

T Field Name	R/O	Description	Field Values	Format	Size	Decimal Places	Start position	End position
<b>Record A – Transmitter Record</b>								
Record Identifier	R	A		String	1		1	1
Year	R	Enter year for which this report is being prepared		String	4		2	5
Transmitter's Federal EIN	O	Transmitters Federal Employer Identification Number (FEIN) Enter only numeric characters. Omit hyphens, prefixes, and suffixes.		String	9		6	14
Taxing Entity Code	R	UTAX		String	4		15	18
Blank	R	Enter blanks		Space	5		19	23
Transmitter Name	R	Enter the name of the organization submitting the file.		String	50		24	73
Transmitter Street Address	R	Enter the street address of the organization submitting the file.		String	40		74	113
Transmitter City	R	Enter the city of the organization submitting the file.		String	25		114	138
Transmitter State	R	Enter the standard two character FIPS postal abbreviation. See page 10		String	2		139	140
Blank	R	Enter blanks		Space	13		141	153
Transmitter ZIP Code	R	Enter a valid ZIP code.		String	5		154	158
Transmitter ZIP Code Extension	O	Use this field as necessary for the four-digit extension of the ZIP Code. Include hyphen in position 159. If unknown, fill with blanks.		String	5		159	163

Transmitter Contact	R	Title of individual from transmitter organization, who is responsible for the accuracy and completeness of the wage report.		String	30		164	193
Transmitter Contact Telephone Number	R	Telephone number at which the transmitter contact can be telephoned.		String	10		194	203
Telephone Extension/Box	O	Enter transmitter telephone extension or message box		String	4		204	207
Media Transmitter/Authorization Number	O	The transmitter code default is 999999.		String	6		208	213
C-3 Data	O	State requiring this data will define. If not required, enter blanks.		String	1		214	214
Suffix Code	O	State requiring this data will define. If not required, enter blanks.		String	5		215	219
Allocation Lists	O	State requiring this data will define. If not required, enter blanks.		String	1		220	220
Service Agent Id	O	State requiring this data will define. If not required, enter blanks.		String	9		221	229
Total Remittance Amounts	O	Total amount of payment submitted. The amount entered must be the exact amount of the total of the check(s)/payments(s) submitted. This payment may include the Workers' Compensation amount as well along with the UI Payment. This field must be numeric, right justified, and zero filled. (Zeros must be used, do not use blanks or spaces.) The decimal		Numeric	13		230	242

		point is assumed. If not applicable, enter zeros.						
Media Creation Date	O	Enter date: MMDDYYYY.		Date	8		243	250
Blank	R	Enter blanks.		spaces	25		251	275
<b>B Record – Authorization Record</b>								
Record Identifier	O	Constant B	B	String	1		1	1
Payment Year	O	Enter the year for which this report is being prepared.		String	4		2	5
Transmitter's Federal EIN	O	Enter only numeric characters. Omit hyphens, prefixes, and suffixes.		String	9		6	14
Computer	O	Enter the manufacture's name.		String	8		15	22
Internal Label	O	Enter blanks.		String	2		23	24
Blank	O	Enter blanks.		Spaces	1		25	<u>25</u>
Density	O	Enter blanks.		Spaces	2		26	27
Recording Code (Character Set)	O	Enter blanks.		Spaces	3		28	30
Number of Tracks	O	Enter blanks.		Spaces	2		31	32
Blocking Factor	O	Enter blanks.		Spaces	2		33	34
Taxing Entity Code	O	Constant UTAX		String	4		35	38
Blank	O	Enter blanks.		Spaces	108		39	146
Organization Name	O	The name of the organization to which the media should be returned.		String	44		147	190
Street Address	O	The street address of the organization to which the media should be entered.		String	35		191	225

City	O	The city of the organization to which the media should be returned.		String	20		226	245
State	O	Enter the standard two character FIPS postal abbreviation. See page 10.		String	2		246	247
Blank	O	Enter Blanks.		Spaces	5		248	252
ZIP Code	O	Enter a valid ZIP Code.		String	5		253	257
ZIP Code Extension	O	Enter four-digit extension of ZIP code, being sure to include the hyphen in position 258. If not applicable, enter blanks.		String	5		258	262
Blank	O	Enter blanks.		Spaces	13		263	275
<b>E Record – Employer Record</b>								
Record Identifier	R	Constant E.	E	String	1		1	1
Payment Year	R	Enter the year for which the report is being prepared.		String	4		2	5
Federal EIN	O	Enter only numeric characters. Omit hyphens, prefixes, and suffixes. Enter zeros if unknown.		String	9		6	14
Blank	R	Enter blanks		Spaces	9		15	23
Employer Name	R	The first 50 positions of the employer's name, exactly as the employer is registered with the state UI agency.		String	50		24	73
Employer Street Address	R	The street address of the employer.		String	40		74	113
Employer City	R	The city of employers mailing address.		String	25		114	138

