



## **OHIO NEW HIRE REPORTING CENTER**

## **Tab-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 may be provided to represent this element.

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

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

| Employee SSN# Numeric 9 Required As reported by employee. For independent Contractors, use SSN or FEIN. Employee First Name Char 16 Required All feast one character, no special characters except hyphen.  Employee Address Line 1 Char 40 Required All feast one character, no special characters except hyphen.  Employee Address Line 1 Char 40 Required All feast one character, no special characters except hyphen.  Employee Address Line 2 Char 40 Optional Lever blank if unused.  Employee Address Line 3 Char 40 Optional Lever blank if unused.  Employee State Characters Line 3 Char 40 Optional Lever blank if unused.  Employee State Characters Characters Characters except hyphen.  Employee State Characters Characters Characters except hyphen.  Employee State Characters Characters except hyphen.  Employee State Characters Line 3 Characters Characters except hyphen.  Employee State Characters Line 3 Characters except hyphen.  Employee State Characters Line 3 Characters except hyphen.  Employee State Characters Characters except hyphen.  Employee State Characters Characters except hyphen.  Employee State Characters Line 3 Characters except hyphen.  Employee State Characters Characters except hyphen.  Employee Address Foreign Country Code Characters except hyphen.  Employee Address Foreign Country Nume Characters Employee State of Fire Characters Characters except hyphen.  Employee State of Hire Characters Characters Employee State of Hire Characters Characters except hyphen.  Employee State of Hire Characters Char | Field                                         | Туре    | Max Size    | Status   | Comments                                                                 |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------|-------------|----------|--------------------------------------------------------------------------|--|--|--|
| Employee SNM Numeric 9 Required Management Contractors, use SNN or FEN. Employee First Name Char 16 Required Male and non-character, no special characters accept hyphen. Employee Middle Name Char 30 Required Male and non-character, no special characters accept hyphen. The middle Name Characters in the set of least one character, no special characters accept hyphen. The middle Name Characters in the set of least one character, no special characters accept hyphen. The middle Name Characters in the set of least of the market one character, no special characters accept hyphen. The middle Name Characters in the set of least two characters. The special characters accept hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters, no special characters except hyphen. The middle Name Characters in the set of least two characters in the set of least name Characters in the set of least nam | Record Type                                   | Char    | 1           | Required | Must be a '2'                                                            |  |  |  |
| Employee First Name Char 16 Required At least one character, no special characters except hyphen.  Employee Middle Name Char Char 16 Optional Incohellank must be at least one character, no special characters.  Employee Address Line 1 Char 40 Required At least two characters, no special characters except hyphen.  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 28 Required At least two characters, no special characters except hyphen.  Employee State Char 2 Required At least two characters, no special characters except hyphen.  Employee State Char 3 Char 40 Optional Leave blank if unused.  Employee State Char 3 Required At least two characters, no special characters except hyphen.  Employee State Char 40 Optional Characters, no special characters except hyphen.  Employee Address Foreign Country Code Char 40 Optional Characters, no special characters except hyphen.  Employee Address Foreign Country Code Char 40 Optional Characters, no special characters except hyphen.  Employee Address Foreign Country Code Char 40 Optional Characters, no special characters except hyphen.  Employee Address Foreign Country Code Char 40 Optional Characters, no special characters except hyphen.  Employee Address Foreign Country Code Char 40 Optional Characters, no special characters except hyphen.  Employee Address Foreign Country Code Characters, no special characters except hyphen.  Employee Address Foreign Country Characters, no special characters, no special characters except hyphen.  Employee Address Foreign Country Characters, Name 40 Optional Characters, Required if foreign address.  Employee Address Foreign Country Characters Address Foreign Characters.  Employee Address Foreign Characters Characters Address Foreign Characters Characters.  Employer Address Line 1 Char 40 Optional Characters Characters.  Employer Address Line 2 Characters Characters Characters Characters Characters Characters Characters Characters Characters Char |                                               | Emple   | oyee Inform | nation   |                                                                          |  |  |  |
