13)v99	Local Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
190 – 204	15 9(13)v99	Exec Life Income		Enter total dollar amount for all DR employee records, right justify and zero fill
205 – 219	15 9(13)v99	Interest Income		Enter total dollar amount for all DR employee records,

OW2 Interface Record Layout As of SR 82047				
Trailer Record				
Position	Length/ Format	Field Description	Data Element #	Comments
				right justify and zero fill
220 – 234	15 9(13)v99	Deferred Compensation – 403b		Enter total dollar amount for all DR employee records, right justify and zero fill
235 – 249	15 9(13)v99	Deferred Compensation – 457		Enter total dollar amount for all DR employee records, right justify and zero fill
250 – 264	15 9(13)v99	NQ Plans – W2 Box 11		Enter total dollar amount for all DR employee records, right justify and zero fill
265 – 279	15 9(13)v99	NQ 457 DIS CON		Enter total dollar amount for all DR employee records, right justify and zero fill
280 – 294	15 9(13)v99	Move EXP Income		Enter total dollar amount for all DR employee records, right justify and zero fill
295 – 309	15 9(13)v99	DCP Casual		Enter total dollar amount for all DR employee records, right justify and zero fill
310 – 324	15 9(13)v99	DCP Regular		Enter total dollar amount for all DR employee records, right justify and zero fill
325 – 339	15 9(13)v99	Other Income		Enter total dollar amount for all DR employee records, right justify and zero fill
340 – 354	15 9(13)v99	Non-Cash – Fringe		Enter total dollar amount for all DR employee records, right justify and zero fill
355 - 2672	2318	Filler		Value spaces