Texas Workforce Commission (TWC)

Texas Unemployment System (TxUS) Employer's Guide to Wage Report and Payment File Specifications

Texas Workforce Commission (TWC)

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1. Brief Description

This booklet contains the Wage Report and Payment File Specifications and instructions for submitting unemployment wage reports and payments online. Employers and Agents can submit online reports manually, by copying from a previous quarter or by uploading an electronic file containing the wage information. This document will describe the different file types that are available and the specific data layouts for each file type. This document also provides instructions on how to format, read and use each file that is used for uploading data into the system.

1.a. Processing and Amending Wage Report

- Submit quarterly reports created by:
  - Manual entry of wage records
  - Submitting of no wage(s) report
  - Resuming submission of previously started wage report
  - Data upload in standard file formats (ICESA, EFW2, XML, and CSV)
- Amend wage detail via the 'Amend Prior Report' option
- View history of wage report submissions

1.b. System Functionalities

This document includes the following system functionalities:

1.b.i. Employer Functions

The system will include necessary functionalities for employers to submit and review information related to tax and wage reporting:

- View and maintain account tax and wage information
- View history of wage and tax report submissions for an employer's account
- Submit quarterly wage reports
  - Single employer filings by data upload in standard data format (ICESA, EFW2, XML, CSV)
- Amend quarterly wage reports

1.b.ii. Agent Functions

The system will include the following functionalities for agents:

- View and maintain employer tax and wage information within the agent's authorization
- View history of wage and tax report submissions for an employer's account
- Submit quarterly wage reports
  - Single employer or multiple employer filings by data upload in standard data format (ICESA, EFW2, XML, CSV)
- Amend quarterly wage reports

1.c. Interface File Definitions

1.c.i. Employer Filing of Wage Reports

Employers can file original or amended wage reports using one of the four file formats. Detailed information describing formatting rules, field positions, and content is in the following sections:

- Section 2: Employer ICESA Interface File Definition
- Section 4: Employer EFW2 Interface File Definition
- Section 6: Employer XML Interface File Definition
- Section 8: Employer CSV Interface File Definition

Each file may only contain the information for the submitter and for one (1) quarter.

1.c.ii. Agent Filing of Wage Reports

Agents can submit wage information for multiple employers and/or reporting periods, using the same file formats. Detailed information describing formatting rules, field positions, and content is in the following chapters:

- Section 3: Agent ICESA Interface File Definition
- Section 5: Agent EFW2 Interface File Definition
- Section 7: Agent XML Interface File Definition
- Section 9: Agent CSV Interface File Definition

The file can contain original filings and amendments, however, an original and amendment for the same employer and reporting period cannot be included in the same file.

All file types can be submitted online via TxUS.

1.d. Employers and Agents Reporting Out of State Wages

If an employee worked for one or more than 1 state besides Texas in a given calendar quarter, the submitter MUST sum the out of state Taxable wages.   If the employee worked for one additional state beside Texas, then select the state from the list. If the employee worked to more than 1 state beside Texas, then select "MU-Multi State" in the reason column. Program will apply the Texas Taxable wage limit for those out of state wages.

EXAMPLES:

- o Out of state Taxable wage amounts should be reported as a cumulative total amount for the first quarter in which the SSN is being reported in Texas. (e.g. – employee works only in Examples Indiana in Q1. In Q2, same employee has reportable Texas wages. Q2 Texas wage report should include the sum any out of state wages for Q1 and Q2.)

- o Out of state Taxable wage amount should also include any cumulative total for out of state Taxable wages if prior quarter was not reported in Texas. (e.g. – same example as above for Q1 and Q2, but employee did not have any Texas wages in Q3. They then had Texas wages in Q4. The Q4 wage report should include any out of state wages from Q3 and Q4 but would not

include out of state wages from Q1 or Q2 as those would have already been reported in the Q2 Texas wage report.

SSN	Last Name	First Name	MI	Total UI Wages Paid	Total Taxable Out of State Wages Paid	Reason
#########	Smith	Jones		20000.00	9000.00	MU Multi-State

The box marked Total Taxable Out of State Wages Paid is where the submitter enters the cumulative total Taxable Out of State Wages paid in that quarter. If the submitter enters the cumulative Total Out of State Wages no problem Texas will only use the wages necessary to reach the $9000 Taxable wages limit for Texas for that employee in that quarter.

1.e. Wage File Processing and Confirmation

This section outlines how the wage file received will be processed in Texas and how to view and download the confirmation reports. **Please note: For all file submissions in TxUS there is a size limit of 25mb (megabyte).** For large files it is recommended to use CSV format as this can reduce file size significantly. If file size exceeds 25mb, submissions must be split into multiple files.

1.e.i.   Employer Wage File Validation

When an employer uploads the wage file, the system will perform validations. Some validations are:

a. File type selected should match the extension of the uploaded file.
    i.   ICESA file should have a file extension of .txt
    ii.   EFW2 file should have a file extension of .txt
    iii. XML file should have a file extension of .xml
    iv.   CSV file should have a file extension of .csv
b. Record length for the selected file type is correct.
    i.   For ICESA, the length of the records should be 275.
    ii.   For EFW2, the length of the records should be 512.
    iii. For XML, all the tags defined are provided.
    iv.   For CSV, all the columns defined are populated.
c. File layout for the selected file type is correct.
    i.   For ICESA, the order of the records should be A, E, S, T, F
    ii.   For EFW2 the order of the records should be RA, RE, RW, RT, RF
    iii. For CSV, the order of the records should be type 0, type 1, type 2, type 3
    iv.   For XML, the order of the records should be <submitter><wage><totals>
d. The FEIN in the file matches the employer account logged into when uploading the file
e. The Employer Account ID in the file matches the employer account logged into when uploading the file
f. The wages reported are for the quarter selected.
g. No wages indicator is set to 1 if there are wage records in the file or set to 0 if there are no wages in the file.
h. Amendment Reason is set to 0 if the wages reported are original wages. Amendment Reason is set greater than 0 if the wages reported are an amendment.
i. Validate all the required fields are populated in correct format and length.

After the file is accepted, and if the number of employee records (SSN records) are less than 100, then the system will read and populate the wage data into the manual wage entry screen. Employers will be taken to the manual entry screen where they must complete the filing process. If the number of employee records (SSN records) are equal to or more than 100, then the system will process the file and provide a confirmation number.

1.e.ii. Employer Wage File Confirmation

After the file is accepted, an email with the confirmation number will be sent to the email address provided at the time of upload. Once the file has been processed, a second email will be sent with the status of the file and instructions on how to view the details of the processed report. **The system will either process the file or reject the file. There is no partial processing of wage records.** If the file was rejected, please fix the errors, and upload the file again. Please follow the instructions below to view the status of the files uploaded and to view individual records with the details of errors.

To search by individual records:

1) Login to your account.
2) Select the 'Wage Submission' link in the left navigation bar.
3) Select the 'File Submission Summary' icon.
4) Enter the confirmation number in the search criteria and click Search'.
5) From the search results displayed, click on the 'Confirmation Number' link.
6) The 9-digit employer ID included in the file is listed with processing results.

To view a file upload summary report:

1) Login to your account.
2) Select the 'Reports' link from the left navigation bar.
3) Select "Employer File Submission Report" from the select report dropdown.
4) Enter the confirmation number and click view.
5) The search shows the details of the file and the status of each record from the file.
6) This report can be downloaded to Excel, Word or PDF from the report toolbar at the top of the report.
7) Click the '9-digit employer ID' for a detailed list of processing results for all the employee records.

1.e.iii. Agent Wage File Validation

When an agent uploads the wage file, the system will perform validations. Some validations are:

a. File type selected should match the extension of the uploaded file.
   i.   ICESA file should have a file extension of .txt
   ii. CSV file should have a file extension of .csv
   iii. EFW2 file should have a file extension of .txt
b. Record length for the selected file type is correct.
   i.   For ICESA, the length of the records should be 275.
   ii. For CSV, all the columns defined are populated.
   iii. For EFW2, the length of the records should be 512.
c. File layout for the selected file type is correct.
   i.   For ICESA, the order of the records should be A, E, S, T, F

    ii.   For CSV, the order of the records should be type 0, type 1, type 2, type 3

    iii.   For EFW2 the order of the records should be RA, RE, RW, RT, RF

d. No wages indicator is set to 1 if there are wage records in the file or set to 0 if there are no wages in the file

e. Amendment Reason is set to 0 if the wages reported are original wages. Amendment Reason is set greater than 0 if the wages reported are an amendment

f. Validate all the required fields are populated in correct format and length

g. The FEIN in the submitter record matches the Agent account logged into when uploading the file

h. The 9-digit employer ID is a valid number

i. The employer account is liable and active for the quarter/year being filed

1.e.iv. Agent Wage File Validation

When an agent uploads the wage file, the system will perform initial validations before accepting the file. After the file is accepted, the system will provide a confirmation number on the screen and an email with the confirmation number will be sent to the email address provided at the time of upload. Once the file has been processed, a second email will be sent with the status of the file and instructions on how to view the details of the processed report. The file will be processed via batch. Agent files can have one of the following statuses:

Processed – All the employers submitted in the file are processed.

Partially Processed – Some employers submitted in the file are processed and some are rejected. Fix the employers that are rejected and upload a new file only with these employers.

Rejected – All the employers submitted in the file are rejected. All the employer records must be fixed and uploaded again. Please follow the instructions below to view the status of the files uploaded and to view individual records with the details of errors.

To search by individual records:

1) Login to your account.
2) Select the 'Wage Submission' link in the left navigation bar.
3) Select the File Submission Summary icon.
4) Enter the confirmation number in the search criteria and click 'Search'.
5) From the search results displayed, click on the 'Confirmation Number' link.
6) A list of employers who were included in the file appears with processing results for each employer.
7) Click the '9-digit employer ID' for a detailed list of processing results for all the employee records.

To view a file upload summary report:

1) Login to your account.
2) Select the 'Reports' link from the left navigation bar.
3) Select 'Agent File Submission Report' from the select report drop down.
4) Enter the confirmation number and click view.
5) The search shows the details of the file and the status of each record from the file.
6) This report can be downloaded to Excel, Word or PDF from the report toolbar at the top of the report.

2. Employer ICESA Interface File Definition

2.a. General Information

This incoming file is submitted to the system via the wage file upload process. Employers can file original or amended wage reports using this file format. However, each file should contain only the information for one (1) quarter. The following records should be included in each file:

- There should be one (1) record type 'A' in the file
- There should be one (1) record type 'E' in the file
- There can be multiple type 'S' records in the file
  - There can only be one (1) record type 'S' for each unique SSN / employer / reporting period
  - If the employer had no employees or paid no wages during the quarter, there should not be a type 'S' record
- There should be only one (1) type 'T' record in the file
  - If the employer has no employees or paid no wages during the quarter, a type 'T' record is still required
- There should be one (1) record type 'F' in the file

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

2.b. Employer ICESA Record Layouts

2.b.i.   Record Type A

The record type 'A' record will contain information about who is submitting the file. The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file. Information contained in this record includes:

- FEIN for the submitter
- Name and address for the submitter
- Contact information for the submitter

Below is a description for each filed in the record:

Location	Field Name	Field Length	Description	Required
1	Record Identifier	1	Should always be 'A'	Yes
2-5	Filler	4	Fill with spaces	Fill with spaces
6-14	Submitter FEIN	9	FEIN for business submitting the file; numbers only, do not include the hyphen	Yes

Location	Field Name	Field Length	Description	Required
15-23	Filler	9	Fill with spaces	Fill with spaces
24-73	Business Name	50	The legal name of the submitter. Left justify the name and fill with spaces if it is less than fifty (50) characters	Yes
74-113	Mailing Address	40	The mailing address of the submitter Left justify the address and fill with spaces if it is less than forty (40) characters	Yes
112-138	City	25	The mailing address city of the submitter Left justify the city and fill with spaces if it is less than twenty- five (25) characters	Yes
139-140	State	2	The two-character FIPS code for the business submitting the file.	Yes
141-153	Filler	13	Fill with spaces	Fill with spaces
154-158	Zip	5	The mailing address ZIP Code of the submitter. Include leading zeros (0)	Yes

Location	Field Name	Field Length	Description	Required
159-163	ZIP Ext	5	The mailing address ZIP Code extension of the submitter If unknown, fill with spaces	No, fill with spaces if you do not include the + five (5)
164-193	Submitter Contact Full Name	30	The first and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name Left justify the name and fill with spaces if less than thirty (30) characters	Yes
194-203	Submitter Contact Telephone Number	10	Contact telephone number, include the area code Numbers only, no special characters	Yes
204-207	Submitter Contact Telephone Extension	4	Contact telephone number extension (if any) If there is no extension, fill with spaces	No, fill with spaces if there is no extension