| Employee Address Line 1 Employee Address Line 2 Employee Address Line 3 Char All Required Char All Required All least two characters, no special characters except hyphen. Employee Address Line 2 Char All Required All least two characters. Employee Address Line 3 Char All Optional Leave blank if unused. Employee Address Line 3 Char All Optional Leave blank if unused. Employee Address Line 3 Char All Optional Leave blank if unused. Employee Address Line 3 Char All Optional Leave blank if unused. Employee Address Line 3 Char All Optional Leave blank if unused. Employee State Char All Least two characters, no special characters except hyphen. Employee Address Line 3 Char All Optional All least two characters, no special characters except hyphen. Employee Address Foreign Country Code Char All Optional All least two characters, no special characters except hyphen. Employee Address Foreign Country Code Char All Optional All Required if foreign address. Employee Address Foreign Country Name Char All Optional All Required if foreign address. Employee Address Foreign Country Name Char All Optional All Required if foreign address. Employee Date of Birth All Mameric Biniployee Date of Birth All Mameric All Required if Foreign address. Employee Date of Hire Char All Optional All Required if Foreign address. Employee Date of Hire All Optional All All All All All All All All All Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employee SSN#                                 | Numeric | 9           | Required | As reported by employee. For Independent Contractors, use SSN or FEIN.   |  |  |  |
| Employee Address Line 1 Char 40 Required At least two characters, no special characters except hyphen. Employee Address Line 2 Char 40 Optional Leave blank if unused. Employee Address Line 3 Char 40 Optional Leave blank if unused. Employee Address Line 3 Char 2 Required At least two characters, no special characters except hyphen.  Employee State Char 2 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 State Characters (Chara 2 Required Valid state or territory abbreviation. Not required for foreign address.  Employee State Characters (Chara 2 Optional Required foreign address.)  Employee Address: Foreign Country Code Char 2 Optional Required if foreign address.  Employee Address: Foreign Country Name Char 2 Optional Required if foreign address.  Employee Date of Birth Numeric Required Format - CCYYMMDD. Not required for independent Contractors.  Employee Date of Hire Numeric Required Valid state or territory abbreviation in Not required for independent Contractors.  Employee Characters: Foreign Postal Code Char 1 Optional Required If foreign address.  Employee Date of Hire Numeric Required Valid state or territory abbreviation Not required for independent Contractors.  Employee Characters (Characters) Required Valid state or territory abbreviation Not required for independent Contractors.  Employee Characters (Characters) Required Valid state or territory abbreviation Not required for foreign address.  Employee Characters (Characters) Required Valid state or territory abbreviation Not required for foreign address.  Employee Characters (Characters) Required Valid state or territory abbreviation Not required for foreign address.  Employee Characters (Characters) Required At least two characters. Address for headquarters.  Employer Elin Characters (Characters) Required At least two characters. Address for headquarters.  Employer Address Line 3 Char 2 Required Notes (Characters) R | Employee First Name                           | Char    | 16          | 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 State City Char 25 Required At least two characters, no special characters except hyphen.  Employee State City Char 2 Required At least two characters, no special characters except hyphen.  Employee State Char 2 Required Only U.S. 5 digit zip code. Not required for foreign address.  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 Date of Hire Numeric 8 Required Formation Address.  Employee Date of Hire Numeric 8 Required Formation Contractors.  Employee Date of Hire Numeric 8 Required Formation Contractors.  Employee Called Work Char 2 Required Formation  Employee Called Code Char 1 Optional Fe-Fernale, M-Make, U-Unknown  Employee Called Work Char 2 Required Contractors.  Employee Called Work Char 2 Required Contractors.  Employee Render  Employee Render  Char 1 Optional Fe-Fernale, M-Make, U-Unknown  Employee Render  Employee Render Contractors (Char 1 Optional Fe-Fernale, M-Make, U-Unknown  Employee Render Char 1 Optional Not the Required Characters and Provided Reputer Render Characters.  Employee Render Char 1 Optional Not Provided Required Render Characters.  Employee Render Char 1 Optional Not Provided Render Characters.  Employee Render Characters Characters (Char 1 Optional Not Provided Render Characters (Characters Characters Characters (Characters Characters Chara | Employee Middle Name                          | Char    | 16          | Optional | If non-blank must be at least one character, no special characters.      |  |  |  |
