Ohio New Hire Reporting Center

Ohio Department of Job & Family Services

OHIO NEW HIRE REPORTING CENTER

Comma-Delimited File Layout & Instructions

All required fields listed below must be included in the order provided.

Optional fields must be included but if no data is available, no value or a space needs to be provided to represent this element.

Provide one line per record followed by a carriage return and line feed (CRLF).

Quotes can be used around field values but is not required unless there is a comma in the field value.

See the Example Comma File and Template on the File Upload page

Field	Type	Max Size	Status	Comments
Record Type	**Char**	**1**	**Required**	**Must be a '2'**
Employee Information				
Employee SSN#	**Numeric**	**9**	**Required**	**As reported by employee. For Independent Contractors, use SSN or FEIN.**
Employee First Name	**Char**	**16**	**Required**	**At least one character, no special characters except hyphen.**
Employee Middle Name	Char	16	Optional	If non-blank must be at least one character, no special characters.
Employee Last Name	**Char**	**30**	**Required**	**At least one character, no special characters except hyphen.**
Employee Address Line 1	**Char**	**40**	**Required**	**At least two characters.**
Employee Address Line 2	Char	40	Optional	Leave blank if unused.
Employee Address Line 3	Char	40	Optional	Leave blank if unused.
Employee City	**Char**	**25**	**Required**	**At least two characters, no special characters except hyphen.**
Employee State	**Char**	**2**	**Required**	**Valid state or territory abbreviation. Not required for foreign address.**
Employee Zip Code 1	**Numeric**	**5**	**Required**	**Only U.S. 5 digit zip code. Not required for foreign address.**
Employee Zip Code 2	Numeric	4	Optional	Only U.S. 4 digit zip code extension.
Employee Address: Foreign Country Code	Char	2	Optional	Required if foreign address.
Employee Address: Foreign Country Name	Char	25	Optional	Required if foreign address.
Employee Address: Foreign Postal Code	Char	15	Optional	Required if foreign address.
Employee Date of Birth	**Numeric**	**8**	**Required**	**Format - CCYYMMDD. Not required for Independent Contractors.**
Employee Date of Hire	**Numeric**	**8**	**Required**	**Format - CCYYMMDD. Not required for Independent Contractors.**
Employee State of Hire	**Char**	**2**	**Required**	**Valid state or territory abbreviation. Not required for foreign address.**
Employee Gender	Char	1	Optional	F=Female, M=Male, U=Unknown
Employee Left Work	Char	1	Optional	Y=Yes, N=No, U=Unknown
Employer & Independent Contractor Information				
Employer FEIN	**Numeric**	**9**	**Required**	**Federal Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.**
Employer Income Tax Credit	Char	1	Optional	Y=Yes, N=No, U=Unknown
Employer State EIN	Char	12	Optional	No hyphens.
Employer Name	**Char**	**45**	**Required**	**At least two characters.**
Employer Address Line 1	**Char**	**40**	**Required**	**At least two characters. Address for headquarters.**
Employer Address Line 2	Char	40	Optional	Leave blank if unused.
Employer Address Line 3	Char	40	Optional	Leave blank if unused.
Employer City	**Char**	**25**	**Required**	**At least two characters, no special characters except hyphen.**
Employer State	**Char**	**2**	**Required**	**Valid state or territory abbreviation. Not required for foreign address.**
Employer Zip Code 1	**Numeric**	**5**	**Required**	**Only U.S. 5 digit zip code. Not required for foreign address.**
Employer Zip Code 2	Numeric	4	Optional	Only U.S. 4 digit zip code extension.
Employer Address: Foreign Country Code	Char	2	Optional	Required if foreign address.
Employer Address: Foreign Country Name	Char	25	Optional	Required if foreign address.
Employer Address: Foreign Postal Code	Char	15	Optional	Required if foreign address.
Employer Income Withholding Address - Line 1	Char	40	Optional	Leave blank if unused. Address for child support garnishments.

Field	Type	Max Size	Status	Comments
Employer Income Withholding Address - Line 2	Char	40	Optional	Leave blank if unused.
Employer Income Withholding Address - Line 3	Char	40	Optional	Leave blank if unused.
Employer Income Withholding Address - City	Char	25	Optional	At least two characters.
Employer Income Withholding Address - State	Char	2	Optional	Valid state or territory abbreviation. Not required for foreign address.
Employer Income Withholding Address - Zip Code 1	Numeric	5	Optional	Only U.S. 5 digit zip code. Not required for foreign address.
Employer Income Withholding Address - Zip Code 2	Numeric	4	Optional	Only U.S 4 digit zip code extension.
Employer Income Withholding Add: Foreign Country Code	Char	2	Optional	Required if foreign address. Address for child support garnishments.
Employer Income Withholding Add: Foreign Country Name	Char	25	Optional	Required if foreign address.
Employer Income Withholding Add: Foreign Postal Code	Char	15	Optional	Required if foreign address.
Employee Independent Contractor	Char	1	**Required for IC**	Y=Yes, N=No, U=Unknown. **Required 'Y' if the employee is an Independent Contractor (IC).**
IC - Date Payments began	Numeric	8	**Required for IC**	Format - CCYYMMDD. **Required if Independent Contractor (IC).**
IC - Length of time contractor services performed	Numeric	2	**Required for IC**	In months. **Required if Independent Contractor (IC).**