Location	Field Name	Field Length	Description	Required
208-247	Submitter Email Address	40	Contact Email Address Left justify the email and fill with spaces if less than forty (40) characters	Yes
248-275	Blanks	28	Fill with spaces	Fill with spaces

2.b.ii. Record Type E

The record type 'E' record should contain information about the employer for whom the report is being submitted. **The 9-digit employer ID and FEIN in the file must match the 9-digit employer ID and FEIN on the account logged into when uploading the file.** Information contained in this record includes:

- FEIN of the employer
- Employer's name and address
- 9-digit employer ID

Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'E'	Yes
2-5	Report Year	4	Year for which the report is being filed Format as YYYY	Yes
6-14	Employer FEIN	9	The employer FEIN; numbers only, do not include the hyphen	Yes
15-23	Filler	9	Fill with spaces	Fill with spaces
24-73	Employer Name	50	The first fifty (50) characters of the employer's legal name Left justify and fill with spaces if the name is less than fifty (50) characters	Yes
74-113	Mailing Address	40	Employer's Mailing Address Left justify and fill with spaces if the address is less than forty (40) characters	Yes

Location	Field Name	Field Length	Description	Required?
114-138	City	25	Employer's city Left justify and fill with spaces if the city is less than (25) characters	Yes
139-140	State	2	Employer's 2-character state abbreviation	Yes
141-148	Filler	8	Fill with spaces	Fill with spaces
149-153	ZIP	5	The business ZIP Code	Yes
154-158	ZIP Ext	5	Four (4) digit extension of ZIP Code, being sure to include the hyphen in position one-hundred and fifty-four (154) Fill with spaces if there is no extension	No
159-166	Filler	8	Fill with spaces	Fill with spaces
167-170	Taxing Entity Code	4	Should always be 'UTAX'	Yes

Location	Field Name	Field Length	Description	Required?
171-172	State Identifier Code	2	48 for Texas	No
173-187	9-digit employer ID	15	9-digit employer Left justify and fill with spaces	Yes
188-189	Report quarter	2	The last month of the calendar quarter to which the report applies. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
190	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type S records in the file, and there should never be a zero (0)	Yes

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Location	Field Name	Field Length	Description	Required?
			when there are type S records in the file	
191-275	Blanks	85	Fill with spaces	Fill with spaces

2.b.iii.   Record Type S

The record type 'S' record is used to report wage and tax data for an individual employee. Information contained in this record includes:

- Social Security Number (SSN)
- Total wages paid
- Total out of state wages paid
- Employee Name
- 9-digit employer ID
- There should be one (1) record for each SSN

Do not generate a record type 'S' if there were no wages paid to the employee to report during the quarter. Texas total wages and hours worked fields cannot both equal zero for an original filing.

Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'S'	Yes
2-10	SSN	9	Employee's Social Security Number (SSN) Do not enter hyphens Refer to "Dummy SSN" section in "Appendices" to learn about how to report wages for unknown SSN	Yes
11-30	Last Name	20	Employee's last name Left justify and fill with spaces if it is less than twenty (20) characters	Yes
31-42	First Name	12	Employee's first name Left justify and fill with spaces if it is less than twelve (12) characters	Yes
43	Middle Initial	1	Employee's middle initial If no middle initial, fill with a space	No
44-45	State FIPS Code	2	The state FIPS postal numeric code for the state to which wages are being reported. 48 for Texas.	Yes

Location	Field Name	Field Length	Description	Required?
46-63	Filler	18	Fill with spaces	Fill with spaces
64-77	Gross Wage Amt	14	Employee's Unemployment Insurance total wages paid in the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
78-146	Blanks	69	Fill with spaces	Fill with spaces
147-161	Employer ID	15	State unemployment insurance Employer ID Left justify and fill with spaces	Yes
162-211	Blanks	50	Fill with spaces	Fill with spaces

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Location	Field Name	Field Length	Description	Required?
212	Employed on payroll for 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter 0=No 1=Yes	No
213	Employed on payroll for 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	No
214	Employed on payroll for 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the third month of the quarter 0=No 1=Yes	No
215-220	Reporting Period	6	The last month and year for the calendar quarter for which this report applies. For example - "032017" for Jan-Mar of 2017	Yes

Location	Field Name	Field Length	Description	Required?
221-226	Month and year the employee was first employed	6	The month and year when the employee was first employed. For example - "032005"	No, fill with spaces if there is no data
227-232	Month and year the employee became separated from employment	6	The month and year when the employee was separated. For example - "032005"	No, fill with spaces if there is no data
233-247	Out of State Quarterly Unemployment Insurance Taxable Wages	15	Employee's Out of State UI taxable wages for the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 000000000002564	Required if value entered in Out of State Wage State Code
248-249	Out of State Wage State Code	2	This field will contain the two-character state code associated with the out of state wages reported.	Required if amount greater than 0 is provided for Out of State Quarterly Unemployment Insurance Taxable Wages

Location	Field Name	Field Length	Description	Required?
250-251	Amendment Reason	2	Numeric - Reason code for amendment to employee wages Zero (00) means original filing Valid amendment reason codes are one (01) through thirteen (13). Refer Section 12.a Amendment Reason Codes for valid reason codes	Yes
252-275	Blanks	24	Fill with spaces	Fill with spaces

2.b.iv. Record Type T

The record type 'T' record should contain the totals for all record type 'S' records reported for the employer / reporting period. Information contained in this record includes:

- Total number of employees
- Total Texas wages paid
- Total taxable wages
- Total excess wages
- Total number of employees on the 12th of each month during the reporting period Report the total number of employees that were on the payroll for the payroll period that includes the 12th of the month for each month of the quarter.

If the employer paid no wages in the quarter, include a record type 'T' record for the employer and enter zeros (0) for the total number of employees, total number of employees on the 12th of each month, total wages paid in the quarter, taxable wages, and excess wages.

Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'T'	Yes
2-8	Total Number of Employees	7	The total number of 'S' records in the file Right justify and pad with zeros (0)	Yes
9-26	Filler	18	Fill with spaces	Fill with spaces

Location	Field Name	Field Length	Description	Required?
27-40	Total Gross Wages	14	Quarterly Texas total wages subject to UI taxes Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
41-54	Total Excess Wages	14	Quarterly excess UI wages for the employer – Total wages minus taxable wages Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
55-68	Total Taxable Wages	14	Total quarterly taxable UI wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
69-81	Filler	13	Fill with spaces	Fill with spaces

Location	Field Name	Field Length	Description	Required?
82-87	Reporting Period	6	The last month and year for the calendar quarter for which this report applies, for example, "032023" for Jan-Mar of 2023	Yes
88-226	Filler	139	Fill with spaces	Fill with spaces
227-233	No. of Employees On12 Month1	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the Month for the first month of the quarter Right justify and pad with zeros (0)	Yes
234-240	No. of Employees On12 Month2	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the second month of the quarter Right justify and pad with zeros (0)	Yes

Location	Field Name	Field Length	Description	Required?
241-247	No. of Employees On12 Month3	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the third month of the quarter Right justify and pad with zeros (0)	Yes
248-275	Blanks	28	Fill with spaces	Fill with spaces

2.b.v. Record Type F

The record type 'F' indicates the end of the file and must be the last data record on the file submitted. Information contained in this record includes:

- Total number of record type 'S' records in the file
- Total wages

The record type 'F' must appear only once in each file. Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'F'	Yes
2-12	Total No. of Employees in File	10	The total number of 'S' records in the entire file Right justify and pad with zeros (0)	Yes
12-40	Filler	29	Fill with spaces	Fill with spaces
41-55	Total Wages Reported in File	15	Total of quarterly Texas total wages on all 'S' records in the file Right justify and pad with zeros (0) Include the cents but no decimal For example, $25.64 should be included as: 000000000002564	Yes
56-275	Filler	220	Fill with spaces	Fill with spaces

2.c. Download Sample File for Employer ICESA File Layout

2.c.i. Original Submission

See Section 12.g for a sample employer ICESA file layout.

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2.c.ii. Amendment Submission

To amend a wage item, employers should enter the proper **amendment code** against each SSN at position 249-250. **NOTE:** When amending a previous submission, the SSN line should include all data originally reported. Only the amended information (SSN, name, wages or hours worked) should change.

- **Add a New Employee** – Add a new SSN record with all required fields and the amendment reason code for adding a new employee.
- **Amend Wages** - Enter the SSN record originally reported and amend the wages to reflect the new total. Use the amendment reason code for amending wages.
- **Exclude Employee** - Enter the SSN record originally reported with zero (0) wages, zero (0) hours worked and use the amendment reason code for excluding an employee.
- **Correct an SSN** – 1. Enter the SSN record originally reported with zero (0) wages, zero (0) hours worked and use the amendment reason code for correcting an SSN. 2. Add a new SSN record with all required fields and the amendment reason code for correcting an SSN.
- **Out of State Wage Amendment** – Enter the SSN record originally reported. In position 232-246, enter the amount of out of state wages paid for that quarter for that employee and use amendment reason code for out of state employee.
- **Name Correction** – Enter the SSN record originally reported. In the name field, enter the corrected name. Use amendment reason code for employee name correction.

The Month 1, 2 and 3 Employment for Employer (Total record) in the amendment file should reflect the total employment for all employees, not the total employment for the amended employees.

Section 12.g for a sample employer ICESA file layout for amendment.

3. Agent ICESA Interface Requirements

3.a. General Information

This incoming file is submitted to the system via the wage file upload process. Agents can submit wage information for multiple employers and reporting periods in this file format. There is no need to generate a separate file for each employer and reporting period. Original filings and amendments can be included in the same file. However, an original and amendment for the same employer and reporting period cannot be included in the same file. The following rules for individual record types apply:

- There should be only one (1) record type 'A' in the file
- There can be multiple record type 'E' records in the file
  - o There should be a record type 'E' for each employer / reporting period
  - o If the employer had no wages to report in the quarter, then include a record type 'E' record for the period, but no record type 'S' records
- There can be multiple record type 'S' records in the file
  - o There can be only one (1) record type 'S' for an SSN / employer / reporting period
- There can be multiple record type 'T' records in the file
  - o There should be a record type 'T' for each employer / reporting period

- o If the employer had no wages to report in the quarter, then include a record type 'T' record for the period, but no record type 'S' records
- There should be one (1) record type 'F' in the file

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages. If an SSN record (S record) is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

3.b. Agent ICESA Record Layouts

3.b.i. Record Type A

The record type 'A' record will contain information about who is submitting the file. The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file. Information contained in this record includes:

- FEIN for the submitter
- Name and address for the submitter
- Contact information for the submitter Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'A'	Yes

Location	Field Name	Field Length	Description	Required?
2-5	Filler	4	Fill with spaces	Fill with spaces
6-14	Submitter FEIN	9	The submitter's s FEIN; numbers only, do not include the hyphen	Yes
15-23	Filler	9	Fill with spaces	Fill with spaces
24-73	Business Name	50	The name of the submitter agent Left justify the name and fill with spaces if it is less than fifty (50) characters	Yes
74-113	Mailing Address	40	The mailing address of the agent submitting the file Left justify the address and fill with spaces if it is less than forty (40) characters	No
114-138	City	25	The mailing address city of the agent submitting the file Left justify the city and fill with spaces if it is less than twenty-five (25) characters	No
139-140	State	2	The two-character FIPS code for the business submitting the file.	Yes

Location	Field Name	Field Length	Description	Required?
141-153	Filler	13	Fill with spaces	Fill with spaces
154-158	ZIP	5	The mailing address ZIP Code of the agent submitting the file Include leading zeros (0)	No
159-163	ZIP Ext	5	The mailing address ZIP Code extension of the business submitting the file If unknown, fill with spaces	No, fill with spaces if you do not include the + five (5)
164-193	Submitter Contact Name	30	The first and last name of individual from submitting agent who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name Left justify the name and fill with spaces if less than thirty (30) characters	Yes
194-203	Submitter Contact Phone	10	Contact telephone number, include the area code Numbers only, no special characters	Yes

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Location	Field Name	Field Length	Description	Required?
204-207	Submitter Contact Phone Ext	4	Contact telephone number extension (if any) If there is no extension, fill with spaces	No, fill with spaces if not available
208-247	Submitter Email	40	Contact Email Address Left justify the email and fill with spaces if less than forty (40) characters	Yes
248-275	Filler	28	Fill with spaces	Fill with spaces

3.b.ii. Record Type E

The record type 'E' record should contain information about the employer for whom the report is being submitted. Information contained in this record includes:

