Employment Security Department
Unemployment Insurance Division - UI Tax Administration

Bulk Amendment Specifications
September 22, 2008

Only those fields marked with this symbol can be amended. Some additional fields are required for identification or validation purposes, all other fields will be ignored. For other changes, Contact your District Tax Office.

Bulk Amendment procedures

How to amend a report when wages were originally filed under the wrong ES Reference Number:

1. For the incorrect ES Reference number, submit an amended report that lists wages and hours for all employees as zero (0). Enter 02 in the Reason for Amending Employee Wage Record field.

2. For the correct ES Reference number, submit an original report that lists the actual wages and hours for all employees OR if an original report was previously submitted for the business, submit an amended report that lists the corrected employee wages and hours and the appropriate reason code.

How to amend a report when wages were originally filed under the wrong year/quarter:

1. For the incorrect year/quarter, submit an amended report that lists wages and hours for all employees as zero (0). Enter 20 in the Reason for Amending Employee Wage Record field.

2. For the correct year/quarter, submit an original report that lists the actual wages and hours for all employees OR if an original report was previously submitted, submit an amended report <u>in a separate file</u> that includes the corrected employee wages and hours and the appropriate reason code.

RECORD LAYOUT MATRIX

A (Transmitter) Record – identifies the organization transmitting the file.

Field Name	Field Description	Column	Length	Type	Format
Record Identifier	Constant "A"	1	1	Alpha	
IGNORED		2-5	4		
Transmitter Federal ID Number	The Federal ID number of the organization transmitting the file.	6-14	9	Numeric	9-digits. No hyphens or spaces.
IGNORED		15-24	10		
Transmitter Name	The name of the organization transmitting the file.	25-73	49	Alpha/ Numeric	Left Justify, space fill.
IGNORED		74-275	202		

B (Authorization) Record - identifies the type of equipment used to generate the data. (Optional)

Field Name	Field Description	Column	Length	Type	Format
Record Identifier	Constant "B"	1	1	Alpha	
IGNORED		2-275	274		

E (Employer) Record - identifies the employer whose quarterly report information is being amended.

Field Name	Field Description	Column	Length	Type	Format
Record Identifier	Constant "E"	1	1	Alpha	
Payment Year	The payment year that was reported in the original file.	2-5	4	Numeric	4-digits in YYYY format.
Employer Federal EIN	The employer Federal ID number.	6-14	9	Numeric	9-digits. No hyphens or spaces.
IGNORED		15-23	9		
Employer Business Name	The employer business name.	24-73	50	Alpha	Left Justify, space fill
IGNORED	IGNORED	74-170	97		Space fill
State Identifier Code	Washington State code = 53	171-172	2	Numeric	
Employment Security (ES) Reference Number	The employer ES Reference number that was reported in the original file.	173-187	15	Alpha/ Numeric	8-digit ES Reference number and 1-digit check digit for a total of 9-digits, followed by 6 spaces to a total column width of 15.

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Field Name	Field Description	Column	Length	Type	Format
Reporting Period	The reporting period that was entered in the original file.	188-189	2	Numeric	Must equal: 03 – first quarter 06 – second quarter 09 – third quarter 12 – fourth quarter
➔ No Payroll / No Workers / No Wages	If amending from a report with payroll to a report with _No Payroll_, enter 0 If amending from a report with no payroll to a report _with_ payroll, enter 1	190	1	Numeric	
IGNORED		191-257	67		
Employer Unified Business Identifier (UBI) Number	The employer UBI Number.	258-269	12	Alpha/ Numeric	12-digit UBI number or the 9-digit UBI number followed by 3 blank (null) values. Zero fill first 9-digits if unknown.
IGNORED		270-275	6		

S (Employee) Record used to report amendments to employee wage data.

Field Name	Field Description	Column	Length	Type	Format
Record Identifier	Constant "S"	1	1	Alpha	
➔ Employee Social Security Number (SSN)	The employee Social Security Number that was reported in the original file. If the original file contained the incorrect SSN, use the Amended Social Security Number field (column 162-170) to report the correct SSN.	2-10	9	Alpha/ Numeric	9-digit SSN. No hyphens or spaces, otherwise the letter "I."
➔ Employee Last Name	The employee last name that was reported in the original file OR enter the amended employee last name and provide the reason code in column 136-137.	11-30	20	Alpha	Left Justify, space fill
➔ Employee First Name	The employee first name that was reported in the original file OR enter the amended employee first name and provide the reason code in column 136-137.	31-42	12	Alpha	Left Justify, space fill.