| Employee Address Line 2 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 Only U.S. 5 digit zip code. Not required for foreign address.  Employee 2ip Code 1 Numeric 5 Required Only U.S. 5 digit zip code. Not required for foreign address.  Employee 2ip Code 2 Numeric 4 Optional Required if foreign address.  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 Country Name Char 25 Optional Required if foreign address.  Employee Date of Birth Numeric 8 Required Foreign address.  Employee Date of Birth Numeric 8 Required Foreign address.  Employee Carl Only U.S. 5 digit zip code. Not required for foreign address.  Employee Date of Birth Required if foreign address.  Employee Date of Birth Numeric 8 Required Foreign address.  Employee Date of Birth Numeric 8 Required Foreign address.  Employee Carl Office Numeric Char 2 Required Foreign address.  Employee Carl Office Numeric Char 1 Optional Ference Numeric CovYMMDD. Not required for Independent Contractors.  Employee Grader Char 1 Optional Ference Numeric CovYMMDD. Not required for Independent Contractors.  Employee Carl Office Required Contractors (Numeric Char Optional Ference Numeric CovYMMDD. Not required for Independent Contractors.  Employee Address Line 1 Optional Ference Numeric CovYMMDD. Not required for Independent Contractors.  Employee Address Line 1 Optional Ference Numeric CovYMMDD. Not required for Independent Contractors.  Employee Address Line 2 Numeric Char 1 Optional Ference Numeric CovYMMDD. Not required for Independent Contractors.  Employee Address Line 3 Numeric Char 1 Optional Ference Numeric CovYMDD. Not required for Independent Contractors.  Employee Address Line 3 Numeric Char 1 Optional Required A Leave blank if unused.  Employee Address Line 3 Numeric Char 1 Optional Char 1 Deptiona | Employee Last Name                            | Char    | 30          | Required | At least one character, no special characters except hyphen.             |  |  |  |
| Employee Address Line 3 Char 40 Optional Leave blank if unused.  Employee City Char 25 Required Al least two characters, no special characters except hyphen.  Employee State Char 2 Required Valid state or territory abbreviation. Not required for foreign address.  Employee State Char 2 Required Only U.S. 6 digit zip code. Not required for foreign address.  Employee Zip Code 2 Numeric 4 Optional Only U.S. 6 digit zip code. Not required for foreign address.  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 Date of Birth Numeric 8 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 1 Optional Fe-Employee Habit to the contract of the Char 1 Optional Fe-Employee Cander  Employee Cander Char 1 Optional Fe-Employee Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterfy wages will be reported under.  Employer FEIN Numeric 9 Required Federal Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterfy wages will be reported under.  Employer Rate Elin Char 1 Optional V-Yes, N-No, U-Unknown  Employer Rate Elin Char 40 Optional No hyphens.  Employer Address Line 1 Char 40 Optional Leave blank if unused.  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 All least two characters, no special characters except hyphen.  Employer City Char 25 Required All least two characters, no special characters except hyphen.  Employer Address Line 2 Optional Required if foreign address.  Employer City Char 25 Required Foreign Country Code Char 2 Optional Required if foreign address.                                    | Employee Address Line 1                       | Char    | 40          | Required | At least two characters.                                                 |  |  |  |
| Employee State  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 extension.  Employee Zip Code 2  Numeric  4 Optional  Required if foreign address.  Employee Address: Foreign Country Code  Char  2 Optional  Required if foreign address.  Employee Address: Foreign Country Name  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 Base of Hire  Char  1 Optional  F=Fernale, M-Male, U-U-Inknown  Employer A Independent Contractor Information  Employer A Independent Contractor Information  Employer A Independent Contractor Information  Employer FEN  Numeric  9 Required  Federal Employer (no hyphens). Use the same FEN for which listed employee(s) quarterfy wages will be reported under.  Employer Raddress Line 1  Char  40 Optional  Ye'ks, N-No. U-Urshrown  Federal Employer (s) quarterfy wages will be reported under.  Proployer Name  Char  48 Required  At least two characters.  Address Line 3  Char  40 Optional  Leave blank if unused.  Employer City  Char  2 Required  At least two characters. os pecial characters except hyphen.  Employer City  Char  2 Required  At least two characters. os pecial characters except hyphen.  Employer City  Char  2 Required  At least two characters. os pocial characters except hyphen.  Employer City  Char  2 Required  At least two characters. os pocial characters except hyphen.  Employer City  Char  2 Required  At least two characters. os pocial characters except hyphen.  Employer City  Char  2 Optional  Required if foreign address.                                                                                                                                               | Employee Address Line 2                       | Char    | 40          | Optional | Leave blank if unused.                                                   |  |  |  |