- The FEIN of the employer
- The employer's name and address
- 9-digit employer ID

Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'E'	Yes
2-5	Report Year	4	Year for which the report was filed Formatted as YYYY	Yes
6-14	Employer FEIN	9	The employer FEIN; numbers only, do not include the hyphen	Yes
15-23	Filler	9	Filled with spaces	Fill with spaces
24-73	Employer Name	50	The first fifty (50) characters of the employer's legal name Left justified and fill with spaces if the name is less than fifty (50) characters	Yes
74-113	Mailing Address	40	Employer's Mailing Address Left justify and fill with spaces if the address is less than forty (40) characters	No

Location	Field Name	Field Length	Description	Required?
114-138	City	25	Employer's city Left justify and fill with spaces if the address is less than (25) characters.	Yes
139-140	State	2	Employer's two-character state abbreviation	Yes
141-148	Filler	8	Fill with spaces	Fill with spaces
149-153	ZIP	5	The employer's ZIP Code	Yes
154-158	ZIP Ext	5	Employer's four-digit extension of ZIP Code, be sure to include the hyphen in position one-hundred and fifty-four (154) Fill with spaces if there is no extension	No
159-166	Filler	8	Filled with spaces	Fill with spaces
167-170	Taxing Entity Code	4	Should always be 'UTAX'	Yes

Location	Field Name	Field Length	Description	Required?
171-172	State Identifier Code	2	48 for Texas	No
173-187	9-digit employer ID	15	The 9-digit employer ID Left justified and filled with spaces	Yes
188-189	Report Quarter	2	The last month of the calendar quarter for which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
190	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type 'S' records in the file, and there should never be a zero (0) when there are type 'S'	Yes

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Location	Field Name	Field Length	Description	Required?
			records in the file	
191-275	Filler	85	Fill with spaces	Fill with spaces

3.b.iii. Record Type S

The record type 'S' record is used to report wage and tax data for an employee. Information contained in this record includes:

- Social Security Number (SSN)
- Total wages paid
- Total out of state wages paid
- Employee Name
- 9-digit employer ID

There should be one (1) record for each SSN per 9-digit employer ID per year and quarter.

Do not generate a record type 'S' if there were no wages paid to the employee to report during the quarter. Texas total wages fieldcannot equal zero for an original filing.

Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'S'	Yes
2-10	SSN	9	Employee's Social Security Number (SSN) Do not enter hyphens Refer to "Dummy SSN" section in "Appendices" to learn about how to report wages for unknown SSN	Yes
11-30	Last Name	20	Employee's last name Left justify and fill with spaces if it is less than twenty (20) characters	Yes
31-42	First Name	12	Employee's first name Left justify and fill with spaces if it is less than twelve (12) characters	Yes
43	Middle Initial	1	Employee's middle initial If no middle initial, fill with a space	No
44-45	State FIPS Code	2	The state FIPS postal numeric code for the state to which wages are being reported. 48 for Texas.	Yes

Location	Field Name	Field Length	Description	Required?
46-63	Filler	18	Fill with spaces	Fill with spaces
64-77	Gross Wage Amt	14	Employee's Unemployment Insurance total wages paid in the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
78-146	Blanks	69	Fill with spaces	Fill with spaces
147-161	Employer ID	15	State unemployment insurance Employer ID Left justify and fill with spaces	Yes
162-211	Blanks	50	Fill with spaces	Fill with spaces

Location	Field Name	Field Length	Description	Required?
212	Employed on payroll for 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the first month of the quarter 0=No 1=Yes	No
213	Employed on payroll for 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	No
214	Employed on payroll for 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the third month of the quarter 0=No 1=Yes	No
215-220	Reporting Period	6	The last month and year for the calendar quarter for which this report applies. For example - "032017" for Jan-Mar of 2017	Yes

Location	Field Name	Field Length	Description	Required?
221-226	Month and year the employee was first employed	6	The month and year when the employee was first employed. For example - "032005"	No, fill with spaces if there is no data
227-232	Month and year the employee became separated from employment	6	The month and year when the employee was separated. For example - "032005"	No, fill with spaces if there is no data
233-247	Out of State Quarterly Unemployment Insurance Taxable Wages	15	Employee's Out of State UI taxable wages for the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 000000000002564	Required if value entered in Out of State Wage State Code
248-249	Out of State Wage State Code	2	This field will contain the two character state code associated with the out of state wages reported.	Required if amount greater than 0 is provided for Out of State Quarterly Unemployment Insurance Taxable Wages

Location	Field Name	Field Length	Description	Required?
250-251	Amendment Reason	2	Numeric - Reason code for amendment to employee wages Zero (00) means original filing Valid amendment reason codes are one (01) through thirteen (13). Refer Section 12.a Amendment Reason Codes for valid reason codes	Yes
252-275	Blanks	24	Fill with spaces	Fill with spaces

3.b.iv. Record Type T

The record type 'T' will contain the totals for all type 'S' records reported for the employer / reporting period. Information contained in this record includes:

- Total number of employees
- Total Texas wages paid
- Total taxable wages
- Total excess wages
- Total number of employees on the 12th of each month for the reporting period.

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Report the total number of employees that were on the payroll for the payroll period that includes the 12th of the month for each month of the quarter.

There should be one (1) record type 'T' for each 9-digit employer ID/reporting period. If the employer paid no wages in the quarter, include a record type 'T' record for the employer / period and enter zeros (0) for the total number of employees, total number of employees on the 12th of each month, total wages paid in the quarter, taxable wages, and excess wages.

Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'T'	Yes
2-8	Total Number of Employees	7	The total number of 'S' records in the file Right justify and pad with zeros (0)	Yes
9-26	Filler	18	Fill with spaces	Fill with spaces
27-40	Total Gross Wages	14	Quarterly Texas total wages subject to UI taxes Include the cents but no decimal Right justify and pad with zeros (0)	Yes

Location	Field Name	Field Length	Description	Required?
			For example, 25.64 should be included as: 00000000002564	
41-54	Total Excess Wages	14	Quarterly excess UI wages for the employer – Total wages minus taxable wages Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
55-68	Total Taxable Wages	14	Total quarterly taxable UI wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example, 25.64 should be included as: 00000000002564	Yes
69-81		13		Fill with spaces

Location	Field Name	Field Length	Description	Required?
	Filler		Fill with spaces	
82-87	Reporting Period	6	The last month and year for the calendar quarter for which this report applies, for example, "032023" for Jan-Mar of 2023	Yes
88-226	Filler	139	Fill with spaces	Fill with spaces
227-233	No. of Employees On12 Month1	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the Month for the first month of the quarter Right justify and pad with zeros (0)	Yes

Location	Field Name	Field Length	Description	Required?
234-240	No. of Employees On12 Month2	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the second month of the quarter Right justify and pad with zeros (0)	Yes
241-247	No. of Employees On12 Month3	7	Total employees for the employer/period who were on the payroll for the payroll period that includes the 12th of the month for the third month of the quarter Right justify and pad with zeros (0)	Yes
248-275	Blanks	28	Fill with spaces	Fill with spaces

3.b.v. Record Type F

The record type 'F' will indicate the end of the file and will be the last data record on each file submitted. Information contained in this record includes:

- Total number of record type 'S' records in the file
- Total wages of all record type 'T' records

The record type 'F' must appear only once on each file. Below is a description for each field in the record:

Location	Field Name	Field Length	Description	Required?
1	Record Identifier	1	Should always be 'F'	Yes
2-12	Total No. of Employees in File	10	The total number of 'S' records in the entire file Right justify and pad with zeros (0)	Yes
13-40	Filler	29	Fill with spaces	Fill with spaces

Location	Field Name	Field Length	Description	Required?
41-55	Total Wages Reported in File	15	Total of quarterly Texas total wages on all 'S' records in the file Right justify and pad with zeros (0) Include the cents but no decimal For example, $25.64 should be included as: 000000000002564	Yes
56-275	Filler	220	Fill with spaces	Fill with spaces

3.c. Download Sample File for Agent ICESA File Layout

3.c.i. Original Submission

See Section 12.g for a sample agent ICESA file layout.

3.c.ii. Amendment Submission

To amend a wage item, employers should enter the proper **amendment code** against each SSN at position 249-250. **NOTE:** When amending a previous submission, the SSN line should include all data originally reported. Only the amended information (SSN, name, wages or hours worked) should change.

- **Add a New Employee** – Add a new SSN record with all required fields and the amendment reason code for adding a new employee.
- **Amend Wages** - Enter the SSN record originally reported and amend the wages to reflect the new total. Use the amendment reason code for amending wages.
- **Exclude Employee** - Enter the SSN record originally reported with zero (0) wages, zero (0) hours worked and use the amendment reason code for excluding an employee.
- **Correct an SSN** – 1. Enter the SSN record originally reported with zero (0) wages, zero (0) hours worked and use the amendment reason code for correcting an SSN. 2. Add a new SSN record with all required fields and the amendment reason code for correcting an SSN.
- **Out of State Wage Amendment** – Enter the SSN record originally reported. In position 232-246, enter the amount of out of state wages paid for that quarter for that employee and use amendment reason code for out of state employee.
- **Name Correction** – Enter the SSN record originally reported. In the name field, enter the corrected name. Use amendment reason code for employee name correction.

The Month 1, 2 and 3 Employment for Employer (Total record) in the amendment file should reflect the total employment for all employees, not the total employment for the amended employees.

See Section 12.g for a sample agent ICESA file layout for amendment.

4. Employer EFW2 Interface File Definition

4.a. General Information

This incoming file is submitted to the system via the employer wage file upload process. The file is a fixed length file; there should be five hundred twelve (512) characters in each row. Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

The system will only process RA, RE, RW, RT, and RF record types and will ignore the remaining record types in the SSA Standard file format.

The file contains the following fixed length records:

Record type RA: Submitter Record

- There should be one (1) submitted record per file
- This record will contain information about the entity submitting the file
- This could be employer or agent information
- The record RA must be the first row in the file

Record Type RE: Employer Information

- There should be one (1) total record per file
- This record contains the totals for all type 'RW' records in the file

Record Type RW: Employee State Wage Record

- There should be one (1) employee record for each employee for whom wages are being reported (i.e.: You may not include two records that have duplicate SSNs)
- This record contains individual employee wage information
- There may be a single or multiple employee records in the file but only one (1) employee record for each unique SSN

Record Type RT: Wage Totals

- There should be one (1) total wage record per file
- This record contains wage totals and number or employees

Record Type RF: Final Record

- There should be one (1) final record per file
- This record indicates the end of the file and must be the last row in each file

4.a.i. Rules for Alpha/Numeric Fields

- Left justify and fill with blanks
- Where the "field" shows "Blank", all positions must be blank (spaces), not zeros (0)

4.a.ii. Rules for Currency Fields

- Must contain only numbers
- No punctuation
- No signed amounts (positive or negative)
- Right justify and pad with zeros (0)
- Include both dollars and cents with no decimal point (example: $59.60 = 00000005960)
- Any money field that has no amount to be reported must be filled with zeros (0), not blanks or spaces

4.b. Employer EFW2 Record Layouts

4.b.i. RA Record: Submitter Record

The RA record identifies the organization submitting the file. There is only one (1) RA record, and it must be the first record in each file. The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file.

Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RA	Yes

Location	Contents of Field	Field Length	Description	Required?
3 - 11	Submitter's FEIN	9	The submitter's FEIN Numbers only, do not include the hyphen or dash.	Yes
12 - 28	Blanks	17	Fill with spaces	Fill with spaces
29	Resub Indicator	1	"0" (zero)	Yes
30 - 37	Blanks	8	Fill with spaces	Fill with spaces
38 - 94	Business Name	57	The business name Left justify and fill with spaces	Yes
95 - 138	Mailing Address	44	The company's mailing address (Street or Post Office Box) Left justify and fill with spaces	No
139 - 160	City	22	The company's mailing address city Left justify and fill with spaces	No

Location	Contents of Field	Field Length	Description	Required?
161 - 162	State Abbreviation	2	The company's mailing address state or commonwealth/ territory Use postal abbreviations	No
163 - 167	ZIP Code	5	The company's mailing address ZIP Code.	No
168 - 171	ZIP Code Extension	4	The company's four (4)-digit extension of the mailing address ZIP Code If not applicable, fill with spaces Do	No
172 - 216	Blanks	45	Fill with spaces	Fill with spaces
217 - 273	Submitter Name	57	The name of the organization to receive error notification if this file cannot be processed Left justify and fill with spaces	Yes
274 - 317	Physical Address	44	The submitter's physical address (Street or Post Office Box) Left justify and fill with spaces	No

Location	Contents of Field	Field Length	Description	Required?
318 - 339	City	22	The submitter's physical address city Left justify and fill with spaces	No
340 - 341	State Abbreviation	2	The submitter's physical address State or commonwealth/territory Use postal abbreviations	No
342 - 346	ZIP Code	5	The submitter's physical address ZIP Code	No
347 - 350	ZIP Code Extension	4	The submitter's physical address four (4)-digit extension of the ZIP code Do not include hyphen	No
351 - 395	Blanks	45	Fill with spaces	Fill with spaces
396 - 422	Contact Name	27	The name of the person to be contacted by the agency concerning processing problems	Yes

Location	Contents of Field	Field Length	Description	Required?
423 - 437	Contact Phone Number	15	The contact's telephone number with numeric values only (including area code) Do not use any special characters Example: 1232345678 Left justify and fill with spaces	No
438 - 442	Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
443 - 445	Blanks	3	Fill with spaces	Fill with spaces
446 - 485	Contact E-Mail	40	The contact's Email address in standard format	Yes
486 - 488	Blanks	3	Fill with spaces	Fill with spaces
489 - 498	Contact Fax	10	If applicable, Include the contact's fax number (including area code) Otherwise, fill with spaces For U.S. and U.S. territories only	No

Location	Contents of Field	Field Length	Description	Required?
499 - 512	Blanks	14	Fill with spaces	Fill with spaces

4.b.ii. RE Record: Employer Record

The RE record will contain employer information. There will be one (1) RE record for each employer EFW2 wage file and reporting period. The record will contain employer information, report year and quarter, and contact information.

Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RE	Yes
3 - 6	Report Year	4	Year for which the report is being filed Format as YYYY	Yes

Location	Contents of Field	Field Length	Description	Required?
7	Blanks	1	Fill with spaces	Fill with spaces
8 -16	Employer ID	9	State unemployment insurance Employer ID Left justify and fill with spaces	Yes
17 - 39	Blanks	23	Fill with spaces	Fill with spaces
40 - 96	Employer Name	57	The business name Left justify and fill with spaces	Yes
97 - 140	Employer Address	44	Employer's Physical Address Left justify and fill with spaces if the address is less than forty (44) characters	No

Location	Contents of Field	Field Length	Description	Required?
141 - 162	Employer City	22	Employer's city Left justify and fill with spaces if the city is less than (22) characters	No
163 - 164	Employer State	2	Employer's 2 character state abbreviation	No
165 - 169	Employer Zip Code	5	The business ZIP Code	No
170 - 173	Zip Code Extension	4	Four (4) digit extension of ZIP Code Fill with spaces if there is no extension	No
174 - 221	Blanks	48	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
222 - 248	Employer Contact Name	27	The name of the person to be contacted by the agency concerning processing problems Left justify and fill with spaces	Yes
249 - 263	Employer Contact Phone Number	15	The contact's telephone number with numeric values only (including area code) Do not use any special characters Example: 1232345678	No
264 - 268	Employer Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
269 - 278	Blanks	10	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
279 - 318	Employer Contact E-Mail	40	The contact's Email address in standard format	No
319	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type RW records in the file, and there should never be a zero (0) when there are type RW records in the file	Yes

Location	Contents of Field	Field Length	Description	Required?
320 - 321	Report quarter	2	Will be the last month of the calendar quarter to which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
322 - 512	Blanks	191	Fill with spaces	Fill with spaces

4.b.iii. RW Record: Wage Record

The RW records include the individual wage records for an SSN. Include one (1) row for each unique SSN.

Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RW	Yes
3 - 11	Employee Social Security Number	9	Employee's Social Security Number (SSN) Do not enter hyphens	Yes
12 - 26	Employee First Name	15	Employee's first name Left justify and fill with spaces if it is less than twelve (15) characters	Yes
27 - 41	Employee Middle Initial	15	Employee's middle initial	No
42 - 61	Employee Last Name	20	Employee's last name	Yes
62 - 65	Employee Suffix	4	Employee's suffix	No
66 - 179	Blanks	114	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
180 - 181	Amendment Reason	2	Numeric - Reason code for amendment to employee wages Zero (00) means original filing Valid amendment reason codes are one (01) through thirteen (13). Refer Section 12.a Amendment Reason Codes for valid reason codes	Yes
182 - 187	Reporting Period	6	The last month and year for the calendar quarter for which this report applies. For example - "032021" for Jan-Mar of 2021	Yes

Location	Contents of Field	Field Length	Description	Required?
188 - 198	State Quarterly Unemployment Insurance Total Wages	11	Employee's Unemployment Insurance total wages paid in the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes
199 - 209	Out of State Quarterly Unemployment Insurance Taxable Wages	11	Employee's Out of State UI taxable wages for the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 000000000002564	Required if value entered in Out of State Wage State Code

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Location	Contents of Field	Field Length	Description	Required?
210 - 211	Out of State Wage State Code	2	This field will contain the two character state code associated with the out of state wages reported.	Required if amount greater than 0 is provided for Out of State Quarterly Unemployment Insurance Taxable Wages
212 - 247	Blanks	36	Fill with spaces	Fill with spaces
248 - 267	Employer ID	20	State unemployment insurance Employer ID Left justify and fill with spaces	Yes
268 - 337	Blanks	70	Fill with spaces	Fill with spaces

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Location	Contents of Field	Field Length	Description	Required?
338	Employed on payroll for 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	Yes
339	Employed on payroll for 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	Yes

Location	Contents of Field	Field Length	Description	Required?
340	Employed on payroll for 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the third month of the quarter 0=No 1=Yes	Yes
341 - 344	Blanks	4	Fill with spaces	Fill with spaces
345 - 375	Adj Code 'Other' Explanation	31	This field is not used by Texas. Fill with spaces.	Fill with spaces
376 - 512	Blanks	137	Fill with spaces	Fill with spaces

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4.b.iv. RT Record: Total Record

The RT record includes the totals for the file. This must be the last record in the file. Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RT	Yes
3 - 17	State Unemployment Insurance Account Number	15	Employer Account Number assigned by state for reporting Right justify and pad with spaces Employer Account ID will be 9 characters in length, but right justified with spaces	Yes
18 - 23	Reporting Period	6	Last month and year of reporting period First quarter 2021 would be stored as 032024	Yes

Location	Contents of Field	Field Length	Description	Required?
24 - 33	Blanks	10	Fill with spaces	Fill with spaces
34 - 53	State Quarterly Unemployment Insurance Total Wages For Employer	20	Quarterly State Total Wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes

Location	Contents of Field	Field Length	Description	Required?
54 - 73	State Quarterly Unemployment Insurance Taxable Wages for Employer	20	Quarterly State Taxable Wages for the employer Total wages minus taxable wages Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes

Location	Contents of Field	Field Length	Description	Required?
74 - 93	State Quarterly Unemployment Insurance Excess Wages For Employer	20	Quarterly State Excess Wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes
94 - 103	Blanks	10	Fill with spaces	Fill with spaces
104 - 108	Month 1 Employment for Employer	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the first month of the quarter Right justify and pad with zeros (0)	Yes

Location	Contents of Field	Field Length	Description	Required?
109 - 113	Month 2 Employment for Employer	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the second month of the quarter Right justify and pad with zeros (0)	Yes
114 - 118	Month 3 Employment for Employer	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the third month of the quarter Right justify and pad with zeros (0)	Yes
119 - 512	Blanks	394	Fill with spaces	Fill with spaces

4.b.v. RF Record: Summary Record

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RF	Yes
3 - 7	Blanks	5	Fill with spaces	Fill with spaces
8 - 16	Total Number of Employees in File	9	The total number of RW records reported on the entire file Right justify and fill with zeros (0)	Yes
17 - 36	State Quarterly Unemployment Insurance Total Wages in File	20	The sum of gross wages reported in file Right justify and fill with zeros (0) For example $25.64 should be included as: 00000000000000002564	Yes
37 - 512	Blanks	476	Fill with spaces	Fill with spaces

4.c. Amendment Submission

To amend wages for a SSN, employers should enter the proper amendment code for each amended SSN record at position 180-181. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper amendment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper amendment reason code.

All wage amendment submissions will process as a batch for the next business day (allowing for holidays), regardless of the number of records in the original submission.

5. Agent EFW2 Interface File Definition

5.a. General Information

Agents can submit wage information for multiple employers and reporting periods in this file format. There is no need to generate a separate file for each employer and reporting period. Original filings and amendments can be included in the same file. However, an original and amendment for the same employer and reporting period cannot be included in the same file. Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

The following rules for individual record types apply:

This incoming file is submitted to the system via the agent wage file upload process. The file is a fixed length file; there should be five hundred twelve (512) characters in each row.

The system will only process RA, RE, RW, RT, and RF record types and will ignore the remaining record types in the SSA Standard file format.

The file contains the following fixed length records:

Record type RA: Submitter Record

- There should be one (1) submitted record per file
- This record will contain information about the entity submitting the file
- This could be employer or agent information
- The record RA must be the first row in the file

Record Type RE: Employer Information

- There can be more than one total record per file
- This record contains the totals for each type 'RW' records in the file

Record Type RW: Employee State Wage Record

- There should be one (1) employee record for each employee for whom wages are being reported (i.e.: You may not include two records that have duplicate SSNs)
- This record contains individual employee wage information

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- There may be a single or multiple employee records in the file but only one (1) employee record for each unique SSN

Record Type RT: Wage Totals

- There should be one (1) total wage record per employer
- This record contains wage totals and number of employees

Record Type RF: Final Record

- There should be one (1) final record per file
- This record indicates the end of the file and must be the last row in each file

5.a.i. Rules for Alpha/Numeric Fields

- Left justify and fill with blanks
- Where the "field" shows "Blank", all positions must be blank (spaces), not zeros (0)

5.a.ii. Rules for Currency Fields

- Must contain only numbers
- No punctuation
- No signed amounts (positive or negative)

- Right justify and pad with zeros (0)
- Include both dollars and cents with no decimal point (example: $59.60 = 00000005960)
- Any money field that has no amount to be reported must be filled with zeros (0), not blanks or spaces

5.b. Agent EFW2 Record Layout

5.b.i. RA Record: Submitter Record

The RA record identifies the organization submitting the file. There is only one (1) RA record, and it must be the first record in each file.

Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RA	Yes
3 - 11	Submitter's FEIN	9	The submitter's FEIN Numbers only, do not include the hyphen or dashes.	Yes
12 - 28	Blanks	17	Fill with spaces	Fill with spaces

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Location	Contents of Field	Field Length	Description	Required?
29	Resub Indicator	1	"0" (zero)	Yes
30 - 37	Blanks	8	Fill with spaces	Fill with spaces
38 - 94	Business Name	57	The business name Left justify and fill with spaces	Yes
95 - 138	Mailing Address	44	The company's mailing address (Street or Post Office Box) Left justify and fill with spaces	No
139 - 160	City	22	The company's mailing address city Left justify and fill with spaces	No
161 - 162	State Abbreviation	2	The company's mailing address state or commonwealth/ territory Use postal abbreviations	No
163 - 167	ZIP Code	5	The company's mailing address ZIP Code.	No

Location	Contents of Field	Field Length	Description	Required?
168 - 171	ZIP Code Extension	4	The company's four (4)-digit extension of the mailing address ZIP Code If not applicable, fill with spaces Do	No
172 - 216	Blanks	45	Fill with spaces	Fill with spaces
217 - 273	Submitter Name	57	The name of the organization to receive error notification if this file cannot be processed Left justify and fill with spaces	Yes
274 - 317	Physical Address	44	The submitter's physical address (Street or Post Office Box) Left justify and fill with spaces	No
318 - 339	City	22	The submitter's physical address city Left justify and fill with spaces	No
340 - 341	State Abbreviation	2	The submitter's physical address State or commonwealth/territory Use postal abbreviations	No

Location	Contents of Field	Field Length	Description	Required?
342 - 346	ZIP Code	5	The submitter's physical address ZIP Code	No
347 - 350	ZIP Code Extension	4	The submitter's physical address four (4)-digit extension of the ZIP code Do not include hyphen	No
351 - 395	Blanks	45	Fill with spaces	Fill with spaces
396 - 422	Contact Name	27	The name of the person to be contacted by the agency concerning processing problems	Yes
423 - 437	Contact Phone Number	15	The contact's telephone number with numeric values only (including area code) Do not use any special characters Example: 1232345678 Left justify and fill with spaces	No
438 - 442	Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No

Location	Contents of Field	Field Length	Description	Required?
443 - 445	Blanks	3	Fill with spaces	Fill with spaces
446 - 485	Contact E-Mail	40	The contact's Email address in standard format	Yes
486 - 488	Blanks	3	Fill with spaces	Fill with spaces
489 - 498	Contact Fax	10	If applicable, Include the contact's fax number (including area code) Otherwise, fill with spaces For U.S. and U.S. territories only	No
499 - 512	Blanks	14	Fill with spaces	Fill with spaces

5.b.ii. RE Record: Employer Record

The RE record will contain employer information. There will be one (1) RE record for each employer EFW2 wage file and reporting period. The record will contain employer information, report year and quarter, and contact information.

Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RE	Yes
3 - 6	Report Year	4	Year for which the report is being filed Format as YYYY	Yes
7	Blanks	1	Fill with spaces	Fill with spaces
8 -16	Employer ID	9	State unemployment insurance Employer ID Left justify and fill with spaces	Yes
17 - 39	Blanks	23	Fill with spaces	Fill with spaces
40 - 96	Employer Name	57	The business name Left justify and fill with spaces	Yes

Location	Contents of Field	Field Length	Description	Required?
97 - 140	Employer Address	44	Employer's Physical Address Left justify and fill with spaces if the address is less than forty (44) characters	No
141 - 162	Employer City	22	Employer's city Left justify and fill with spaces if the city is less than (22) characters	No
163 - 164	Employer State	2	Employer's 2 character state abbreviation	No
165 - 169	Employer Zip Code	5	The business ZIP Code	No
170 - 173	Zip Code Extension	4	Four (4) digit extension of ZIP Code Fill with spaces if there is no extension	No

Location	Contents of Field	Field Length	Description	Required?
174 - 221	Blanks	48	Fill with spaces	Fill with spaces
222 - 248	Employer Contact Name	27	The name of the person to be contacted by the agency concerning processing problems Left justify and fill with spaces	Yes
249 - 263	Employer Contact Phone Number	15	The contact's telephone number with numeric values only (including area code) Do not use any special characters Example: 1232345678	No
264 - 268	Employer Contact Phone Extension	5	The contact's telephone extension Left justify and fill with spaces	No
269 - 278	Blanks	10	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
279 - 318	Employer Contact E-Mail	40	The contact's Email address in standard format	No
319	No wage report indicator	1	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) There should never be a one (1) where there are not type RW records in the file, and there should never be a zero (0) when there are type RW records in the file	Yes

Location	Contents of Field	Field Length	Description	Required?
320 - 321	Report quarter	2	Will be the last month of the calendar quarter to which the report was filed. "03" = First quarter "06" = Second quarter "09" = Third quarter "12" = Fourth quarter	Yes
322 - 512	Blanks	191	Fill with spaces	Fill with spaces

5.b.iii. RW Record: Wage Record

The RW records include the individual wage records for an SSN. Include one (1) row for each unique SSN.

Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RW	Yes
3 - 11	Employee Social Security Number	9	Employee's Social Security Number (SSN) Do not enter hyphens	Yes
12 - 26	Employee First Name	15	Employee's first name Left justify and fill with spaces if it is less than twelve (15) characters	Yes
27 - 41	Employee Middle Initial	15	Employee's middle initial	No
42 - 61	Employee Last Name	20	Employee's last name	Yes
62 - 65	Employee Suffix	4	Employee's suffix	No
66 - 179	Blanks	114	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
180 - 181	Amendment Reason	2	Numeric - Reason code for amendment to employee wages Zero (00) means original filing Valid amendment reason codes are one (01) through thirteen (13). Refer Section 12.a Amendment Reason Codes for valid reason codes	Yes
182 - 187	Reporting Period	6	The last month and year for the calendar quarter for which this report applies. For example - "032021" for Jan-Mar of 2021	Yes

Location	Contents of Field	Field Length	Description	Required?
188 - 198	State Quarterly Unemployment Insurance Total Wages	11	Employee's Unemployment Insurance total wages paid in the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes
199 - 209	Out of State Quarterly Unemployment Insurance Taxable Wages	11	Employee's Out of State UI taxable wages for the quarter Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 000000000002564	Required if value entered in Out of State Wage State Code

Location	Contents of Field	Field Length	Description	Required?
210 - 211	Out of State Wage State Code	2	This field will contain the two character state code associated with the out of state wages reported.	Required if amount greater than 0 is provided for Out of State Quarterly Unemployment Insurance Taxable Wages
212 - 247	Blanks	36	Fill with spaces	Fill with spaces
248 - 267	Employer ID	20	State unemployment insurance Employer ID Left justify and fill with spaces	Yes
268 - 337	Blanks	70	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
338	Employed on payroll for 12th of month, Month 1	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	Yes
339	Employed on payroll for 12th of month, Month 2	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the second month of the quarter 0=No 1=Yes	Yes

Location	Contents of Field	Field Length	Description	Required?
340	Employed on payroll for 12th of month, Month 3	1	Will contain whether the employee was included on the payroll that included the 12th of the month for the third month of the quarter 0=No 1=Yes	Yes
341 - 344	Blanks	4	Fill with spaces	Fill with spaces
345 - 375	Adj Code 'Other' Explanation	31	This field is not used by Texas. Fill with spaces.	Fill with spaces
376 - 512	Blanks	137	Fill with spaces	Fill with spaces

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5.b.iv. RT Record: Total Record

The RT records include totals for each employer. There should be one (1) record per employer. Below is a description for each field in the record:

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RT	Yes
3 - 17	State Unemployment Insurance Account Number	15	Employer Account Number assigned by state for reporting Right justify and pad with spaces Employer Account ID will be 9 characters in length, but right justified with spaces	Yes
18 - 23	Reporting Period	6	Last month and year of reporting period First quarter 2021 would be stored as 032021	Yes
24 - 33	Blanks	10	Fill with spaces	Fill with spaces

Location	Contents of Field	Field Length	Description	Required?
34 - 53	State Quarterly Unemployment Insurance Total Wages For Employer	20	Quarterly State Total Wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes
54 - 73	State Quarterly Unemployment Insurance Taxable Wages for Employer	20	Quarterly State Taxable Wages for the employer Total wages minus taxable wages Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes

Location	Contents of Field	Field Length	Description	Required?
74 - 93	State Quarterly Unemployment Insurance Excess Wages For Employer	20	Quarterly State Excess Wages for the employer Include the cents but no decimal Right justify and pad with zeros (0) For example 25.64 should be included as: 00000000002564	Yes
94 - 103	Blanks	10	Fill with spaces	Fill with spaces
104 - 108	Month 1 Employment for Employer	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the first month of the quarter Right justify and pad with zeros (0)	Yes

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Location	Contents of Field	Field Length	Description	Required?
109 - 113	Month 2 Employment for Employer	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the second month of the quarter Right justify and pad with zeros (0)	Yes
114 - 118	Month 3 Employment for Employer	5	The number of employees who were included in the payroll for the payroll period on the 12th of month for the third month of the quarter Right justify and pad with zeros (0)	Yes
119 - 512	Blanks	394	Fill with spaces	Fill with spaces

5.b.v. RF Record: Summary Record

Location	Contents of Field	Field Length	Description	Required?
1 - 2	Record Identifier	2	Should always be RF	Yes
3 - 7	Blanks	5	Fill with spaces	Fill with spaces
8 - 16	Total Number of Employees in File	9	The total number of RW records reported on the entire file Right justify and fill with zeros (0)	Yes
17 - 36	State Quarterly Unemployment Insurance Total Wages in File	20	The sum of gross wages reported in file Right justify and fill with zeros (0) For example $25.64 should be included as: 00000000000000002564	Yes
37 - 512	Blanks	476	Fill with spaces	Fill with spaces

5.c. Amendment Submission

To amend wages for a SSN, employers should enter the proper amendment code for each amended SSN record at position 180-181. A new employee can be added by simply adding a new record with the proper wages. To modify wages for an employee, employers must enter the same SSN and the new wages with proper amendment code. To delete an employee from the submission, employers must enter the SSN with zero (0) wages and proper amendment reason code.

All wage amendment submissions will process as a batch, regardless of the number of records in the original submission.

6. Employer XML Interface File Definition

6.a. General Information

Employers can file original or amended wage reports in this file. However, each file should contain only the information for one (1) quarter. All begin and end tags must be included in the file. If there is no data for that field then include the tags with nothing between them, for example <tag></tag>.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file.

**While an ampersand ('&') is an allowable special character for CSV, EFW2, and ICESA formats, files submitted using the XML format must exclude or remove any ampersands for the file to be processed correctly. Most often this pertains to the Business Name field (e.g., - Johnson & Johnson), in which case it is necessary to remove the '&' for an XML formatted submission.

6.b. Employer XML File

This incoming file is submitted to the system via the wage file upload process. The file is an XML file (.xml extension). The file contains the following system fields:

Field Name	Description	Required
XmlVersion	This indicates the XML version that is used There is no end tag for the XML Version	No
<root>	Parent tag must be the first tag in the file There must be a </root> tag as the final row in the file	Yes
<Submitter>	Tag informing that this is a submitter record There must be a </Submitter> end tag at the end of the record	Yes
<FEIN>	Submitter FEIN (Do not use hyphens) <FEIN>123456789</FEIN>	Yes

Field Name	Description	Required
<BusinessName>	Submitter business name <BusinessName>ABC Company</BusinessName>	Yes
<Address>	Submitter street address <Address>4020 E 5th Ave</Address>	Yes
<City>	Submitter city <City>Austin</City>	Yes
<State>	Submitter state <State>TX</State>	Yes
<ZIP>	Submitter ZIP code <ZIP>78701</ZIP>	Yes
<ZIP4>	Submitter +Four (4) for ZIP Code <ZIP4>4020</ZIP4>	No
<Contact>	First and last name of contact person <Contact>John Doe</Contact>	Yes
<Phone>	Contact telephone number <Phone>5124662319</Phone>	Yes
<Extension>	Contact telephone extension <Extension>1234</Extension>	No

Field Name	Description	Required
<Email>	Email address of the contact person <Email>filer@ontime.com</Email>	Yes
<Wage>	Tag informing that this is a wage file There must be a </Wage> end tag at the end of the file	Yes
<WageRecord>	Tag informing that an employer wage record is following There must be a </WageRecord> tag following the employer wage record	Yes
<Employee>	Tag informing that an individual employee record is beginning There must be an end tag </Employee> at the end of each individual record	Yes
<EmployerID>	This field will contain the employer's Employer ID <EmployerID>123456789</EmployerID>	Yes

Field Name	Description	Required
<Period>	This field will contain the period for which the report is filed Should contain the last month of the quarter and the year The values for the year 2025 would be: 1st quarter = 32025 2nd quarter = 62025 3rd quarter = 92025 4th quarter = 122025 <Period>032025</Period>	Yes
<SSN>	This field will contain the employee SSN (Do not use hyphen or dashes). If SSN is unknown, enter an SSN of '999999999'. <SSN>123456789</SSN>	Yes
<LastName>	This field will contain the employee's last name <LastName>Smith</LastName>	Yes
<FirstName>	This field will contain the employee's first name <FirstName>Jane</FirstName>	Yes

Field Name	Description	Required
<MI>	This field will contain the employee's middle initial <MI>G</MI>	No
<StateGrossWages>	This field will contain the total wages paid to the employee during the quarter in State Do not include the decimal point or comma separators, for example $12,546.36 would be: <StateGrossWages>1254636</StateGrossWages>	Yes
<OutofStateTaxable Wages>	This field will contain the employee's out of state taxable wages for the quarter Do not include the decimal point or comma separators, for example $12546.36 would be: <OutofStateTaxableWages>1254636</OutofStateTaxableWages>	Yes, if value entered in <OosWageStateCode>
<OosWageStateCode >	This field will contain the two character state code associated with the out of state wages reported. <OosWageStateCode>LA</OosWageStateCode>	Yes, if amount greater than 0 is provided for <OutofStateTaxable

Field Name	Description	Required
<EmployMon1>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter <EmployMon1>1</EmployMon1> for yes <EmployMon1>2</EmployMon1> for no	No
<EmployMon2>	Will contain whether the employee was included on the payroll on the 12th of the month for the second month of the quarter <EmployMon2>1</EmployMon2> for yes <EmployMon2>2</EmployMon2> for no	No
<EmployMon3>	Will contain whether the employee was included on the payroll on the 12th of the month for the third month of the quarter <EmployMon3>1</EmployMon3> for yes <EmployMon3>2</EmployMon3> for no	No

