



INSTRUCTIONS
FOR
.TXT FIXED FILE SSA UPLOAD
QUARTERLY WAGE & TAX REPORTING

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I. Introduction

Currently, Employers in the state of Louisiana can submit Wage and Tax Reports two (2) ways. All quarterly wage and tax reports must be submitted online using the electronic wage & tax reporting application.

- **Manual Entry** – Businesses with less than 100 employees may enter each employee’s wages directly into the application
- **File Upload** –Businesses with one or more employees may elect to upload either a .CSV file formatted from the Excel Template available for download online or a .TXT file. Use of the Employer File Format Checker is recommended when uploading a .TXT file.

Effective January 1, 2014, paper submissions are no longer accepted. R.S. 23:1531.1 now requires businesses to report all employees, in any calendar quarter, electronically. Employers reporting less than 100 employees are now required to file electronically beginning April 1, 2014.

Contained within this document are the most recent instructions and specifications to be used when submitting your Unemployment Insurance (UI) Wage and Tax Reports online. These instructions and specifications have been modified in accordance with the Social Security Administration’s guidelines in an effort to minimize required data. Please review these instructions carefully to ensure that your file meets all requirements.

Note: .TXT files are generally created by the use of a payroll software provider, developer, interoffice or an outsourced Information Technology Department (IT Department) of your choosing. Contact your software provider or IT Department for instructions on how to create a file from the software you are utilizing. You will then use that file in accordance with the specifications within this document to submit your report online.

II. General Information

A. What’s New:

Additional data fields have been added to the online wage & tax reporting application. The additional information requested for each employee include:

- **Hourly Pay**
- **[OPTIONAL] Standard Occupational Code (SOC) or job title**

B. Reminders

Filing Deadline

Filing a Wage and Tax Report consists of both accurately filed wages reported and accepted, and payment postmarked by the process date shown online. Avoid penalties and interest by filing 30 days after the close of the quarter.

Quarter 1 – ends March 31	Due April 30
Quarter 2 – ends June 30	Due July 31
Quarter 3 – ends September 30	Due October 31
Quarter 4 – ends December 31	Due January 31

Payment Address

When electing to print a payment voucher located inside the wage & tax reporting application) include employer account number, year and quarter on your check and mail to:

Louisiana Workforce Commission UI Tax
P.O. Box 60020
New Orleans, LA 70160

NEW: LWC will return payments mailed to any other address, which could create a delinquency issue.

C. System Requirements

Internet Explorer version 7.0 or above
Firefox
Allow cookies
JavaScript-enabled

III. .TXT File Guidelines

Both your Federal Employer Identification Number (FEIN) and your state of Louisiana seven (7) digit UI Employer Account Number (EAN, also referred to as State Identification Number or SID) are required.

Each line (record length) **must equal 512 bytes** and the record delimiter is CRLF (carriage return / line feed).

All money fields are strictly numeric and must include dollars and cents rounded to the nearest whole dollar. Negative (credit) amounts, zero wages or blank wages are not allowed. However, simply remove that line entry from the file in the event that the employee did not earn any wages.

Do not figure the excess wages! The online filing system calculates the excess wages for you based on your current experience rating, wages reported in prior timely filed reports and taxable wage base.

Wages reported should **only** reflect state of Louisiana wages.

In order to receive proper credit for the wages paid to your employees, the nine (9) digit Social Security Numbers (SSN) must be listed. If an employee has not received a SSN, do not include a wage record for him/her on the report with a fictitious number. Have him/her call 1-800-772-1213 or visit the local Social Security office to obtain a SSN. Once a valid SSN is issued, file an Amended Wage and Tax Report. Duplicate SSNs will not be accepted within the same employer's record.

Wage reports submitted in an improper format and/or missing Social Security numbers are not acceptable. R.S.23:1538(A) authorizes the LWC to assess penalties for failure to submit timely, accurate and complete quarterly wage and tax reports in the manner approved by the Program Administrator.