| 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 foreign address.  Employee State of Hire Char 1 Optional Ferenale, M=Male, U=Unknown  Employee State of Hire Char 1 Optional Ferenale, M=Male, U=Unknown  Employee I Independent Contractor Information  Employer & Independent Contractor Information  Employer FEIN Numeric 9 Required Forward Internation Federal Employer (on hyphens). Use the same FEIN for which listed employee(s) quarterfy wages will be reported under.  Employer Rate EIN Char 1 Optional Ye'es, N=No, U=Unknown  Employer Rate EIN Char 1 Optional Ye'es, N=No, U=Unknown  Employer Address Line 1 Char 10 Optional Ye'es, N=No, U=Unknown  Employer Address Line 2 Optional Ye'es, N=No, U=Unknown  Employer Address Line 3 A Last two characters.  Employer Address Line 3 Char 40 Optional Leave blank if unused.  Employer Address Line 3 Char 40 Optional Leave blank if unused.  Employer State EIN Optional Required Foreign address.  Employer State Employer Characters Security of Foreign address.  Employer Characters Foreign Country Name Char 2 Optional Required I foreign address.  Employer Address Foreign Country Name Char 2 Optional Required I foreign address.  Employer Address Foreign Country Name Char 2 Optional Required I foreign address.  Employer Employer Employer Data Code Char 15 Optional Required I foreign address.                                    | Employee Address Line 3                       | Char    | 40          | Optional | Leave blank if unused.                                                   |  |  |  |
| 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 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 State of Hire Numeric 8 Required Format - CCYYMMDD. Not required for Independent Contractors.  Employee State of Hire Char 1 Optional Ferenale, Mehale, U=Unknown  Employee State of Hire Char 1 Optional Ferenale, Mehale, U=Unknown  Employer & Independent Contractor Information  Employer FEIN Numeric 9 Required Foreign Address in No hyphens.  Employer FEIN Numeric 9 Required Foreign Address in No hyphens.  Employer State EliN Ohar 12 Optional Ye'tes, N=No, U=Unknown  Employer State EliN Ohar 12 Optional No hyphens.  Employer State EliN Ohar 14 Optional No hyphens.  Employer Address Line 1 Char 45 Required At least two characters.  Employer Address Line 2 Ohar 40 Optional Leave blank if unused.  Employer Address Line 3 Ohar 40 Optional Leave blank if unused.  Employer State Employer Code 1 Numeric 5 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required At least two characters, no special characters except hyphen.  Employer State Char 3 Optional Required if foreign address.  Employer State Char 40 Optional Required if foreign address.  Employer Address: Foreign Country | Employee City                                 | Char    | 25          | Required | At least two characters, no special characters except hyphen.            |  |  |  |
| 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 Country Name Char 25 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  Employer & Independent Contractor Information  Employer & Independent Contractor Information  Employer Elm Numeric 9 Required Foreign Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.  Employer State Eln Char 1 Optional Y=Yes, N=No, U=Unknown  Employer Name Char 45 Required At least two characters.  Employer Address Line 2 Char 40 Optional Leave blank if unused.  Employer Address Line 3 Char 40 Optional Leave blank if unused.  Employer Address Line 3 Char 25 Required At least two characters, no special characters except hyphen.  Employer City Char 25 Required At least two characters, no special characters except hyphen.  Employer State Employer City Char 25 Required At least two characters, no special characters except hyphen.  Employer Explored 1 Numeric 5 Required Only U.S. 5 digit zip code. Not required for foreign address.  Employer Zip Code 1 Numeric 4 Optional Required if foreign address.  Employer Zip Code 2 Numeric 4 Optional Required if foreign address.  Employer Employer Employer Country Name Char 25 Optional Required if foreign address.  Employer Address: Foreign Country Name Char 25 Optional Required if foreign address.                                                                                                    | Employee State                                | Char    | 2           | Required | Valid state or territory abbreviation. Not required for foreign address. |  |  |  |
| 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 FEIN Numeric 9 Required Foreign Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.  Employer State EIN Char 12 Optional Y=Yes, N=No, U=Unknown  Employer State EIN Char 12 Optional No hyphens.  Employer Name Char 40 Required At least two characters.  Employer Address Line 1 Char 40 Optional Leave blank if unused.  Employer Address Line 2 Char 40 Optional Leave blank if unused.  Employer State Ein Schar 40 Optional Leave blank if unused.  Employer State Employer Code 1 Numeric 5 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required Ideas to retritory abbreviation. Not required for foreign address.  Employer State Char 2 Required Ideas to retritory abbreviation. Not required for foreign address.  Employer State Char 2 Required Ideas to retritory abbreviation. Not required for foreign address.  Employer State Char 2 Required Ideas to retritory abbreviation. Not required for foreign address.  Employer State Char 2 Required If only U.S. 5 digit zip code. Not required for foreign address.  Employer Employer Address: Foreign Country Name Char 2 Optional Required if foreign address.  Employer Address: Foreign Country Name Char 2 Optional Required if foreign address.                                     | Employee Zip Code 1                           | Numeric | 5           | Required | Only U.S. 5 digit zip code. Not required for foreign address.            |  |  |  |