Field Name	Description	Required
<AdjCode>	This field will contain the original filing/amendment code. Codes are numbers zero (0) – thirteen (13), Zero (0) is used for an original filing <AdjCode>0</AdjCode> Refer Section 12.a Amendment Reason Codes for valid reason codes	Yes
<Reason>	This field is not used by Texas. Tags must still be included in the file. Leave field blank. <Reason></Reason>	No
<Totals>	Tag informing that this is a total record; there must be an end tag at the end of the record </Totals>	Yes
<EmployerID>	This field will contain the Employer ID <EmployerID>123456789</EmployerID>	Yes

Field Name	Description	Required
\<Period\>	This field will contain the period for which the report is filed. Should contain the last month of the quarter and the year The values for the year 2025 would be: 1st quarter = 32025 2nd quarter = 62025 3rd quarter = 92025 4th quarter = 122025 \<Period\>032025\</Period\>	Yes
\<NoWageIndicator\>	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1) \<NoWageIndicator\>1\</NoWageIndicator\>	Yes
\<TotalWages\>	This field will contain the total State wages reported by the employer for the period Do not include decimal or comma separators. For example, $15,482.33 would be: \<TotalWages\>1548233\</TotalWages\>	Yes

Field Name	Description	Required
<TaxableWages>	This field will contain the total taxable wages reported by the employer for the period Do not include decimal or comma separators, for example, $52,645.25 would be: <TaxableWages>5264525</TaxableWages>	Yes
<ExcessWages>	This field will contain the total excess wages reported by the employer for the period. (Excess = Total wages – taxable wages) Do not include decimal or comma separators, for example, $5,245.25 would be: <ExcessWages>524525</ExcessWages>	Yes
<Month1>	This field will contain the total number of employees who were on the payroll that includes the 12th of the first month of the quarter <Month1>5</Month1>	Yes
<Month2>	This field will contain the total number of employees who were on the payroll that includes the 12th of the second month of the quarter <Month2>5</Month2>	Yes

Field Name	Description	Required
<Month3>	This field will contain the total number of employees who were on the payroll that includes the 12th of the third month of the quarter <Month3>5</Month3>	Yes

6.c. Download Sample File for Employer XML File Layout

6.c.i.   Original Submission

See Section 12.g for a sample agent XML file layout.

6.c.ii. Amendment Submission

To amend a wage item, employers should enter the proper amendment code against each SSN in the employee record. **NOTE:** When amending a previous submission, the SSN line should include all data originally reported. Only the amended information (SSN, Name, or Wages) should change.

- **Add a New Employee** – Add a new SSN record with all required fields and the amendment reason code for adding a new employee.
- **Amend Wages** - Enter the SSN record originally reported and amend the wages to reflect the new total. Use the amendment reason code for amending wages.

- **Exclude Employee** - Enter the SSN record originally reported with zero (0) wages and use the amendment reason code for excluding an employee.
- **Correct an SSN** – 1. Enter the SSN record originally reported with zero (0) wages and use the amendment reason code for correcting an SSN. 2. Add a new SSN record with all required fields and the amendment reason code for correcting an SSN.
- **Out of State Wage Amendment** – Enter the SSN record originally reported. In the 'Out of State Taxable Wage field', enter the amount of out of state wages paid for that quarter for that employee and use amendment reason code for out of state employee.
- **Name Correction** – Enter the SSN record originally reported. In the name field, enter the corrected name. Use amendment reason code for employee name correction.

The Month 1, 2 and 3 Employment for Employer (Total record) in the amendment file should reflect the total employment for all employees, not the total employment for the amended employees.

See Section 12.g for a sample employer XML file layout for amendment.

7. Agent XML Interface File Definition

7.a. General Information

Agents can file multiple employers / reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. Original filings and amendments can be in the same file.

However, an original and amendment for the same employer and reporting period cannot be included in the same file. The file can also contain no wage reports for employers.

All begin and end tags must be included in the file. If there is no data for that field then include the tags with nothing between them, for example <tag></tag>.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages.

If an SSN record is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

**While an ampersand ('&') is an allowable special character for CSV, EFW2, and ICESA formats, files submitted using the XML format must exclude or remove any ampersands for the file to be processed correctly. Most often this pertains to the Business Name field (e.g., - Johnson & Johnson), in which case it is necessary to remove the '&' for an XML formatted submission.

7.b. Agent XML File

This incoming file is submitted to the system via the wage file upload process. The file is an XML file. The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file.

The file contains the following fields:

Field Name	Description	Required
XmlVersion	This indicates the XML version that is used There is no end tag for the XML Version	No
<root>	Parent tag must be the first tag in the file There must be a </root> tag as the final row in the file	Yes
<Submitter>	Tag informing that this is a submitter record There must be a </Submitter> end tag at the end of the record	Yes
<FEIN>	Submitter FEIN (Do not use hyphens) <FEIN>123456789</FEIN>	Yes
<BusinessName>	Submitter business name <BusinessName>ABC Company</BusinessName>	Yes
<Address>	Submitter street address <Address>4020 E 5th Ave</Address>	Yes
<City>	Submitter city <City>Austin</City>	Yes

Field Name	Description	Required
<State>	Submitter state <State>TX</State>	Yes
<ZIP>	Submitter ZIP code <ZIP>78701</ZIP>	Yes
<ZIP4>	Submitter +Four (4) for ZIP Code <ZIP4>4020</ZIP4>	No
<Contact>	First and last name of contact person <Contact>John Doe</Contact>	Yes
<Phone>	Contact telephone number <Phone>5124662319</Phone>	Yes
<Extension>	Contact telephone extension <Extension>1234</Extension>	No
<Email>	Email address of the contact person <Email>filer@ontime.com</Email>	Yes
<Wage>	Tag informing that this is a wage file There must be a </Wage> end tag at the end of the file	Yes

Field Name	Description	Required
<WageRecord>	Tag informing that an employer wage record is following There must be a </WageRecord> tag following the employer wage record	Yes
<Employee>	Tag informing that an individual employee record is beginning	Yes
<EmployerID>	This field will contain the employer's Employer ID <EmployerID>123456789</EmployerID>	Yes
<Period>	This field will contain the period for which the report is filed Should contain the last month of the quarter and the year	Yes
<SSN>	This field will contain the employee SSN (Do not use hyphen).	Yes
<LastName>	This field will contain the employee's last name <LastName>Smith</LastName>	Yes

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Field Name	Description	Required
<FirstName>	This field will contain the employee's first name <FirstName>Jane</FirstName>	Yes
<MI>	This field will contain the employee's middle initial <MI>G</MI>	No
<StateGrossWages>	This field will contain the total wages paid to the employee during the quarter in State Do not include the decimal point or comma separators, for example $12,546.36 would be: <StateGrossWages>1254636</StateGrossWages>	Yes
<OutofStateTaxable Wages>	This field will contain the employee's out of state taxable wages for the quarter Do not include the decimal point or comma separators, for example $12546.36 would be: <OutofStateTaxableWages>1254636</OutofStateTaxableWages>	Yes, if value entered in <OosWageStateCode>

Field Name	Description	Required
<OosWageStateCode>	This field will contain the two-character state code associated with the out of state wages reported.	Yes, if amount greater than 0 is provided for
<EmployMon1>	Will contain whether the employee was included on the payroll on the 12th of the month for the first month of the quarter	No
<EmployMon2>	Will contain whether the employee was included on the payroll on the 12th of the month for the second month of the quarter	No
<EmployMon3>	Will contain whether the employee was included on the payroll on the 12th of the month for the third month of the quarter	No

Field Name	Description	Required
<AdjCode>	This field will contain the original filing/amendment code. Codes are numbers zero (0) – thirteen (13), Zero (0) is used for an original filing <AdjCode>0</AdjCode> Refer Section 12.a Amendment Reason Codes for valid reason codes	Yes
<Reason>	This field is not used by State. Tags must still be included the file. Leave field blank.	No
<Totals>	Tag informing that this is a total record; there must be an end tag at the end of the record </Totals>	Yes
<EmployerID>	This field will contain the Employer ID <EmployerID>123456789</EmployerID>	Yes

Field Name	Description	Required
<Period>	This field will contain the period for which the report is filed. Should contain the last month of the quarter and the year The values for the year 2025 would be: 1st quarter = 32025 2nd quarter = 62025 3rd quarter = 92025 4th quarter = 122025 <Period>032025</Period>	Yes
<NoWageIndicator>	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a zero (0) Otherwise enter a one (1)	Yes
<TotalWages>	This field will contain the total State wages reported by the employer for the period Do not include decimal or comma separators. For example, $15,482.33 would be: <TotalWages>1548233</TotalWages>	Yes

Field Name	Description	Required
<TaxableWages>	This field will contain the total taxable wages reported by the employer for the period Do not include decimal or comma separators, for example, $52,645.25 would be: <TaxableWages>5264525</TaxableWages>	Yes
<ExcessWages>	This field will contain the total excess wages reported by the employer for the period. (Excess = Total wages – taxable wages) Do not include decimal or comma separators, for example, $5,245.25 would be: <ExcessWages>524525</ExcessWages>	Yes
<Month1>	This field will contain the total number of employees who were on the payroll that includes the 12th of the first month of the quarter <Month1>5</Month1>	Yes
<Month2>	This field will contain the total number of employees who were on the payroll that includes the 12th of the second month of the quarter <Month2>5</Month2>	Yes

Field Name	Description	Required
<Month3>	This field will contain the total number of employees who were on the payroll that includes the 12th of the third month of the quarter <Month3>5</Month3>	Yes

7.c. Download Sample File for Agent XML File Layout

7.c.i.   Original Submission

See Section 12.g for a sample agent XML file layout.

7.c.ii. Amendment Submission

To amend a wage item, employers should enter the proper amendment code against each SSN in the employee record. NOTE: When amending a previous submission, the SSN line should include all data originally reported. Only the amended information (SSN, Name, or Wages) should change.

- **Add a New Employee –** Add a new SSN record with all required fields and the amendment reason code for adding a new employee.

- **Amend Wages** - Enter the SSN record originally reported and amend the wages to reflect the new total. Use the amendment reason code for amending wages.
- **Exclude Employee** - Enter the SSN record originally reported with zero (0) wages and use the amendment reason code for excluding an employee.
- **Correct an SSN – 1**. Enter the SSN record originally reported with zero (0) wages and use the amendment reason code for correcting an SSN. 2. Add a new SSN record with all required fields and the amendment reason code for correcting an SSN.
- **Out of State Wage Amendment –** Enter the SSN record originally reported. In the 'Out of State Taxable Wage field', enter the amount of out of state wages paid for that quarter for that employee and use amendment reason code for out of state employee.
- **Name Correction –** Enter the SSN record originally reported. In the name field, enter the corrected name. Use amendment reason code for employee name correction.

The Month 1, 2 and 3 Employment for Employer (Total record) in the amendment file should reflect the total employment for all employees, not the total employment for the amended employees.

See Section 12.g for a sample agent XML file layout for amendment.

8. Employer CSV Interface File Definition

8.a. General Information

This section contains the file specifications for Texas Unemployment Insurance Tax and Wage reporting .csv file format. The .csv file format can be created using commercially available spreadsheet software (for

example, Microsoft Excel). Employers can file original or amended wage reports in this file format. However, each file should contain only the information for one employer in one (1) quarter.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages. The file is a comma separated file, and there is no set length for the rows. The following paragraphs contain the specifications for the incoming wage report:

8.a.i. Rules for Currency Fields

- Must contain only numbers
- No comma separators
- No signed amounts (high order signed or low order signed)
- Include both dollars and cents with no decimal point (example: $59.60 = 5960)

8.a.ii. Rules for SSN Fields

- Must contain nine (9) digits
  - Excel will trim leading zeros (0) with the default settings, do not include dashes.
  - Set the number format to 'text' for the SSN column if creating the file with Excel

8.b. Employer CSV File

This incoming file is submitted to the system via the wage file upload process. The file is a comma separated file. The file contains four (4) records and the rules for records and fields within the file as described in the following subchapters.