IV. Definition of Record Types

While the Louisiana Workforce Commission specifications for .TXT files follows the Social Security Administration, we only have four record types that are required. These two alphabetic codes begin the record of each row and are detailed below:

Code	RA	RE	RS	RF
Record Type	Submitter Record	Employer Records	State Wage Record	Final Record
Description	Identifies the organization submitting the file and the means of contact. Must be the first data record in a file. Precedes the "RE" record.	The first "RE" record must follow the "RA" record. This record identifies an employer whose employee wage information is being reported quarterly. Generate one "RE" record for each employer with wages being reported.	The "RS" record must follow the "RE" record. This record contains quarterly state wage and tax data for an employee. One "RS" record is required for each employee for whom wages were paid in Louisiana during the report quarter.	The "RF" record must follow the "RS" record. This record indicates the end of file and must be the last data record. The final record must appear once for each file. No data is processed after the "RF" record.
Required	YES	YES	YES	YES

V. Record Descriptions

"RA" – RECORD FORMAT

POSITION FROM -TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
001-002	RECORD IDENTIFIER	2	REQUIRED – CONSTANT "RA"
003-216	FILLER	214	FILL WITH BLANKS.
217-273	SUBMITTER NAME	57	OPTIONAL – ENTER THE NAME OF THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. LEFT JUSTIFY AND FILL WITH BLANKS.
274-295	LOCATION ADDRESS	22	OPTIONAL – ENTER THE LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC) FOR THE SUBMITTER NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
296-317	DELIVERY ADDRESS	22	OPTIONAL – ENTER THE DELIVERY ADDRESS (STREET OR POST OFFICE BOX) FOR THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. LEFT JUSTIFY AND FILL WITH BLANKS.
318-339	CITY	22	OPTIONAL – ENTER THE CITY FOR THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. LEFT JUSTIFY AND FILL WITH BLANKS.
340-341	STATE ABBREVIATION	2	OPTIONAL – ENTER THE STATE FOR THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. USE A POSTAL ABBREVIATION (SEE APPENDIX A). FOR A FOREIGN ADDRESS, LEAVE BLANK.
342-346	ZIP CODE	5	OPTIONAL - ENTER SEVEN DIGIT ZIP CODE.
347-350	ZIP CODE EXTENSION	4	OPTIONAL – ENTER THE FOUR DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE LEAVE BLANK.
351-395	FILLER	45	FILL WITH BLANKS.
396-422	CONTACT NAME	27	OPTIONAL – ENTER NAME OF THE

			PERSON TO BE CONTACTED BY OUIA CONCERNING PROBLEMS WITH SUBMISSION. LEFT JUSTIFY AND FILL WITH BLANKS.
423-437	CONTACT TELEPHONE	15	OPTIONAL – ENTER THE TELEPHONE NUMBER FOR THE CONTACT NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
438-442	CONTACT TELEPHONE EXTENSION	5	OPTIONAL – ENTER THE TELEPHONE EXTENSION FOR THE CONTACT NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
443-488	SECURED FILE TRANSFER PROTOCOL	46	REQUIRED – SUBMITTER’S EMAIL ADDRESS FOR SFTP
489-498	CONTACT FAX NUMBER	10	OPTIONAL – FOR U.S. AND U.S. TERRITORIES ONLY. IF APPLICABLE, ENTER YOUR FAX NUMBER (INCLUDING AREA CODE). LEFT JUSTIFY AND FILL WITH BLANKS.
499-512	FILLER	14	FILL WITH BLANKS.

“RE”- Record Format

POSITION FROM -TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
001-002	RECORD IDENTIFIER	2	REQUIRED – CONSTANT “RE”
003-006	REPORT YEAR	4	REQUIRED – ENTER THE YEAR FOR WHICH THIS REPORT IS BEING PREPARED. ENTER NUMERIC CHARACTERS ONLY. UPDATE EACH YEAR.
007-007	AGENT INDICATOR	1	OPTIONAL – FILL WITH BLANKS.
008-016	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	9	REQUIRED – ENTER NINE DIGIT FEIN. OMIT HYPHENS, PREFIXES AND SUFFIXES.
017-025	AGENT FOR EIN	9	FILL WITH BLANKS.
026-026	TERMINATING BUSINESS INDICATOR	1	OPTIONAL – ENTER “1” IF YOU HAVE TERMINATED YOUR BUSINESS DURING THIS TAX YEAR. OTHERWISE, ENTER “0”, OR FILL WITH BLANKS.
027-030	ESTABLISHMENT NUMBER	4	FILL WITH BLANKS.
031-039	OTHER EIN	9	FILL WITH BLANKS.
040-096	EMPLOYER NAME	57	REQUIRED – ENTER THE EMPLOYER NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
097-118	EMPLOYER ADDRESS	22	REQUIRED – ENTER THE LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.) FOR THE EMPLOYER NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
119-140	DELIVERY ADDRESS	22	OPTIONAL – ENTER THE EMPLOYER DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFY AND FILL WITH BLANKS.
141-162	EMPLOYER CITY	22	REQUIRED – EMPLOYER CITY. LEFT JUSTIFY AND FILL WITH BLANKS.
163-164	EMPLOYER STATE ABBREVIATION	2	OPTIONAL- ENTER THE EMPLOYER STATE. USE POSTAL ABBREVIATION. (SEE APPENDIX A.)