Employer State	R	Enter the standard two character FIPS postal abbreviation of the employer's address.		String	2		139	140
Blank	R	Enter blanks.		Spaces	8		141	148
ZIP Code	R	Enter a valid ZIP code.		String	5		149	153
ZIP Code Extension	O	Enter four-digit extension of ZIP code, being sure to include the hyphen in position 258. If not applicable, enter blanks.		String	5		154	158
Blank	R	Enter blank.		Spaces	1		159	159
Type of Employment	O	Enter the appropriate code: A – Agriculture H – Household M – Military Q – Medicare Qualified Government Emp X – Railroad R – Regular (all others)		String	1		160	160
Block Factor	O	Enter blank		Spaces	2		161	162
Establishment Number or Coverage Group/PRU	O	Enter either the establishment number or the coverage group/PRU. Otherwise, enter blanks.		String	4		163	166
Taxing Entity Code	O	Constant UTAX		String	4		167	170

State Identifier Code	R	Enter the steps FIPS postal numeric code for the state to which wages are being reported.	56	String	2		171	172
State Unemployment Insurance Account Number	R	<p>The 056, 058 and 078, "Wyoming Quarterly Contribution and Wage Report" sent each quarter, will have the account number printed in item 2.</p> <p>The account number will be in this format: 00-12345-1-23.</p> <p>Do not include wages unless 10-digit account number is assigned. FEIN and 'applied for' accounts are not accepted.</p> <p>This field starting from left to right:</p> <ul style="list-style-type: none"> <li>• First ten digits is EAN.</li> <li>• Next 5 digits 00000.</li> </ul>		String	15		173	187
Reporting Period	R	<p>Enter the last month of the calendar quarter to which the report applies.</p> <p>03 – First quarter</p> <p>06 – Second quarter</p> <p>09 – Third quarter</p> <p>12 – Fourth quarter</p>		String	2		188	189
No Workers/No Wages	R	<p>0 – Indicates that the E record will not be followed by S, employee records.</p> <p>1 – Indicates that the E record will be followed by S, employee records.</p>		String	1		190	190

Tax Type Code	O	States requiring this data will define. If not required, enter blank.		String	1		191	191
Taxing Entity Code	O	States requiring this data will define. If not required, enter blank.		String	5		192	196
State Control Number	O	States requiring this data will define. If not required, enter blank.		String	7		197	203
Unit Number	O	States requiring this data will define. If not required, enter blank.		String	5		204	208
Employer Contact	O	Name of individual in the employer organization the DES may contact. (Not payroll service or transmitter shown in A Record.)		String	30		209	238
Employer Contact Telephone Number	O	Enter telephone number of the employer contact.		String	10		239	248
Employer Contact Telephone Extension	O	Enter employer contact telephone extension.		String	4		249	252
Blanks	O	Enter Blank		Spaces	3		253	255
Foreign Indicator	O	If data in positions 74 – 158 is for a foreign address, enter the letter X. If data is not foreign, enter a blank.		String	1		256	256
Blank	R	Enter blank.		Spaces	1		257	257
Other EIN	O	Enter blanks if no other EIN was used.		String	9		258	266
Payroll Service Code	O	Enter payroll service code if applicable. If not applicable, enter blanks.		String	9		267	275
<b>S Record – Employee Record</b>								
Record Identifier	R	Constant S.	S	String	1		1	1

Social Security Number	O	Employee SSN. If not known, enter zeros in position 2-9 and 1 in position 10. If additional SSNs are unknown, enter 2 in position 10; 3 in position 10; 4 in position 10; etc. to give each worker a unique identifier.  Example: 0000000001, 0000000002, 0000000003		String	9		2	10
Employee Last Name	O	Enter employee last name. Left justify and fill with blanks.		String	20		11	30
Employee First Name	O	Enter employee first name. Left justify and fill with blanks.		String	12		31	42
Employee Middle Initial	O	Enter Employee Middle Initial. If no middle initial, enter blank.		String	1		43	43
State Code	R	Enter the state FIPS postal numeric code for the state to which wages are being reported. See page 10. (e.g., '56' for Wyoming).	56	String	2		44	45
Blank		Enter blanks.		Space	4		46	49
State QTR Total UI Gross Wages	R	Enter quarterly UI wages subject to all taxes. Include all tip income. If not required, enter zeros.		Numeric	14		50	63
State QTR Unemployment Insurance UI Total Wages.	R	Total UI wages for a worker are gross wages before deductions except federally allowed cafeteria deductions. Total wages paid to a worker include the reasonable cash value of in-kind remuneration. This field must be numeric, right justified,		Numeric	14		64	77