➔ Employee Middle Initial	The employee middle initial that was reported in the original file OR enter the amended employee middle initial and provide the reason code in column 136-137.	43	1	Alpha	If unknown, space fill.
State Code Field	Washington State code = 53	44-45	2	Numeric	
IGNORED		46-63	18		
➔ Employee's Washington Reportable **Total Gross Wages** Paid this Quarter	The employee total gross wages that were reported in the original file OR enter the amended total gross wages and provide the reason code in column 136-137. **Note:** to delete an employee from a quarterly wage report, enter zeros in both the employee total gross wage and employee hours fields and provide the deletion reason code in column 136-137.	64-77	14	Numeric	Right justify, zero fill. Do not enter decimal.
➔ Employee's Excess Wages	The employee excess wages that were reported in the original file OR enter the amended excess wages and provide the reason code in column 136-137.	78-91	14	Numeric	Right justify, zero fill. Do not enter decimal.
➔ Employee's Taxable Wages	The employee taxable wages that were reported in the original file OR enter the amended taxable wages and provide the reason code in column 136-137.	92-105	14	Numeric	Right justify, zero fill. Do not enter decimal.
IGNORED		106-131	26		
➔ Employee Hours	The employee hours that were reported in the original file OR enter the amended employee hours and provide the reason code in column 136-137. **Note:** to delete an employee from a quarterly wage report, enter zeros in both the employee total gross wage and employee hours fields and provide the deletion reason code in column 136-137.	132-135	4	Numeric	Whole numbers only – no fractions or decimal amounts – round to the next higher whole number. Right justify, zero fill. If unknown, space fill – do not zero fill.

→ Reason Code for amended employee wage record	<u>Deleting wage records</u> 02 – Wage reported under wrong employer account number 09 – Independent contractor 13 – Corporate officer 14 – Worked for parents 15 – Owners wages exempt 20 – Individual quarter correction 34 – Reported to other state <u>Changing wage records</u> 00 - No change to wage record 01 – SSN correction 06 - Name correction 36 - Wages/hours added <u>Other</u> 03 – Reason is not provided.	136-137	2	Numeric	Must be blank or must contain a 2-digit reason code.
IGNORED		138-161	24		
→ Amended Employee Social Security Number	The amended employee Social Security Number.	162-170	9	Numeric	Must be blank or must equal 9 digits
IGNORED		171-209	39		
→ Exempt Corporate Officer Code	For employees who are exempt officers of the corporation, enter "1" otherwise enter "0."	210	1	Numeric	Must equal 1 or 0
IGNORED		211	1		Space fill
→ Month 1 Employment	Enter "1" if employee covered by UI worked during or received pay for the 12th day of the **1st month** of the reporting period, otherwise, enter "0."	212	1	Numeric	
→ Month 2 Employment	Enter "1" if employee covered by UI worked during or received pay for the 12th day of the **2nd month** of the reporting period, otherwise, enter "0."	213	1	Numeric	
→ Month 3 Employment	Enter "1" if employee covered by UI worked during or received pay for the 12th day of the **3rd month** of the reporting period, otherwise, enter "0,"	214	1	Numeric	
IGNORED		215-275	61		Space fill

T (Total) Record contains the tax record totals for the employer account.

Field Name	Field Description	Column	Length	Type	Format
Record Identifier	Constant "T"	1	1	Alpha	
IGNORED		2-12	11		
➔ Total Exempt Corporate Officer Earnings and Sum of Exercised Stock Options for this Employer	The total exempt corporate officer earnings and exercised stock options for this employer that were reported in the original file OR enter the amended exempt earnings.	13-26	14	Numeric	Right justify, zero fill. Do not enter decimal.
➔ Total Gross Wages for this Employer	The total amount of gross wages for each individual employee that were reported in the original file OR enter the amended total gross wages.	27-40	14	Numeric	Right justify, zero fill. Do not enter decimal.
➔ Total Excess Wages for this Employer	The total amount of wages in excess of Washington's UI taxable wage base that were reported in the original file OR enter the amended total excess wages.	41-54	14	Numeric	Right justify, zero fill. Do not enter decimal.
➔ Total Taxable Wages for this Employer	The total taxable wages (total gross wages – total excess wages) that were reported in the original file OR enter the amended total taxable wages.	55-68	14	Numeric	Right justify, zero fill. Do not enter decimal.
IGNORED		69-81	13		
➔ UI Tax Rate	The UI Tax Rate for this employer as reported in the original file OR enter the amended UI Tax Rate.	82-87	6	Numeric	Decimal is assumed e.g., 2.8% = 028000.
➔ UI Tax Due	The UI tax due amount for this employer (total taxable wages x UI tax rate) as reported in the original file OR enter the amended UI Tax Due amount.	88-100	13	Numeric	Right justify, zero fill. Do not enter decimal.
IGNORED		101-144	44		
➔ Employment Administration Fund (EAF) Tax rate	The EAF Rate for this employer as reported in the original file OR enter the amended EAF Rate.	145-148	4	Numeric	Decimal point is assumed, e.g., 0.02% = 0002 0.03% = 0003