“RE”- Record Format Continued

POSITION FROM -TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
165-169	EMPLOYER ZIP CODE	5	REQUIRED – ENTER A VALID FIVE DIGIT ZIP CODE.
170-173	EMPLOYER ZIP EXTENSION	4	OPTIONAL– ENTER THE FOUR DIGIT EXTENSION OF THE ZIP CODE.
174-178	BLANK	5	FILL WITH BLANKS.
179-201	FOREIGN STATE/ PROVINCE	23	FILL WITH BLANKS.
202-216	FOREIGN POSTAL CODE	15	FILL WITH BLANKS.
217-218	COUNTRY CODE	2	FILLWITH BLANKS.
219-219	EMPLOYMENT CODE	1	OPTIONAL – MAY ENTER THE APPROPRIATE CODE: A AGRICULTURE H HOUSEHOLD M MILITARY Q MEDICARE QUALIFIED GOVERNMENT EMPLOYMENT X RAILROAD R REGULAR (ALL OTHERS) OR FILL WITH BLANKS.
220-220	TAX JURISDICTION CODE	1	FILL WITH BLANKS.
221-221	TAX TYPE	1	REQUIRED – ENTER TAX TYPE “B”
222-223	STATE CODE IDENTIFIER	2	REQUIRED – ENTER “22” FOR LOUISIANA FIPS CODE. (SEE APPENDIX A)
224-229	REPORTING PERIOD	6	REQUIRED – ENTER ONLY NUMERIC CHARACTERS. ENTER MONTH AND FOUR DIGIT YEAR FOR THE CALENDAR QUARTER FOR WHICH THIS REPORT APPLIES. E.G. “092007” FOR JULY – SEPTEMBER 2007.
230-231	BLOCKING FACTOR	2	OPTIONAL – ENTER BLOCKING FACTOR OF THE FILE. MAXIMUM BLOCKING FACTOR EQUALS 25.
232-234	BLANK	3	FILL WITH BLANKS.

“RE”-Record Format Continued

POSITION FROM-TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
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235-246	STATE UI EMPLOYER ACCOUNT NUMBER	12	REQUIRED – ENTER THE NUMERIC SEVEN DIGIT STATE UI EMPLOYER ACCOUNT. LEFT JUSTIFY AND FILL WITH BLANKS. EXAMPLE: 1234567
247-249	BLANK	3	FILL WITH BLANKS.
250-250	MULTIPLE COUNTY INDUSTRY	1	REQUIRED – IF EMPLOYING ENTITY IS CURRENTLY A MULTIPLE WORKSITE REPORTER AND HAS CHOSEN TO SUBMIT FORM BLS 3020 (MULTIPLE WORKSITE REPORT) AS A FIXED FILE FORMAT VIA ELECTRONIC UPLOAD. ENTER “1” IF THIS FIRM HAS EMPLOYEES IN MORE THAN ONE COUNTY/INDUSTRY INCLUDED IN THIS REPORT; OTHERWISE, ENTER “0”.
251-251	MULTIPLE WORKSITE LOCATION	1	REQUIRED – IF EMPLOYING ENTITY IS CURRENTLY A MULTIPLE WORKSITE REPORTER AND HAS CHOSEN TO SUBMIT FORM BLS 3020 (MULTIPLE WORKSITE REPORT) AS A FIXED FILE FORMAT VIA ELECTRONIC UPLOAD. ENTER “1” IF THIS FIRM HAS EMPLOYEES AT MORE THAN ONE COUNTY INCLUDED IN THIS REPORT; OTHERWISE, ENTER “0”.
252-252	MULTIPLE WORKSITE INDICATOR	1	REQUIRED – ENTER “1” IF THIS FIRM INCLUDING MULTIPLE WORKSITE DATA ON FIXED FILE FORMAT IN LIEU OF FORM BLS 3020; OTHERWISE, ENTER “0”.
253-253	ELECTRONIC FUNDS TRANSFER INDICATOR	1	OPTIONAL – ENTER “1” IF THIS FIRM PARTICIPATES IN ELECTRONIC FUNDS TRANSFER OF QUARTERLY UI PAYROLL TAXES; OTHERWISE, ENTER “0”.
254	MULTI-STATE EMPLOYERS INDICATOR	1	REQUIRED –IF ANY OF YOUR EMPLOYEES REPORT WAGES TO LOUISIANA AND TO OTHER STATES; ENTER A “Y” IF YES; ENTER A “N”
255-512	BLANK	258	LEAVE BLANK

