

REQUIREMENTS FOR MAGNETIC MEDIA REPORTING of QUARTERLY PAYROLL REPORT

- 1. Conform to all technical specifications (see Appendix A). Also refer to specifications outlined in the U.S. Department of Health and Human Services publication <u>Magnetic Media Reporting</u>.
- 2. If this is your first magnetic filing, submit a hard copy of your wage data with your media (CD-R, cartridge). If the media is correct, it will be processed. If it is rejected, the hard copy will be processed and we will notify you of the problems. After you receive notification that you are an approved magnetic media reporter, it is no longer necessary to provide a hard copy.
- 3. Include a copy of a completed Transmitter Report with each media . (see Appendix B).
- 4. If you are using a CD-R -use a felt tip permanent marker to label the CD-R, place the CD-R in a protective case and place an external label on the outside of the protective case that includes all necessary information. (see Appendix C).
 - For cartridges place an external label on each cartridge that includes all necessary information. (see Appendix C).
- 5. Please give each CD-R /cartridge an external catalogue number or some other identification number (any length).
- 6. Send the magnetic media to the following address: Delaware Department of Labor

Div. of Unemployment Insurance

P. O. Box 9953

Wilmington, DE 19809

7. Send the Quarterly Tax Report (DE form UC-8) and Quarterly Payroll Report (DE form UC-8A) with the notation filed by magnetic media to: Delaware Department of Labor

Div. of Unemployment Insurance

P. O. Box 41785

Philadelphia, PA 19101-1785

8. Direct questions to Accounts Management at (302) 761-8482 or at the Delaware address above.

Appendix A

Technical Specifications

1. Media forms Accepted: CD-R (File must be a .txt file)

3490 or 3490E, non-compressed Cartridges.

1/2" 9-Track Tape Reels and 3.5" diskettes will not be accepted

2. Sequence of Records: First: 'E' record which details Employer information (see

Appendix D)

Second: 'S' record which details Employee information (see

Appendix E)

3. General Format: Use the booklet, TIB-4, October 1988 Social Security

Administration Publication No. 42-007 for general format instructions when reporting *Employee* wage information.

However, Delaware requires formatting of the employee name

field as specified on the attached record layout type 'S'.

4. Record Length: 275

Blocking Factor: 25 (6875)

5. Internal Label: Standard IBM OS/VS Label.

Appendix B

TRANSMITTER REPORT FOR MAGNETIC MEDIA FILING **Quarterly Summary Assessment Report** 1. Name and Address of Transmitter 2. DE Employer Account No(s). (Include Street, City, State & Zip): (list any additional accounts below or a separate sheet) 3. Tax Yr Quarter 5. Name and Address of Person to Contact About 4. Number & Type of Reporting Magnetic Media Filing (Include Street, City, Medium in File _____ Magnetic **State and Zip):** Cartridge 6. Telephone Number 7. Date Sent 8. Name and Address of Person to Whom 9. Transmitters Magnetic Media Inventory **Magnetic Media File is to be Returned:** Numbers **Comments:** Please send a completed copy of this form with every magnetic media

Send Completed Magnetic Media to:
Delaware Department of Labor
Division of Unemployment Insurance, QPR-1
P.O. Box 9953
Wilmington, DE 19809-0953

Appendix C MAGNETIC MEDIA EXTERNAL LABEL

1. NAME OF COMPANY		2. ACCOUNT N	NUMBER	3. TYPE OF DOCUMENT		
4. TAX PERIOD	. TAX PERIOD 5. CREA		6. MACHINE	7. BLOCKING FACTOR		
8. NO. OF RECORDS		9. CONTACT		10. PHONE NO.		
		<i>y</i> , 001(11201		100111100		

- 1. Name of Company
- 2. Account Number
- 3. Type of Document (QPR-1)
- 4. Tax Period Enter Year-Quarter of the records on Cartridge
- 5. Create Date Date this cartridge was created
- 6. Machine Name of Manufacturer
- 7. Blocking Factor
- 8. Number of Records on Cartridge
- **9.** Contact **–0**
- 10. Phone Number