⊕ EAF Assessment Amount	The EAF Assessment amount for this employer (total taxable wages x EAF rate) as reported in the original file OR enter the amended UI Tax Due amount.	149-159	11	Numeric	Right justify, zero fill. Do not enter decimal.
⊕ Total Number of Exempt Corporate Officers	The total number of exempt corporate officers for this employer that were reported in the original file OR enter the amended number of exempt corporate officers.	160-163	4	Numeric	Right justify, zero fill.
IGNORED		164-174	11		
⊕ Amended Total Amount Due	The total amount due for the quarter being reported (amended UI tax due + amended EAF assessment amount + applied payments.	175-185	11	Numeric	Right justify, zero fill. Do not enter decimal.
IGNORED		186-200	15		
Adjustment Credit Indicator	Enter dash (-) to indicate adjustment amount is a credit	201	1	Alpha	Enter dash (-) or leave blank to indicate debit.
Adjustment Amount **Note**: optional field added at user request.	The difference between the total amount due reported in the original file and the amended total amount due.	202-212	11	Numeric	Right justify, zero fill. Do not enter decimal. Assumes 2-digit decimal. COPES accounts assume a 6-digit decimal (see below).
Adjustment Amount Extension **Note**: optional field added at user request	Additional 4 digit decimal position for Adjustment Amount field.	213-216	4	Numeric	Must be blank or must equal 4 digits.
IGNORED		217-226	10		
⊕ Month 1 Employment	The total number of employees who were covered by UI and worked during or received pay for the 12th day of the 1st month of the reporting period, OR enter the amended number of employees for Month 2.	227-233	7	Numeric	Right justify, zero fill.

Item		Column	Length	Type	Requirements
⮕ Month 2 Employment	The total number of employees who were covered by UI and worked during or received pay for the 12th day of the 2nd month of the reporting period, OR enter the amended number of employees for Month 2.	234-240	7	Numeric	Right justify, zero fill.
⮕ Month 3 Employment	The total number of employees who were covered by UI and worked during or received pay for the 12th day of the 3rd month of the reporting period, OR enter the amended number of employees for Month 2.	241-247	7	Numeric	Right justify, zero fill.
IGNORED		248-275	27		

F (Final) Record indicates the end of the file and must be the last data record on each file.
The code F record must appear only once on each file, after the last code T record.

Item		Column	Length	Type	Requirements
Record Identifier	Constant "F"	1	1	Alpha	
IGNORED		2-85	84		Space fill
⮕ Total Amended Amount Due for all employers in this file.	The total amount due for the quarter being reported (amended UI tax due + amended EAF assessment amount + applied payments.	86-100	15	Numeric	Right justify, zero fill. Do not enter decimal. Assumes 2-digit decimal.
IGNORED		101-158	58		
Total Adjustment Credit Indicator	Enter dash (-) to indicate adjustment amount is a credit.	159	1	Alpha	Enter dash (-) or leave blank to indicate debit.
Total Adjustment Amount for all employers in this file. **Note**: optional field added at user request.	The difference between the original total amount due and the total amount due adjusted for the amendment for all employers in this file.	160-174	15	Numeric	Right justify, zero fill. Do not enter decimal. Assumes 2-digit decimal. COPES accounts assume a 6-digit decimal (see below).
Total Adjustment Amount Extension **Note**: optional field added at user request.	Additional 4 digit decimal position for Adjustment Amount field.	175-178	4		Must be blank or must equal 4 digits.
Blank	IGNORED	179-275	97		Space fill