

## OHIO NEW HIRE REPORTING CENTER

### Fixed Width 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, spaces must be provided to represent this element.  
 All values provided for a field must be left justified.  
 Provide one line per record followed by a carriage return and line feed (CRLF).  
 See the Example Fixed-Width File on the File Upload page

Field	Type	Length	Position	Status	Comments
<b>Header Information</b>					
Record Type	Char	1	1	Required	Must be a '1'
Vendor Process Date	Numeric	8	2-9	Required	Format - CCYYMMDD.
Date Record Count	Numeric	9	10-18	Required	Excludes Header Record
Filler	Char	797	19-815	Required	Fill With Spaces
<b>Employee Information</b>					
Record Type	Char	1	1	Required	Must be a '2'
Employee SSN#	Numeric	9	2-10	Required	As reported by employee. For Independent Contractors, use SSN or FEIN.
Employee First Name	Char	16	11-26	Required	At least one character, no special characters except hyphen.
Employee Middle Name	Char	16	27-42	Optional	If non-blank must be at least one character, no special characters. Spaces if unknown.
Employee Last Name	Char	30	43-72	Required	At least one character, no special characters except hyphen.
Employee Address Line 1	Char	40	73-112	Required	At least two characters.
Employee Address Line 2	Char	40	113-152	Optional	Spaces if unused.
Employee Address Line 3	Char	40	153-192	Optional	Spaces if unused.
Employee City	Char	25	193-217	Required	At least two characters
Employee State	Char	2	218-219	Required	Valid state or territory abbreviation. Not required for foreign address.
Employee Zip Code 1	Numeric	5	220-224	Required	Only U.S. 5 digit zip code. Not required for foreign address.
Employee Zip Code 2	Numeric	4	225-228	Optional	Only U.S. 4 digit zip code extension. Spaces if unknown.
Employee Address: Foreign Country Code	Char	2	229-230	Optional	Required if foreign address. Spaces if not used.
Employee Address: Foreign Country Name	Char	25	231-255	Optional	Required if foreign address. Spaces if not used.
Employee Address: Foreign Postal Code	Char	15	256-270	Optional	Required if foreign address. Spaces if not used.
Employee Date of Birth	Numeric	8	271-278	Required	Format - CCYYMMDD. Not required for Independent Contractors.
Employee Date of Hire	Numeric	8	279-286	Required	Format - CCYYMMDD. Not required for Independent Contractors.
Employee State of Hire	Char	2	287-288	Required	Valid state or territory abbreviation. Not required for foreign address.
Employee Gender	Char	1	289	Optional	F=Female, M=Male, U=Unknown
Employee Left Work	Char	1	290	Optional	Y=Yes, N=No, U=Unknown
<b>Employer &amp; Independent Contractor Information</b>					
Employer FEIN	Numeric	9	291-299	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	300	Optional	Y=Yes, N=No, U=Unknown
Employer State EIN	Char	12	301-312	Optional	No hyphens.
Employer Name	Char	45	313-357	Required	At least two characters.
Employer Address Line 1	Char	40	358-397	Required	At least two characters. Address for headquarters.
Employer Address Line 2	Char	40	398-437	Optional	Spaces if unused.
Employer Address Line 3	Char	40	438-477	Optional	Spaces if unused.
Employer City	Char	25	478-502	Required	At least two characters
Employer State	Char	2	503-504	Required	Valid state or territory abbreviation. Not required for foreign address.
Employer Zip Code 1	Numeric	5	505-509	Required	Only U.S. 5 digit zip code. Not required for foreign address.

Field	Type	Length	Position	Status	Comments
Employer Zip Code 2	Numeric	4	510-513	Optional	Only U.S. 4 digit zip code extension. Spaces if unknown.
Employer Address: Foreign Country Code	Char	2	514-515	Optional	Required if foreign address. Spaces if not used.
Employer Address: Foreign Country Name	Char	25	516-540	Optional	Required if foreign address. Spaces if not used.
Employer Address: Foreign Postal Code	Char	15	541-555	Optional	Required if foreign address. Spaces if not used.
Employer Income Withholding Address - Line 1	Char	40	556-595	Optional	Spaces if unused. Address for child support garnishments.
Employer Income Withholding Address - Line 2	Char	40	596-635	Optional	Spaces if unused.
Employer Income Withholding Address - Line 3	Char	40	636-675	Optional	Spaces if unused.
Employer Income Withholding Address - City	Char	25	676-700	Optional	At least two characters. Spaces if unused.
Employer Income Withholding Address - State	Char	2	701-702	Optional	Valid state or territory abbreviation. Not required for foreign address. Spaces if unused.
Employer Income Withholding Address - Zip Code 1	Numeric	5	703-707	Optional	Only U.S. 5 digit zip code. Not required for foreign address. Spaces if unused.
Employer Income Withholding Address - Zip Code 2	Numeric	4	708-711	Optional	Only U.S. 4 digit zip code extension. Spaces if unknown.
Employer Income Withholding Add: Foreign Country Code	Char	2	712-713	Optional	Required if foreign address. Spaces if not used. Address for child support garnishments.
Employer Income Withholding Add: Foreign Country Name	Char	25	714-738	Optional	Required if foreign address. Spaces if not used.
Employer Income Withholding Add: Foreign Postal Code	Char	15	739-753	Optional	Required if foreign address. Spaces if not used.
Employee Independent Contractor	Char	1	754	<b>Required for IC</b>	Y=Yes, N=No. <b>Required 'Y' if the employee is an Independent Contractor (IC).</b> Space if unknown.
IC - Date Payments began	Numeric	8	755-762	<b>Required for IC</b>	Format - CCYYMMDD. <b>Required if Independent Contractor (IC).</b> Spaces if not used.
IC - Length of time contractor services performed	Numeric	2	763-764	<b>Required for IC</b>	In months. <b>Required if Independent Contractor (IC).</b> Spaces if not used
Filler	Char	51	765-815	<b>Required</b>	<b>Space fill. Reserved for future use.</b>

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