

**Release 1846**

**Service Request 82373  
2008 W-2 Reporting**

**Detail Design**

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## **Introduction**

### **Service Request 82373**

Service Request 82373 asks for modifications in support of changes to W-2 reporting mandated by the Social Security Administration (SSA) and Internal Revenue Service (IRS).

## **Overview of PPS Modifications**

The IRS country code to Postal country code mapping will be updated. The W-2 Laser Form will be modified to conform to the 2008 form changes.

New postal country codes for Serbia and Montenegro were requested to be added but no code changes are needed because the postal codes for these two countries match their corresponding IRS country codes.

The Field Name for Personal Identification Number (PIN), positions 12-19 of the RA Record in the Federal W-2 file, has been changed to User Identification (User ID). There is no change to the identification number itself. The PPS record layout (Attachment 2) has been updated but no code changes are needed.

## **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. Entries for St. Barthelemy, St. Martin and Kosovo will be added. Entries for Antarctica and United Arab Emirates will be removed because the IRS country code now matches the Postal country code. The entry for Yugoslavia will be deleted because the IRS code has been deleted.

## **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 change will be made (updated form included in Attachment 1):

- Change year 2007 to 2008.

# Attachments

## Attachment 1 – W-2 Form

d Control number		a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		b Employer identification number		3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, suffix		f Employee's address and ZIP code		12 See Instrs. for Box 12		14 Other	
				12a			
				12b			
				12c			
				12d			
				12e			
12f							
This information is being furnished to the Internal Revenue Service.				11 Nonqualified plans		<b>Form W-2 Wage and Tax Statement 2008</b> Copy B, To Be Filed With Employee's FEDERAL Tax Return.	
OMB No. 1545-0088 Department of the Treasury-Internal Revenue Service				13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality	

d Control number		a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		b Employer identification number		3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, suffix		f Employee's address and ZIP code		12 See Instrs. for Box 12		14 Other	
				12a			
				12b			
				12c			
				12d			
				12e			
12f							
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				11 Nonqualified plans		<b>Form W-2 Wage and Tax Statement 2008</b> Copy C, For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)	
OMB No. 1545-0088 Department of the Treasury-Internal Revenue Service				13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality	

d Control number		a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld	
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				12a			
				12b			
				12c			
				12d			
				12e			
12f							
This information is being furnished to the Internal Revenue Service.				11 Nonqualified plans		<b>Form W-2 Wage and Tax Statement 2008</b> Copy J, To Be Filed With Employee's State, City, or Local Income Tax Return.	
OMB No. 1545-0088 Department of the Treasury-Internal Revenue Service				13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
15 State	Employer's state I.D. 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)**

<b>Federal Tape (W-2) to SSA/ IRS (PPP600) SR82373</b>				
<b>RA Record Identifier – Submitter Record</b>				
<b>Position</b>	<b>Length/ Format</b>	<b>Field Description</b>	<b>Data Element #</b>	<b>Comments</b>
1 - 2	2	Record Identifier		RA
3 - 11	9	Submitter's Employer Identification # (EIN)		Campus EIN (location specific)
12 – 19	8	User Identification		User Identification is assigned to the employee who is authorized to submit the file (location specific); left justify and fill with blanks
20 – 28	9	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

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<b>Position</b>	<b>Length/ Format</b>	<b>Field Description</b>	<b>Data Element #</b>	<b>Comments</b>
				and fill with blanks (location specific)
296-317	22	Delivery address		Campus street address; left justify and fill with blanks (location specific)
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