“RS”-Record Format

POSITION FROM-TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
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001-002	RECORD IDENTIFIER	2	REQUIRED – CONSTANT “RS”
003-004	STATE CODE	2	REQUIRED – ENTER “22” FOR LOUISIANA FIPS CODE. (SEE APPENDIX A)
005-009	TAXING ENTITY CODE	5	FILL WITH BLANKS.
010-018	SOCIAL SECURITY NUMBER (SSN)	9	REQUIRED – ENTER THE EMPLOYEE’S SOCIAL SECURITY NUMBER. IF AN EMPLOYEE HAS NOT RECEIVED A SSN, DO NOT INCLUDE A WAGE RECORD FOR HIM/HER ON THE REPORT WITH A FICTITIOUS NUMBER. HAVE HIM/HER CALL 1-800-772-1213 OR VISIT THE LOCAL SOCIAL SECURITY OFFICE TO OBTAIN A SSN. ONCE A VALID SSN IS ISSUED, FILE AN AMENDED WAGE AND TAX REPORT. DUPLICATE SSNS WILL NOT BE ACCEPTED WITHIN THE SAME EMPLOYER’S RECORD.
019-038	EMPLOYEE LAST NAME	20	REQUIRED – ENTER THE LAST NAME OF THE EMPLOYEE EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS.
039-053	EMPLOYEE FIRST NAME	15	REQUIRED – ENTER THE FIRST NAME OF THE EMPLOYEE EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS.
054-068	EMPLOYEE MIDDLE NAME OR INITIAL	15	OPTIONAL - IF APPLICABLE, ENTER THE EMPLOYEE MIDDLE NAME OR INITIAL EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS.
069-072	SUFFIX	4	FILL WITH BLANKS.
073-094	LOCATION ADDRESS	22	FILL WITH BLANKS.
095-116	DELIVERY ADDRESS	22	FILL WITH BLANKS.

“RS” – RECORD FORMAT CONTINUED

NOTE: The required record length for each row = 512 characters.

POSITION FROM-TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
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117-138	CITY	22	FILL WITH BLANKS.
139-140	STATE ABBREVIATION	2	FILL WITH BLANKS.
141- 145	ZIP CODE	5	FILL WITH BLANKS.
146-149	ZIP CODE EXTENSION	4	FILL WITH BLANKS.
150-154	BLANK	5	BLANK (RESERVED FOR SSA USE)
155-177	FOREIGN STATE/ PROVINCE	23	FILL WITH BLANKS.
178-192	FOREIGN POSTAL CODE	15	FILL WITH BLANKS.
193-194	COUNTRY CODE	2	FILL WITH BLANKS.
195-196	OPTIONAL CODE	2	FILL WITH BLANKS.
197-202	REPORTING PERIOD	6	REQUIRED – ENTER THE 2-DIGIT LAST MONTH AND 4 DIGIT YEAR FOR THE CALENDAR QUARTER FOR WHICH THIS REPORT APPLIES: E.G., 3 RD QUARTER WOULD BE ENTERED AS “092007” FOR JULY-SEPTEMBER 2007.
203-213	STATE QUARTERLY UI WAGES PIC 9(9)V99	11	REQUIRED – ENTER ONLY NUMERIC CHARACTERS, RIGHT JUSTIFY AND ZERO FILL. ENTER TOTAL QUARTERLY WAGES PAID TO THIS EMPLOYEE (ROUND CENTS TO THE NEAREST WHOLE DOLLAR AMOUNT; I.E. \$1081.49 IS ROUNDED TO “108100” AND \$1081.50 IS ROUNDED TO “108200”). INCLUDE ALL TIP INCOME.
214-224	STATE QUARTERLY TAXABLE WAGE	11	RIGHT JUSTIFY AND ZERO FILL OR FILL WITH BLANKS.
225-226	NUMBER OF WEEKS	2	FILL WITH BLANKS.