		and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed. Do not report an employee with zero earnings or negative earnings.						
State QTR Unemployment Insurance UI Excess Wages	O	Quarterly UI wages in excess of the state UI taxable wage base. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed. If not applicable, enter zeros.		Numeric	14		78	91
State QTR Unemployment Insurance UI Taxable Wages	O	State QTR UI total wages less state QTR UI excess wages. This field must be numeric, right justified, and zero filled. (Zero must be used. Do not use blanks or spaces.) The decimal point is assumed. If not applicable, enter zeros.		Numeric	14		92	105
Quarterly State Disability Insurance Taxable wages	O	State requiring this data will define. If not required, enter zeros.		Numeric	15		106	120
Quarterly Tip Wages	R	Include all tip income. If not required, enter zeros.  This field only pertains to UI Wages. Workers' Compensation will not have Tips value.		String	9		121	129
Number of weeks worked	O	The number of weeks worked in the reporting period. If not required, enter zeros.		String	2		130	131

Number of hours worked	O	The number of hours worked in the reporting period. If not required, enter zeros.		String	3		132	134
Blank	R	Enter blanks.		Spaces	8		135	142
Taxing Entity Code	O	Constant UTAX.		String	4		143	146
State Unemployment Insurance Account Number	R	<p>The 056, 058 and 078, "Wyoming Quarterly Contribution and Wage Report" sent each quarter, will have the account number printed in item 2.</p> <p>The account number will be in this format: 00-12345-1-23.</p> <p>Do not include wages unless 10-digit account number is assigned. FEIN and 'applied for' accounts are not accepted.</p> <p>This field starting from left to right:</p> <ul style="list-style-type: none"> <li>• First ten digits is EAN.</li> <li>• Next 5 digits 00000.</li> </ul>		String	15		147	161
Worksite Code	O	Positions 162 – 165 are reserved for codes provided by the, Department of Workforce Services. This will be an assigned worksite number for each specific location. Default value is 0000.		String	4		162	165
Worksite Description	O	Positions 166 – 176 are for employer use. The employer may use this to identify its work sites, or provide store, plant, etc., number.		String	11		166	176

State Taxable Wages	O	Enter wages subject to state income tax. If not required, enter zeros.		Numeric	14		177	190
State Income Tax Withheld	O	Enter state income tax withheld. If not required, enter zeros.		Numeric	14		191	204
Seasonal Indicator	O	States requiring this data will define. If not required, enter blanks.		String	2		205	206
Employer Health Insurance Code	O	States requiring this data will define. If not required, enter blanks.		String	1		207	207
Employee Health Insurance Code	O	States requiring this data will define. If not required, enter blanks.		String	1		208	208
Blank	R				1		209	209
Blank	R			String	1		210	210
Wage Plan Code	O	States requiring this data will define. If not required, enter blank.		String	1		211	211
Month 1 Employment	O	Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period.		String	1		212	212
Month 2 Employment	O	Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no		String	1		213	213

		pay for the pay period including the 12th day of the 2nd month of the reporting period.						
Month 3 Employment	O	Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 3rd month of the reporting period.		String	1		214	214
Reporting Quarter and Year	R	Enter the last month and year for the calendar quarter for which this report applies, e.g., "032011" for Jan-Mar of 2011		String	6		215	220
Date First Employed	O	Enter the month and year, e.g., "032011"		Date	6		221	226
Date of Separation	O	Enter the month and year, e.g., "032011"  If the worker is not a probationary worker, enter zeros. (Only enter a separation date if the worker is a probationary worker as defined in location 209.) This field will remain intact (no changes) but will not be used by WyUI as there is not concept of Probationary in Wyoming.		Date	6		227	232
Multi-state Indicator	O	Enter 1 if wages reported to the UI agency of another state during the		String	1		233	233

