

RS POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
1-2	Record Identifier	2	Constant "RS"
3-4	State Code	2	Enter the appropriate postal NUMERIC Code (see Appendix F).
5-9	Taxing Entity Code	5	Defined by State/Local Agency
10-18	Social Security Number (SSN)	9	Enter the employee's SSN as shown on the original/replacement SSN Card issued by SSA. <b>If no SSN is available, enter zeros.</b>
19-33	Employee First Name	15	Enter the employee's first name as shown on the SSN Card. Left Justify and fill with blanks
34-48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial as shown on the SSN Card. Left justify and fill with blanks. Otherwise, fill with blanks
49-68	Employee Last Name	20	Enter the employee's last name as shown on the SSN card. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, JR Left justify and fill with blanks. Otherwise, fill with blanks.
73-94	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc). Left justify and fill with blanks.
95-116	Delivery Address	22	Enter the employee's delivery address. Left justify and fill with blanks.
117-138	City	22	Enter the employee's city. Left justify and fill with blanks.
139-140	State Abbreviation	2	Enter the employee's State or commonwealth/territory. Use a postal abbreviation as shown in Appendix F. For a foreign address, fill with blanks.
141-145	ZIP Code	5	Enter the employee's ZIP code. For a foreign address, fill with blanks.
146-149	Zip Code Extension	4	Enter the employee's four-digit extension of the ZIP code. If not applicable, fill with blanks.
150-154	Blank	5	Fill with blanks. Reserved for SSA use.
155-177	Foreign State/Province	23	If applicable, enter the employee's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.
193-194	Country Code	2	If one of the following applies, fill with blanks: <ul style="list-style-type: none"> <li>* One of the 50 States of the U.S.A.</li> <li>* District of Columbia</li> <li>* Military Post Office (MPO)</li> <li>* American Samoa</li> <li>* Guam</li> <li>* Northern Mariana Islands</li> <li>* Puerto Rico</li> <li>* Virgin Islands</li> </ul> Otherwise, enter the employee's applicable Country Code (see Appendix G).

RS POSITION	FIELD NAME	LENGTH	FIELD SPECIFICATIONS
195-196	Optional Code	2	Defined by State/local agency Applies to unemployment reporting.
197-202	Reporting Period	6	Enter the last month and four-digit year for the calendar quarter for which this report applies: e.g., "032016" for January through March of 2016. Applies to unemployment reporting.
203-213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill. Applies to unemployment reporting.
214-224	State Quarterly Employment Insurance Total Taxable Wages	11	Right justify and zero fill. Applies to unemployment reporting.
225-226	Number of Weeks Worked	2	Defined by State/local agency Applies to unemployment reporting.
227-234	Date First Employed	8	Enter the month, day and four-digit year: e.g., "01312016". Applies to unemployment reporting.
235-242	Date of Separation	8	Enter the month, day and four-digit year: e.g., "01312016". Applies to unemployment reporting.
243-247	Blank	5	Fill with blanks. Reserved for SSA use.
248-267	State Employer Account Number	20	See Glossary, Appendix J. Applies to unemployment reporting.
268-273	Blank	6	Fill with blanks. Reserved for SSA use.
274-275	State Code	2	Enter the appropriate postal NUMERIC Code (see Appendix F). Applies to income tax reporting
276-286	State Taxable Wages	11	Right justify and zero fill. Applies to income tax reporting.
287-297	State Income Tax Withheld	11	Right justify and zero fill. Applies to income tax reporting.
298-307	Other State Date	10	Defined by State/local agency Applies to income tax reporting.
308	Tax Type Code	1	Enter the appropriate code for entires in fields 309-330: * C = City Income Tax * D = County Income Tax * E = School District Income Tax * F = Other Income Tax Applies to income tax reporting.
309-319	Local Taxable Wages	11	Right justify and zero fill. Applies to income tax reporting
320-330	Local Income Tax Withheld	11	Right justify and zero fill. Applies to income tax reporting.
331-337	State Control Number	7	Not Used Applies to income tax reporting.
338-412	Supplemental Data 1	75	Municipality Name, No abbreviations
413-487	Supplemental Data 2	75	To be defined by user.
488-512	Blank	25	Fill with blanks. Reserved for SSA use.