PLEASE BE SURE TO INCLUDE A SIMILAR LABEL

Appendix D

CARTRIDGE RECORD FORMAT RECORD 'E'

FIELD CHARACTERISTICS:

ALPHABETIC

I - ALPHANUMERIC
 N - NUMERIC (UNSIGNED)
 NX - NUMERIC (UNSIGNED)
 NX - NUMERIC (MINUS SIGNED)

Z - ZONE

A -

F - FILLER/SPACES

RECORD NAME: WAGE TY	YPE 'E'	RECORD SOURCE: EMPLOYER			
SIZE: 275		MEDIUM: CARTRIDGE			
FILE SEQUENCE:		DATE SUBMITTED:			
BEGIN LABEL: OS/VS STA	NDARD	END LABEL: OS/VS STANDARD			
BLOCKING FACTOR: 25	PREPARED BY:	DATE:			
REVIEWED BY:	DATE:	SUPERSEDES:			

ITEM	FIELD	FIELD	FIELD	FIELD	NO OF	P	I	FIELD	FIELD
NO	POSITION	SIZE	SIZE	CHAR	DEC	OR	U	LABEL	DESCRIPTION
		BYTES	CHAR		POS	\mathbf{Z}	S		
							Т		
1	1	1		A					Type 'E' constant
2	2-5	4		N					Reporting Period (MMYY)
*	2-3	2		N					Reporting Month
*	4-5	2		N					Reporting Year
3	6-14	9		N					Federal Employer Identification
									Number (F.E.I.N.)
4	15-16	2		F					Blank
5	17-22	6		N					6 Digit State Account Number
6	23	1		F					Blank
7	24-73	50		X					Employer Name
8	74-160	87		F					Blank
9	161-162	2		N					Blocking Factor 25 constant
10	163-275	113		F					Blank

REFER TO PAGES 19-20 IN THE MAGNETIC MEDIA REPORTING MANUAL SSA PUB NO.42-007 TIB(4) OCTOBER 1988

Appendix E

CARTRIDGE RECORD FORMAT RECORD 'S'

FIELD CHARACTERISTICS:

ALPHABETIC

I - ALPHANUMERIC
 N - NUMERIC (UNSIGNED)
 NX - NUMERIC (UNSIGNED)
 NX - NUMERIC (MINUS SIGNED)

Z - ZONE

A -

F - FILLER/SPACES

RECORD NAME: WAGE TY	YPE 'S'	RECORD SOURCE: EMPLOYEE			
SIZE: 275		MEDIUM: CARTRIDGE			
FILE SEQUENCE:		DATE SUBMITTED:			
BEGIN LABEL: OS/VS STA	NDARD	END LABEL: OS/VS STANDARD			
BLOCKING FACTOR: 25	PREPARED BY:	DATE:			
REVIEWED BY:	DATE:	SUPERSEDES:			

ITEM	FIELD	FIELD	FIELD	FIELD	NO OF	P	I	FIELD	FIELD
NO	POSITION	SIZE	SIZE	CHAR	DEC	OR	U	LABEL	DESCRIPTION
		BYTES	CHAR		POS	\mathbf{Z}	S		
							T		
1	1	1		A					Type 'S' constant
2	2-10	9		N					Social Security Number
3	11-37	27		X					Employee Name
*	11	1		X					First Initial
*	12	1		X					Middle Initial
*	13	1		F					Blank
*	14-37	24		X					Last Name
4	38-123	86		F					Blank
5	124-125	2		N					State Code '10' Constant
6	126-127	2		F					Blank
7	128-131	4		N					Reporting Period (MMYY)
*	128-129	2		N					Reporting Month
*	130-131	2		N					Reporting Year
8	132-140	9		N	2				Employee Wages
9	141-149	9		F					Blank
10	150-151	2		N				_	Number weeks worked/quarter
11	152-275	124		F				_	Blank

REFER TO PAGE 23 IN THE MAGNETIC MEDIA REPORTING MANUAL SSA PUB NO.42-007 TIB(4) OCTOBER 1988