“RS” – RECORD FORMAT CONTINUED

POSITION FROM-TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
227-234	DATE FIRST EMPLOYED	8	OPTIONAL – MAY ENTER THE MONTH, DAY AND 4 DIGIT YEAR EMPLOYEE FIRST EMPLOYED WITH THIS EMPLOYER OR FILL WITH BLANKS.

235-242	DATE OF SEPARATION	8	OPTIONAL – MAY ENTER THE MONTH, DAY AND 4 DIGIT YEAR EMPLOYEE SEPARATED FROM EMPLOYMENT WITH THIS EMPLOYER OR FILL WITH BLANKS.
243-247	BLANK	5	BLANK (RESERVED FOR SSA USE)
248-267	STATE EMPLOYER ACCOUNT NUMBER	20	FILL WITH BLANKS.
268-273	BLANK	6	BLANK (RESERVED FOR SSA USE)
274-275	STATE CODE	2	OPTIONAL – ENTER “22” FOR LOUISIANA FIPS CODE. (SEE APPENDIX A)
276-286	STATE TAXABLE WAGES	11	OPTIONAL – RIGHT JUSTIFY AND ZERO FILL.
287-297	STATE INCOME TAX WITHHELD	11	FILL WITH BLANKS.
298-307	STATE EXCESS WAGES PIC 9(8)V99	10	OPTIONAL – ENTER ONLY NUMERIC CHARACTERS, RIGHT JUSTIFY AND ZERO FILL. ENTER TOTAL QUARTERLY WAGES PAID TO THIS EMPLOYEE (ROUND CENTS TO THE NEAREST WHOLE DOLLAR AMOUNT; I.E. \$1081.49 IS ROUNDED TO “108100” AND \$1081.50 IS ROUNDED TO “108200”) WHICH ARE IN EXCESS OF THE LOUISIANA TAXABLE WAGE BASE AS SPECIFIED ON ANNUAL RATE NOTICE OR QUARTERLY REPORT.
308-308	TAX TYPE CODE	1	FILL WITH BLANKS.
309-319	LOCAL TAXABLE WAGES	11	FILL WITH BLANKS.
320-330	LOCAL INCOME TAX WITHHELD	11	FILL WITH BLANKS.

“RS” – RECORD FORMAT CONTINUED

331-337	STATE CONTROL NUMBER	7	FILL WITH BLANKS.
338-347	REPORTING UNIT NUMBER	10	OPTIONAL- ENTER THE STATE ASSIGNED REPORTING UNIT NUMBER OF THE WORKSITE WHERE THE EMPLOYEE WORKED DURING THE QUARTER. RIGHT JUSTIFY AND ZERO FILL.
348-350	COUNTY CODE	3	OPTIONAL- ENTER THE THREE-DIGIT NUMERIC FIPS COUNTY CODE OF THE EMPLOYEE’S WORK SITE.
351-356	INDUSTRY CODE	6	OPTIONAL- ENTER THE SIX-DIGIT NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM CODE (NAICS).
357-357	MONTH 1 EMPLOYMENT	1	REQUIRED- ENTER “1” IF THE EMPLOYEE WHO WORKED DURING OR RECEIVED PAY AS OF THE 12 TH DAY OF MONTH ONE FOR THIS QUARTER’S REPORTING PERIOD, OR ENTER “0” IF THE EMPLOYEE DID NOT WORK AND RECEIVED NO PAY AS OF THE 12TH DAY OF MONTH ONE FOR THIS QUARTER’S REPORTING PERIOD.
358-358	MONTH 2 EMPLOYMENT	1	REQUIRED- ENTER “1” IF THE EMPLOYEE WHO WORKED DURING OR RECEIVED PAY AS OF THE 12TH DAY OF MONTH ONE FOR THIS QUARTER’S REPORTING PERIOD, OR ENTER “0” IF THE EMPLOYEE DID NOT WORK AND RECEIVED NO PAY AS OF THE 12TH DAY OF MONTH TWO FOR THIS QUARTER’S REPORTING PERIOD.
359-359	MONTH 3 EMPLOYMENT	1	REQUIRED- ENTER “1” IF THE EMPLOYEE WHO WORKED DURING OR RECEIVED PAY AS OF THE 12TH DAY OF MONTH ONE FOR THIS QUARTER’S REPORTING PERIOD, OR ENTER “0” IF THE EMPLOYEE DID NOT WORK AND RECEIVED NO PAY AS OF THE 12TH DAY OF MONTH THREE FOR THIS QUARTER’S REPORTING PERIOD.