		calendar year. If not applicable, enter zero.  Note: UInteract Application is handling space as well						
Coverage Type	R	Wages Coverage with value 'U', 'B' or 'W'. If the reported wages is only from UI then enter 'U', If the reported wages is only from Workers' Compensation then enter 'W' otherwise enter 'B' for both the type of wages.		Character	1		234	234
NAICS Code	O	NAICS Code of the Employer reporting wages under which the reported Employee's WC Wages fall.		String	6		235	240
Corporate Officer	R	Indicator to tell whether the reported Employee is Corporate Officer or not	Y/N	Character	1		241	241
Corporate Officer Code	O	Corporate officer Naics code	C/S/V/I	Character	1		242	242
Blank	R	Enter blanks.		Space	33		243	275
<b>T Record – Total Record</b>								
Record Identifier	R	Constant "T"	T	String	1		1	1
Total Number of Employees	O	The total number of "S" records reported. The total number of "S" records since the last "E" record		String	7		2	8
Taxing Entity Code	O	Constant "UTAX"		String	4		9	12
State QTR Total Gross Wages For Employer	R	Quarterly gross wages subject to all taxes. Total of this field on all "S" records since the last "E" record. If not required, enter zeros.		Numeric	14		13	26

State QTR Unemployment Insurance Excess Wages for Employer	R	Quarterly wages in excess of the state U.I. taxable wage base. Total of this field on all "S" records since the last "E" record. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed.		Numeric	14		27	40
State QTR Unemployment Insurance Taxable Wages for Employer	R	State U.I. total wages less quarterly state U.I. excess wages. Total of this field on all "S" records since the last "E" record. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed.		Numeric	14		41	54
Quarterly tip wages for employer	R	Enter all tip income. Total of this field on all "S" records since the last "E" record. If not required, enter zeros.		Numeric	14		55	68
U.I. Tax Rate This Quarter	O	The employer U.I. tax rate for this reporting period. Decimal point followed by 5 digits, e.g., 2.8% =.02800.		Decimal	6		69	74
State QTR U.I. Taxes	O	U.I. taxes due. Quarterly state U.I. taxable wages times U.I. tax rate. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed.		Decimal	13		75	87
Previous Quarter(s)	O	Enter outstanding amounts due from previous quarters or from any		Decimal	11		88	98

		enclosed adjustment forms. If not applicable, enter zeros.						
Interest	O	Interest is charged for quarterly reports not filed by the due date. The monthly interest rate is shown on the CW Report. Multiply the interest rate by the contributions due. Enter interest charge amount. If not applicable, enter zeros.		Decimal	10		99	108
Credit/Overpayment	O	Enter Outstanding credit amounts from previous quarters or from any enclosed adjustment forms. If not applicable, enter zeros.		Decimal	11		109	119
UI Total Payment Due	O	Balance due. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed. If not applicable, enter zeros.		Numeric	11		120	130
UI Amount Remitted	R	Total amount of the payment submitted. The amount entered must be exact amount of the check(s)/payment(s) submitted for each amount. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed. If not applicable, enter zeros.		Numeric	13		131	143
Month 1 Employment for Employer	O	Total number of employees covered by U.I. who worked or received pay for the pay period including the 12th		Numeric	7		144	150

		day of the 1 <sup>st</sup> month of the reporting period. Total of this field on all "S" records since the last "E" record. The field must be numeric, right justified, and zero filled.						
Month 2 Employment for Employer	O	Total number of employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 2 <sup>nd</sup> month of the reporting period. Total of this field on all "S" records since the last "E" record. The field must be numeric, right justified, and zero filled.		Numeric	7		151	157
Month 3 Employment for Employer	O	Total number of employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 3 <sup>rd</sup> month of the reporting period. Total of this field on all "S" records since the last "E" record. The field must be numeric, right justified, and zero filled.		Numeric	7		158	164
WC Number of Employees	O	Total number of employees for WC		Numeric	7		165	171
NAICS CODE	O	WC NAICS CODE		Numeric	6		172	177
Corporate officer Class Code	O	Corporate officer Class Code		String	1		178	178
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		179	192
WC Number of Employees	O	Total number of employees for WC		Numeric	7		193	199



NAICS CODE	O	WC NAICS CODE		Numeric	6		200	205
Corporate officer Class Code	O	Corporate officer Class Code		String	1		206	206
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		207	220
WC Number of Employees	O	Total number of employees for WC		Numeric	7		221	227
NAICS CODE	O	WC NAICS CODE		Numeric	6		228	233
Corporate officer Class Code	O	Corporate officer Class Code		String	1		234	234
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		235	248
WC Number of Employees	O	Total number of employees for WC		Numeric	7		249	255
NAICS CODE	O	WC NAICS CODE		Numeric	6		256	261
Corporate officer Class Code	O	Corporate officer Class Code		String	1		262	262
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		263	276
WC Number of Employees	O	Total number of employees for WC		Numeric	7		277	283
NAICS CODE	O	WC NAICS CODE		Numeric	6		284	289
Corporate officer Class Code	O	Corporate officer Class Code		String	1		290	290

Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		291	304
WC Number of Employees	O	Total number of employees for WC		Numeric	7		305	311
NAICS CODE	O	WC NAICS CODE		Numeric	6		312	317
Corporate officer Class Code	O	Corporate officer Class Code		String	1		318	318
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		319	332
WC Number of Employees	O	Total number of employees for WC		Numeric	7		333	339
NAICS CODE	O	WC NAICS CODE		Numeric	6		340	345
Corporate officer Class Code	O	Corporate officer Class Code		String	1		346	346
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		347	360
WC Number of Employees	O	Total number of employees for WC		Numeric	7		361	367
NAICS CODE	O	WC NAICS CODE		Numeric	6		368	373
Corporate officer Class Code	O	Corporate officer Class Code		String	1		374	374
Total Worker Comp Wages	O	Total Wages for WC For Naics Code		Numeric	14		375	388
Total Workers' comp corp coverage	O	Total Wages for WC Corporate officer		Numeric	14		389	402

Total WC Wages	O	Total Sum of all wages		Numeric	14		403	416
WC Interest	O	Interest is charged for quarterly reports not filed by the due date. The monthly interest rate is shown on the CW Report. Multiply the interest rate by the contributions due. Enter interest charge amount. If not applicable, enter zeros.		Numeric	11		417	427
WC Penalty	O	Penalty due for WC if not filed by the due date		Numeric	5		428	432
WC Credit	O	Total Outstanding WC credit		Numeric	13		433	445
WC total Due	O	Total WC due		Numeric	14		446	459
WC total Remitted	O	Total WC Remitted		Numeric	14		460	473
County Code	O	States requiring this data will define. If not required, enter blanks.		String	3		474	476
Grand Total	O	Total of WC payment plus UI payment			15		477	491
Blank	R	Enter blanks.		Spaces	10		492	516
<b>F Record – Final Record</b>								
Record Identifier	R	Constant "F"	F	String	1		1	1
Total Number of Employees in File	O	Enter the total number of "S" records in the entire file.		String	10		2	11
Total Number of Employers in File	O	Enter the total number of "E" records in the entire file.		String	10		12	21
Taxing Entity Code	O	Constant "UTAX"		String	4		22	25

Quarterly Total UI Gross Wages in File	O	Quarterly gross UI wages subject to all taxes. Total of this field on all "S" records since the last "E" record. If not required, enter zeros.		Numeric	15		26	40
Quarterly State UI Gross/Total Wages in File.	O	Quarterly gross wages subject to State U.I. tax. Include all tip income. Total of this field on all "S" records in the file. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed.		Numeric	15		41	55
Quarterly State UI Excess Wages in File.	O	Quarterly wages in excess of the state U.I. taxable wage base. Total of this field on all "S" records in the File. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed.		Numeric	15		56	70
Quarterly State UI Taxable Wages in File	O	State U.I. gross wages less quarterly state U.I. excess wages. Total of this field on all "S" records in the file. This field must be numeric, right justified, and zero filled. (Zeros must be used. Do not use blanks or spaces.) The decimal point is assumed.		Numeric	15		71	85
Quarterly State Disability Insurance Taxable Wages in File	O	States requiring this data will define. If not required, enter zeros.		Numeric	15		86	100

Quarterly UI Tip wages for employer	O	Enter all tip income. Total of this field on all "S" records in the File. If not required, enter zeros.		Numeric	15		101	115
Month 1 Employment for Employers in File	O	Total number of employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 1 <sup>st</sup> month of the reporting period. Total of this field on all "S" records in the File.		Numeric	8		116	123
Month 2 Employment for Employers in File	O	Total number of employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 2 <sup>nd</sup> month of the reporting period. Total of this field on all "S" records in the File.		Numeric	8		124	131
Month 3 Employment for Employers in File	O	Total number of employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 3 <sup>rd</sup> month of the reporting period. Total of this field on all "S" records in the File.		Numeric	8		132	139
Total WC Wages for employer in that file	O	Quarterly gross WC wages subject to all taxes. Total of this field on all "S" records since the last "E" record. If not required, enter zeros		Numeric	15		140	154
Blank	O	Enter blanks.		Spaces	121		155	275