8.b.i.   Submitter Record

The submitter record will contain information about the business submitting the file. The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file. Below is a description for each field in the record. (Beginning at Column A, Row 1)

Position	Field Name	Field Specifications	Required
A1	Record Identifier	Should always be zero '0'	Yes
B1	Submitter FEIN	FEIN for business submitting the files; numbers only, do not include the hyphen	Yes

Position	Field Name	Field Specifications	Required
C1	Business Name	The legal name of the submitter.	Yes
D1	Address	The mailing address of the submitter	No
E1	City	The mailing address city of the submitter	No
F1	State	The two-character FIPS code	Yes
G1	ZIP	The mailing address ZIP Code of the submitter Include leading zeros (0)	No
H1	ZIP Ext	The mailing address ZIP Code extension of the submitter If unknown, leave blank	No, leave blank or include the + Four (4)

Position	Field Name	Field Specifications	Required
I1	Contact Name	First and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name	Yes
J1	Phone	Contact telephone number, include the area code Numbers only, no special characters	Yes
K1	Extension	Contact telephone number extension (if any) If there is no extension, leave blank	No, leave blank or Extension
L1	Email	Contact Email address	Yes

8.b.ii. Employer Record

The employer record will contain summary totals for the employer / reporting period. Below is a description for each field in the record. (Beginning at Column A, Row 2)

Position	Field Name	Field Specifications	Required
A2	Record type	Should always be '1' for employer record	Yes
B2	Employer ID	Employer ID, no special characters	Yes
C2	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2023 would be: 1st - 32023 2nd – 62023 3rd - 92023 4th – 122023	Yes
D2	Total Gross wages	Total Texas wages for employer Do not use comma separator or decimal, for example $12,524.55 would be 1252455	Yes
E2	Total Taxable Wages	Total taxable wages for employer Do not use comma separator or decimal, for example $8,325.99 would be 832599	Yes

Position	Field Name	Field Specifications	Required
F2	Total Excess Wages	Total excess wages for employer (Excess wages = Total wages – taxable wages) Do not use comma separator or decimal, for example $2,983.75 would be 298375	Yes
G2	No. of Employees On12 Month1	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter	Yes
H2	No. of Employees On12 Month2	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter	Yes
I2	No. of Employees On12 Month3	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter	Yes
J2	No Wage Indicator	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a '0' zero Otherwise enter a '1' There should never be a '1' where there are not type '2'records in the file, and there should never be a '0' (zero)when there are type '2' records in the file	Yes

8.b.iii. Wage Record

The wage record will contain wage data for the employees. There should be one (1) row for each SSN.

Below is a description for each field in the record. (Beginning at Column A, Row 3 for first employee and start a new row for each additional employee, for example, employee 2 would start in position A4)

Position	Field Name	Field Specifications	Required?
A3	Record type	Must be two '2' for wage record	Yes
B3	Employer ID	Employer's ID, no special characters	Yes
C3	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2023 should be: 1st - 32023 2nd – 62023	Yes

Position	Field Name	Field Specifications	Required?
		3rd - 92023 4th – 122023	
D3	SSN	Employee's Social Security Number (SSN) Note: the SSN must contain nine (9) digits, no hyphens Excel will trim leading zeros (0) with the default settings Set the number format to 'text' for the SSN column if creating the file with Excel Refer to "Dummy SSN" section in "Appendices" to learn about how to report wages for unknown SSN	Yes
E3	First Name	Employee's First Name	Yes

Position	Field Name	Field Specifications	Required?
F3	Middle Initial	Employee's Middle Initial Do not fill if there is no middle initial	No
G3	Last Name	Employee's Last Name	Yes
H3	Gross Wage Amt	Total wages subject to UI paid to employee for reporting period Do not use comma separator or decimal, for example $5,687.23 would be 568723	Yes
I3	OOS Wage Amt	Out of State taxable wages subject to UI paid to employee for the quarter Do not use comma separator or decimal, for example	No. If there are out of state taxable wages for

Position	Field Name	Field Specifications	Required?
		$4,687.25 would be 468725	the quarter, report them to receive proper credit
J3	OOS Wage State Code	The OOS Wage state code or Commonwealth/territory Use postal abbreviations.	Yes, if OOS Wage Amt is provided
K3	Employee On12 of Month1	Employee worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter. 0=No 1=Yes	No

Position	Field Name	Field Specifications	Required?
L3	Employee On12 of Month2	Employee worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter. 0=No 1=Yes	No
M3	Employee On12 of Month3	Employee worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter. 0=No 1=Yes	No
N3	Amendment Reason Code	Numeric - Reason code for amendment to employee wages	Yes

Position	Field Name	Field Specifications	Required?
		Zero (0) means original filing Refer Section 12.a Amendment Reason Codes for valid reason codes.	
O3	Other Reason	This field is not used by Texas.	No

8.b.iv. Final Record

The final record will contain totals for the file.

Below is a description for each field in the record. Final record begins in column A of the last row of the file (next row after last wage record row)

Position	Field Name	Field Specifications	Required?
Ax x=last row of the file	Record type	Must be three '3' for final record	Yes
Bx x=last row of the file	Total No. of Employees in File	Include total number of wage records in file	Yes
Cx x=last row of the file	Total Wages Reported in File	Include total Texas wages reported in file Do not use comma separator or decimal, for example $52,468.99 would be 5246899	Yes

8.c. Download Sample File for Employer CSV File Layout

8.c.i. Original Submission

See Section 12.g for a sample employer CSV file layout

8.c.ii. Amendment Submission

To amend a wage item, employers should enter the proper **amendment code** against each SSN in the employee record in column 'N'. NOTE: When amending a previous submission, the SSN line should include

all data originally reported. Only the amended information (SSN, name, wages or hours worked) should change.

- **Add a New Employee** – Add a new SSN record with all required fields and the amendment reason code for adding a new employee.
- **Amend Wages and/or Hours Worked** - Enter the SSN record originally reported and amend the wages and hours worked to reflect the new total. Use the amendment reason code for amending wages.
- **Exclude Employee** - Enter the SSN record originally reported with zero (0) wages, zero hours worked and use the amendment reason code for excluding an employee.
- **Correct an SSN** – 1. Enter the SSN record originally reported with zero (0) wages, zero hours worked and use the amendment reason code for correcting an SSN. 2. Add a new SSN record with all required fields and the amendment reason code for correcting an SSN.
- **Out of State Wage Amendment** – Enter the SSN record originally reported. In column 'I', enter the amount of out of state wages paid for that quarter for that employee and use amendment reason code for out of state employee.
- **Name Correction** – Enter the SSN record originally reported. In the name field, enter the corrected name. Use amendment reason code for employee name correction.

The Month 1, 2 and 3 Employment for Employer (Total record) in the amendment file should reflect the total employment for all employees, not the total employment for the amended employees.

See Section 12.g for a sample employer CSV file layout for amendment.

9. Agent CSV Interface File Definition

9.a. General Information

This section contains the file specifications for the Texas Unemployment Insurance Tax and Wage reporting .csv file format. This format can be created using commercially available spreadsheet software (for example, Microsoft Excel). Agents can file for multiple employers / reporting periods in the file. There is no need to generate a separate file for each employer or reporting period. Original filings and amendments can be in the same file. However, an original and amendment for the same employer and reporting period cannot be included in the same file.

Report the actual wages paid for amended wage records. Do not report the difference between the amended and original wages. The file is a comma separated file, and there is no set length for the rows.

If an SSN record is rejected for any reason, then the entire employer record associated with that SSN will be rejected.

9.a.i.   Rules for Currency Fields

- Must contain only numbers
- No comma separators
- No signed amounts (high order signed or low order signed)

- Include both dollars and cents with no decimal point (example: $59.60 = 5960)

9.a.ii. Rules for SSN Fields

- Must contain nine (9) digits
  - Excel will trim leading zeros (0) with the default settings, do not include dashes.
  - Set the number format to 'text' for the SSN column if creating the file with Excel

9.b. Agent CSV File

This incoming file is submitted to the system via the wage file upload process. The file is a comma separated file. The file contains four (4) records and the rules for records and fields within the file as described in the following subchapters.

9.b.i. Submitter Record

The submitter record will contain information about the business submitting the file. The Submitter's FEIN in the file must match the FEIN on the account logged into when uploading the file.

Below is a description for each field in the record. (Beginning at Column A, Row 1)

Position	Field Name	Field Specifications	Required
A1	Record Identifier	Should always be zero '0'	Yes
B1	Submitter FEIN	FEIN for business submitting the files; numbers only, do not include the hyphen	Yes
C1	Business Name	The legal name of the submitter.	Yes
D1	Address	The mailing address of the submitter	No
E1	City	The mailing address city of the submitter	No
F1	State	The two-character FIPS code	Yes
G1	ZIP	The mailing address ZIP Code of the submitter Include leading zeros (0)	No

Position	Field Name	Field Specifications	Required
H1	ZIP Ext	The mailing address ZIP Code extension of the submitter If unknown, leave blank	No, leave blank or include the + Four (4)
I1	Contact Name	First and last name of individual from submitting business who is responsible for the accuracy and completeness of the wage report Format the names as: First name<space>last name	Yes
J1	Phone	Contact telephone number, include the area code Numbers only, no special characters	Yes

Position	Field Name	Field Specifications	Required
K1	Extension	Contact telephone number extension (if any) If there is no extension, leave blank	No, leave blank or Extension
L1	Email	Contact Email address	Yes

9.b.ii. Employer Record

The employer record will contain summary totals for the employer / reporting period.

Below is a description for each field in the record. (Beginning at Column A, Row 2 for first employer in the file)

Position	Field Name	Field Specifications	Required
A2	Record type	Should always be '1' for employer record	Yes

Position	Field Name	Field Specifications	Required
B2	Employer ID	Employer ID, no special characters	Yes
C2	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2023 would be: 1st - 32023 2nd – 62023 3rd - 92023 4th – 122023	Yes
D2	Total Gross wages	Total Texas wages for employer Do not use comma separator or decimal, for example $12,524.55 would be 1252455	Yes
E2	Total Taxable Wages	Total taxable wages for employer Do not use comma separator or decimal, for example $8,325.99 would be 832599	Yes
F2	Total Excess Wages	Total excess wages for employer (Excess wages = Total wages – taxable wages) Do not use comma separator or decimal, for example $2,983.75 would be 298375	Yes
G2	No. of Employees On12 Month1	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter	Yes

Position	Field Name	Field Specifications	Required
H2	No. of Employees On12 Month2	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter	Yes
I2	No. of Employees On12 Month3	Total number of employees that worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter	Yes
J2	No Wage Indicator	If the employer did not pay wages during the calendar quarter and there will not be any employee records in the report, enter a '0' zero Otherwise enter a '1' There should never be a '1' where there are not type '2'records in the file, and there should never be a '0' (zero)when there are type '2' records in the file	Yes

9.b.iii. Wage Record

The wage record will contain wage data for the employees. There should be one (1) row for each SSN / employer / reporting period.

Below is a description for each field in the record. (Beginning at Column A, Row 3 for first employee and start a new row for each additional employee, for example, employee 2 would start in position A4).

Position	Field Name	Field Specifications	Required?
A3	Record type	Must be two '2' for wage record	Yes
B3	Employer ID	Employer's ID, no special characters	Yes
C3	Reporting Period	This field will contain the last month of the quarter and the year For example, the values for 2023 should be: 1st - 32023 2nd – 62023 3rd - 92023 4th – 122023	Yes

Position	Field Name	Field Specifications	Required?
D3	SSN	Employee's Social Security Number (SSN) Note: the SSN must contain nine (9) digits, no hyphens Excel will trim leading zeros (0) with the default settings Set the number format to 'text' for the SSN column if creating the file with Excel Refer to "Dummy SSN" section in "Appendices" to learn about how to report wages for unknown SSN	Yes
E3	First Name	Employee's First Name	Yes
F3	Middle Initial	Employee's Middle Initial Do not fill if there is no middle initial	No

Position	Field Name	Field Specifications	Required?
G3	Last Name	Employee's Last Name	Yes
H3	Gross Wage Amt	Total wages subject to UI paid to employee for reporting period Do not use comma separator or decimal, for example $5,687.23 would be 568723	Yes
I3	OOS Wage Amt	Out of State taxable wages subject to UI paid to employee for the quarter Do not use comma separator or decimal, for example $4,687.25 would be 468725 Reference section 1D for additional information for reporting out of state wages.	No. If there are out of state taxable wages for the quarter, report them to receive

Position	Field Name	Field Specifications	Required?
			proper credit
J3	OOS Wage State Code	The OOS Wage state code or Commonwealth/territory Use postal abbreviations.	Yes, if OOS Wage Amt is provided
K3	Employee On12 of Month1	Employee worked for the employer during the payroll period that included the 12th of the month for the first month in the quarter. 0=No 1=Yes	No

Position	Field Name	Field Specifications	Required?
L3	Employee On12 of Month2	Employee worked for the employer during the payroll period that included the 12th of the month for the second month in the quarter. 0=No 1=Yes	No
M3	Employee On12 of Month3	Employee worked for the employer during the payroll period that included the 12th of the month for the third month in the quarter. 0=No 1=Yes	No
N3	Amendment Reason Code	Numeric - Reason code for amendment to employee wages	Yes

Position	Field Name	Field Specifications	Required?
		Zero (0) means original filing Refer Section 12.a Amendment Reason Codes for valid reason codes.	
O3	Other Reason	This field is not used by Texas.	No

9.b.iv. Final Record

The final record will contain totals for the file.