360-366	HOURLY RATE	7	REQUIRED - ENTER ONLY NUMERIC CHARACTERS. ENTER THE AMOUNT OF WAGES (DOLLARS & CENTS) WHICH ARE THE HOURLY WAGE AMOUNT. RIGHT JUSTIFY AND ZERO FILL. FORMAT: 3 DIGITS DOLLARS AND 4 DIGITS CENTS. I.E. \$112.56 SHOULD BE "1125600" IF HOURLY RATE IS OVER \$999.9999 THEN ENTER ALL NINES. I.E. "9999999"
367-446	SOC CODE/JOB TITLE	80	OPTIONAL - ENTER EITHER 6 DIGIT SOC CODE OR ENTER JOB TITLE DESCRIPTION. LEFT JUSTIFY AND DO NOT ZERO FILL.
447-487	FILLER	115	FILL WITH BLANKS.
488-512	SUPPLEMENTAL DATA BLANK	25	BLANK (RESERVE FOR SSA)

"RF"-RECORD FORMAT

NOTE: The required record length for each row = 512 characters.

POSITION FROM-TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
001-002	RECORD IDENTIFIER	2	REQUIRED – CONSTANT "RF"
003-512	FILLER	510	LEAVE BLANK.

VI. Appendix A: Postal Abbreviations and Numeric Codes

<u>STATE</u>	<u>ABBREVIATION</u>	<u>NUMERIC CODE</u>
ALASKA	AK	02
ARIZONA	AZ	04
ARKANSAS	AR	05
CALIFORNIA	CA	06
COLORADO	CO	08
CONNECTICUT	CT	09
DELAWARE	DE	10
DISTRICT OF COLUMBIA	DC	11
FLORIDA	FL	12
GEORGIA	GA	13
HAWAII	HI	15
IDAHO	ID	16
ILLINOIS	IL	17
INDIANA	IN	18
IOWA	IA	19
KANSAS	KS	20
KENTUCKY	KY	21
LOUISIANA	LA	22
MAINE	ME	23
MARYLAND	MD	24
MASSACHUSETTS	MA	25
MICHIGAN	MI	26
MINNESOTA	MN	27
MISSISSIPPI	MS	28
MISSOURI	MO	29
MONTANA	MT	30
NEBRASKA	NE	31

Appendix A: Postal Abbreviations and Numeric Codes (Continued)

<u>STATE</u>	<u>ABBREVIATION</u>	<u>NUMERIC CODE</u>
NEVADA	NV	32
NEW HAMPSHIRE	NH	33
NEW JERSEY	NJ	34
NEW MEXICO	NM	35
NEW YORK	NY	36
NORTH CAROLINA	NC	37
NORTH DAKOTA	ND	38
OHIO	OH	39
OKLAHOMA	OK	40
OREGON	OR	41
PENNSYLVANIA	PA	42
RHODE ISLAND	RI	44
SOUTH CAROLINA	SC	45
SOUTH DAKOTA	SD	46
TENNESSEE	TN	47
TEXAS	TX	48
UTAH	UT	49
VERMONT	VT	50
VIRGINIA	VA	51
WASHINGTON	WA	53
WEST VIRGINIA	WV	54
WISCONSIN	WI	55
WYOMING	WY	56