| Employee Address: Foreign Country Name  Char  Ch | Employee Zip Code 2                           | Numeric | 4           | Optional | Only U.S. 4 digit zip code extension.                                    |  |  |  |
| 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  Employer & Independent Contractor Information  Employer FEIN Numeric 9 Required Foderal Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.  Employer State EIN Char 1 Optional Y=Yes, N=No, U=Unknown  Employer State EIN Char 12 Optional No hyphens.  Employer Address Line 1 Char 45 Required At least two characters.  Employer Address Line 2 Char 40 Optional Leave blank if unused.  Employer Address Line 3 Char 2 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 City Char 2 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 State Char 2 Required Only U.S. 5 digit zip code. Not required for foreign address.  Employer Zip Code 1 Numeric 5 Required Only U.S. 6 digit zip code extension.  Employer Zip Code 2 Numeric Char 25 Optional Required if foreign address.  Employer Address: Foreign Country Name Char 15 Optional Leave blank if unused. Address for child support gamishments.                                                                                                                                                                                                                                                                                                                                                             | Employee Address: Foreign Country Code        | Char    | 2           | Optional | Required if foreign address.                                             |  |  |  |
| Employee Date of Birth  Numeric  8 Required  Format - CCYYMMDD. Not required for Independent Contractors.  Employee State of Hire  Char  C | Employee Address: Foreign Country Name        | Char    | 25          | Optional | Required if foreign address.                                             |  |  |  |
| Employee Date of Hire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Employee Address: Foreign Postal Code         | Char    | 15          | Optional | Required if foreign address.                                             |  |  |  |
| Employee State of Hire Char Char Char Char Char Char Char Char                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Employee Date of Birth                        | Numeric | 8           | Required | Format - CCYYMMDD. Not required for Independent Contractors.             |  |  |  |
| Employee Gender Char 1 Optional F=Female, M=Male, 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 Name Char 1 Optional Y=Yes, N=No, U=Unknown  Federal Employee(s) quarterly wages will be reported under.  Employer State EIN Char 1 Optional Y=Yes, N=No, U=Unknown  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 City Char 25 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required At least two characters, no special characters except hyphen.  Employer State Char 2 Required Only U.S. 5 digit zip code. Not required for foreign address.  Employer Zip Code 1 Numeric 4 Optional Char 2 Optional Required if foreign address.  Employer Address: Foreign Country Code Char 2 Optional Required if foreign address.  Employer Address: Foreign Postal Code Char 40 Optional Required if foreign address.  Employer Address: Foreign Postal Code Char 40 Optional Required if foreign address.  Employer Address: Foreign Postal Code Char 40 Optional Char Definal Char 40 Optional Char Definal Char Char Char Char Char Char Char Char                                                      | Employee Date of Hire                         | Numeric | 8           | Required | Format - CCYYMMDD. Not required for Independent Contractors.             |  |  |  |
| Employer 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  Y=Yes, N=No, U=Unknown  Char  12 Optional  No hyphens.  Employer State EIN  Char  45 Required  At least two characters.  Employer Address Line 1  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  A Optional  Only U.S. 5 digit zip code. Not required for foreign address.  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 Address: Foreign Postal Code  Char  15 Optional  Char Uptional  Char U | Employee State of Hire                        | Char    | 2           | Required | Valid state or territory abbreviation. Not required for foreign address. |  |  |  |
| Employer FEIN  Numeric  Pequired  Federal Employer Identification Number (no hyphens), Use the same FEIN for which listed employee(s) quarterly wages will be reported under.  Femployer Income Tax Credit  Char   | Employee Gender                               | Char    | 1           | Optional | F=Female, M=Male, U=Unknown                                              |  |  |  |