Below is a description for each field in the record. Final record begins in column A of the last row of the file (next row after last wage record row)

Position	Field Name	Field Specifications	Required?
Ax x=last row of the file	Record type	Must be three '3' for final record	Yes
Bx x=last row of the file	Total No. of Employees in File	Include total number of wage records in file	Yes
Cx x=last row of the file	Total Wages Reported in File	Include total Texas wages reported in file Do not use comma separator or decimal, for example $52,468.99 would be 5246899	Yes

9.c. Download Sample File for Agent CSV File Layout

9.c.i.   Original Submission

See Section 12.g for a sample agent CSV file layout

9.c.ii. Amendment Submission

To amend a wage item, employers should enter the proper amendment code against each SSN in the employee record in column 'N'. NOTE: When amending a previous submission, the SSN line should include all data originally reported. Only the amended information (SSN, name, wages or hours worked) should change.

- **Add a New Employee** – Add a new SSN record with all required fields and the amendment reason code for adding a new employee.
- **Amend Wages** - Enter the SSN record originally reported and amend the wages to reflect the new total. Use the amendment reason code for amending wages.
- **Exclude Employee** - Enter the SSN record originally reported with zero (0) wages, zero (0) hours worked and use the amendment reason code for excluding an employee.
- **Correct an SSN – 1**. Enter the SSN record originally reported with zero (0) wages, zero (0) hours worked and use the amendment reason code for correcting an SSN. 2. Add a new SSN record with all required fields and the amendment reason code for correcting an SSN.
- **Out of State Wage Amendment –** Enter the SSN record originally reported. In column 'I', enter the amount of out of state wages paid for that quarter for that employee and use amendment reason code for out of state employee.
- **Name Correction –** Enter the SSN record originally reported. In the name field, enter the corrected name. Use amendment reason code for employee name correction.

The Month 1, 2 and 3 Employment for Employer (Total record) in the amendment file should reflect the total employment for all employees, not the total employment for the amended employees.

See Section 12.g for a sample agent CSV file layout for amendment.

10. Agent Payment Submission – Payment Allocation File

10.a. General Information

In the Agent Self-Service Portal, agents can submit payments for a single or multiple client employers. If an agent chooses to submit a single payment for multiple employers, they must first tell the system how they want the single payment allocated between their clients. The payment allocation file is the way this is done. Agents may manually allocate payments or submit a payment allocation file.

There are two ways to create a payment allocation file. An agent can download a file from the system and add the allocated amounts to that file (column E) or they can create their own allocation file using the specifications listed below.

The Payment Allocation File can be downloaded from the Agent's portal using the "Download Center" main menu option.

The download file contains basic information about the agent's clients:

- 9-digit employer ID for all active clients
- Total amount due for each client

- Amount due for the most recently completed calendar quarter for each client

Agents may select the following type of file for download:

- A file that contains only clients that have an authorization on file with Texas.
- A file that contains only clients that were in wage report file – you will be required to enter the confirmation number(s)of the report(s).
- A file that contains only clients that have an authorization on file with Texas AND clients that were in the wage report file – you will be required to enter the confirmation number(s) of the report(s).

The file to be uploaded will contain the same elements as the download file with one more element added:

Amount of payment to be allocated to each employer (Column E). The payment amounts for individual employers cannot exceed the total outstanding debt for that employer.

10.b. Payment Allocation File

This incoming file is submitted through the Agent Self-Service Portal via the system's online screens. It will be a comma separated file (CSV) that contains payment allocation amounts for each employer. Agents can upload a file to the system without first generating a download file. The file must match the specifications listed below.

10.b.i. Summary Section – Row 1

This row will contain summary information about the file. This record should be the first record in the file. (Beginning at Column A, Row 1). All fields are required.

Column	Column Name	Column Description
A1	Record Identifier	Will always be '1'
B1	Agent ID	Contains the Agent ID assigned by the system.
C1	Total Number of Employers in the file	Contains the total number of employers in the file.

10.b.ii. Detail Section – Remaining Rows

These rows will contain information about the separate employer accounts. Each row will contain the 9-digit employer ID number as well as debt information. An example of the file is below this table. (Beginning at Column A, Row 2). All fields are required.

Column	Column Name	Column Description
A2	Record Identifier	Will always be 2
B2	9-digit employer ID	Contains the 9-digit employer ID.

Column	Column Name	Column Description
C2	Total Amount Due	Contains the total amount due by the employer. This is a currency field and should contain decimals and cents. This field should not contain commas. Example: $1,000.23 should be included as 1000.23 Enter 0 if the file is created manually.
D2	Quarter Amount Due	Contains the amount due for the most recently completed calendar quarter. This is a currency field and should contain decimals and cents. This field should not contain commas. Example: $1,000.23 should be included as 1000.23 Enter 0 if the file is created manually.
E2	Allocated Amount	This column will contain the allocated payment amount for the employer that is entered by the agent. The system will store this amount as the allocated payment amount. This is a currency field and should contain decimals and cents. This field should not contain commas. Example: $1,000.23 will be included as 1000.23

11. Payment Submission – ACH Credit Outbound File

11.a.   General Information

In TxUS, employers or agents can submit payments via the payment method ACH Credit. This requires the employer or agent to download a confirmation file from Neosurance, which they then send to their bank. The bank 'pushes' the money to Neosurance each night via interface.

To receive prompt and accurate processing of your payments, you must relay the following information to your bank:

- The required addenda format is referenced below.
- Inform your bank that the information you are providing should be used to populate the 'Payment Related Information' portion of the Addenda record.

Once you send this information to your bank, the bank will then return the 'Payment Related Information' portion of the Addenda record to the agency along with the payment.

When the payment is received by the agency from the bank, the money will be allocated to your account or your clients' account(s) as was identified during the online payment process.

Sending accurate information to your bank is imperative for the proper processing of your payment.

NOTE: The effective date of your payment will be the date the payment is received by the agency from your bank, not the date when the payment addenda information was generated.

11.b.   ACH Addenda Record Specification

When submitting an ACH Credit payment, Employers and Agents should copy the ACH Addenda record from the Payment Confirmation screen in the system. This ACH addenda record should be sent to your bank for processing.

The addenda record specifications are provided below. We strongly suggest you copy the on-screen addenda record provided during the payment process.

Location	Field Name	Format/Description	Length	Logic/Validation
1	Record Type	'7' designates addenda record for a specific Entry detail record	1	"7"
2	Addenda Type Code	'05' is the addenda type	2	"05"
3	Payment Related Information (80 characters spaces 4-83) DiscretionaryData	Discretionary Payment related data. This field is broken down further into five (5) additional fields each field is separated by a field separator (*). These fields contain data regarding the individual employer accounts to which the payments are to be applied.		

Location	Field Name	Format/Description	Length	Logic/Validation
3a	Reserved	Reserved	3	Reserved Value must be 'TXP'
		Separator	1	Field Separator (*)
3b	9-digit Texas employer ID Agent ID	9-digit employer ID or Agent ID of the employer or Agent submitting the payment	9	Left justified with blank spaces to the right NOTE: For an agent making a payment directly on the employer's account (by using the employer lookup functionality), 9-digit employer ID should be used.
		Separator	1	Field Separator (*)
3c	Confirmation Number	This position should contain the confirmation number assigned by the system	9	Left justified with blank spaces to the right
		Separator	1	Field Separator (*)
3d	Amount	Total Payment amount of the ACH Credit for a particular transaction in US dollars and cents	10	Amount of Payment (dollars and cents. No decimal No comma) Left fill with zeros (0) For example, $5,324.89 would be 532489

Location	Field Name	Format/Description	Length	Logic/Validation
		Separator	1	Field Separator (*)
3e	Reserved Data	Reserved Data	43	Reserved Data – fill with 0s 00000000000000000000000000000000000000000000
		Separator	1	Field Separator (*)
		Terminator Always '\'	1	must be = \
4	Addenda SequenceNumber	A sequential ascending consecutive number assigned to each primary addenda record	4	"0001"
5	Entry Detail Sequence Number	Contains the last seven digits (or ascending sequence number section) of the Entry Detail Record's trace number	7	Last seven (7) digits of the trace number of the related entry detail record

11.c.   ACH Addenda Record Sample

Employer Sample

705TXP*435978205*000033768*0000250422*000000000000000000000000000000000000000000*\00
000033768

Agent Sample

705TXP*199900432*000033769*0002043233*000000000000000000000000000000000000000000*\00
000033769

12. Appendices

12.a. Amendment Reason Codes

Code used for amendments.

The code descriptions are the following:

Code	Amendment Reason
1	Add wages omitted from Original Report for manual or additional payroll check(s) issued
2	Failed to report Other State Taxable Wages for multi-state employment or reported incorrect amount
3	Removing exempt non-taxable wages in error per TUCA, Wages adjusted because they were not taxable
4	Reported Net Wages in error when should have reported Gross Wages
5	TX Wages reported to another state in error
6	Wages amended due to work VISA
7	Wages for other state(s) reported to TX in error
8	Wages removed as accountable plan expense reimbursement

Code	Amendment Reason
9	Wages removed as Independent Contractor/1099 wages/Non-Employee
10	Wages removed for LLC member non-wage payments
11	Wages reported to the wrong TWC employer account(s)
12	SSN/Employee Name Correction
13	Voided check(s) or payroll check never actually issued

12.b.　Email Standard Format

- Must contain only one (1) @ symbol
- Must not contain consecutive periods to the left or right of the @ symbol
- Must not contain empty spaces to the left or right of the @ symbol
- Must not contain a period in the first or last position
- Must not contain a period immediately to the left or right of the @ symbol
- Must not contain an @ symbol in the first or last position
- Must not contain characters other than alphanumeric, hyphens, or periods to the right of the @ symbol
- Must not contain hyphens immediately to the right of the @ symbol or before or after a period
- Must contain either alphanumeric characters or the following keyboard characters, to the left of the @ symbol: (~!#$%^&*_+{}|?'-= / `)

12.c.   SSN Standard Format

Social Security Numbers are validated based on the standard Social Security Administration rules. These are listed below.

- Must contain 9 numeric digits
- A Social Security number CANNOT:
  - Contain all zeroes in any specific group (i.e. 000-##-####, ###-00-####, or ###- ##-0000)
  - Begin with '666'.
  - Begin with any value from '900-999'
  - Be '078-05-1120'
  - Be '219-09-9999'
- Be 000000000, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 123456789, 987654321

12.d.   Dummy SSN

If the Social Security Number is not available or unknown for an employee, you can report their wages using dummy SSN. An SSN starting with 9 is considered a dummy SSN in TxUS. You can report more than one dummy SSN for a quarter, but each SSN must be unique.

Following are some examples of dummy SSNs

- 900000001

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- 900000002
- 900000003
- 900000004
- 900000005
- 900000006
- …
- …
- 999999999

12.e.   FIPS Code/Postal Code

Name	FIPS Code	Postal Code
Alabama	1	AL
Alaska	2	AK
American Samoa	60	AS
Arizona	4	AZ
Arkansas	5	AR
California	6	CA

Name	FIPS Code	Postal Code
Colorado	8	CO
Commonwealth of the Northern Mariana Islands	69	MP
Connecticut	9	CT
Delaware	10	DE
District of Columbia	11	DC
Florida	12	FL
Georgia	13	GA
Guam	66	GU
Hawaii	15	HI
Idaho	16	ID
Illinois	17	IL
Indiana	18	IN

Name	FIPS Code	Postal Code
Iowa	19	IA
Kansas	20	KS
Kentucky	21	KY
Louisiana	22	LA
Maine	23	ME
Maryland	24	MD
Massachusetts	25	MA
Michigan	26	MI
Minnesota	27	MN
Mississippi	28	MS
Missouri	29	MO
Montana	30	MT

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Name	FIPS Code	Postal Code
Nebraska	31	NE
Nevada	32	NV
New Hampshire	33	NH
New Jersey	34	NJ
New Mexico	35	NM
New York	36	NY
North Carolina	37	NC
North Dakota	38	ND
Ohio	39	OH
Oklahoma	40	OK
Oregon	41	OR
Pennsylvania	42	PA

Name	FIPS Code	Postal Code
Puerto Rico	72	PR
Rhode Island	44	RI
South Carolina	45	SC
South Dakota	46	SD
Tennessee	47	TN
Texas	48	TX
U.S. Virgin Islands	78	VI
Utah	49	UT
Vermont	50	VT
Virginia	51	VA
Washington	53	WA
West Virginia	54	WV

Name	FIPS Code	Postal Code
Wisconsin	55	WI
Wyoming	56	WY