



**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 Magnetic Media Reporting.**
- 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 (Include Street, City, State & Zip): 	2. DE Employer Account No(s). _____ - _____ _____ - _____ _____ - _____ (list any additional accounts below or a separate sheet)
5. Name and Address of Person to Contact About Magnetic Media Filing (Include Street, City, State and Zip): 	3. Tax Yr _____ - _____ Quarter _____ 4. Number & Type of Reporting Medium in File _____ Magnetic Cartridge 6. Telephone Number 7. Date Sent
8. Name and Address of Person to Whom Magnetic Media File is to be Returned: 	9. Transmitters Magnetic Media Inventory 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 NUMBER		3. TYPE OF DOCUMENT	
4. TAX PERIOD	5. CREATE DATE		6. MACHINE		7. BLOCKING FACTOR
8. NO. OF RECORDS			9. CONTACT		10. PHONE NO.

- 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