| Employer FEIN  Numeric  Required  Required  Required  Federal Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.  Perployer State EIN  Char  1 Optional  Y=Yes, N=No, U=Unknown  No hyphens.  Required  At least two characters.  At least two characters.  Address Line 1  Char  40 Required  At least two characters. Address for headquarters.  Char  40 Optional  Leave blank if unused.  Employer Address Line 3  Char  Char  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  Mumeric  A Optional  Required  Only U.S. 5 digit zip code. Not required for foreign address.  Employer Address: Foreign Country Code  Char  Char  Char  Ditional  Required if foreign address.  Employer Address: Foreign Country Name  Char  Char  Char  Ditional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Char  Char  Ditional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Ditional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Ditional  Required if foreign address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employee Left Work                            | Char    | 1           | Optional | Y=Yes, N=No, U=Unknown                                                   |  |  |  |
| Employer FEIN  Numeric  Proprior Fein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Employer & Independent Contractor Information |         |             |          |                                                                          |  |  |  |
| 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 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  Employer Zip Code 2  Numeric  At least two characters, no special characters except hyphen.  Char  Coptional  Conly U.S. 5 digit zip code. Not required for foreign address.  Char  Coptional  Char  Char  Char  Coptional  Required if foreign address.  Employer Address: Foreign Country Name  Char  Cha | Employer FEIN                                 | Numeric | 9           | Required |                                                                          |  |  |  |
| 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Employer Income Tax Credit                    | Char    | 1           | Optional | Y=Yes, N=No, U=Unknown                                                   |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Employer State EIN                            | Char    | 12          | Optional | No hyphens.                                                              |  |  |  |
| Employer Address Line 2 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employer Name                                 | Char    | 45          | Required | At least two characters.                                                 |  |  |  |
| 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  Numeric  Aptional  Only U.S. 5 digit zip code. Not required for foreign address.  Employer Zip Code 2  Numeric  Aptional  Only U.S. 4 digit zip code extension.  Employer Address: Foreign Country Code  Char  Optional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Char  Char  Optional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Char  Optional  Char  Address Foreign Address.  Employer Income Withholding Address - Line 1  Char  Optional  Leave blank if unused. Address for child support garnishments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Employer Address Line 1                       | Char    | 40          | Required | At least two characters. Address for headquarters.                       |  |  |  |
| 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Employer Address Line 2                       | Char    | 40          | Optional | Leave blank if unused.                                                   |  |  |  |
| Employer State  Char  2 Required  Valid state or territory abbreviation. Not required for foreign address.  Employer Zip Code 1  Numeric  Numeric  Aptional  Only U.S. 5 digit zip code. Not required for foreign address.  Char  Optional  Only U.S. 4 digit zip code extension.  Employer Address: Foreign Country Code  Char  Optional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Char  Optional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Char  Optional  Required if foreign address.  Employer Address: Foreign Postal Code  Char  Char  Optional  Char  Address Foreign Address.  Employer Income Withholding Address - Line 1  Char  Optional  Leave blank if unused. Address for child support garnishments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Address Line 3                       | Char    | 40          | Optional | Leave blank if unused.                                                   |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Employer City                                 | Char    | 25          | Required | At least two characters, no special characters except hyphen.            |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employer State                                | Char    | 2           | Required | Valid state or territory abbreviation. Not required for foreign address. |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Employer Zip Code 1                           | Numeric | 5           | Required | Only U.S. 5 digit zip code. Not required for 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Employer Zip Code 2                           | Numeric | 4           | Optional | Only U.S. 4 digit zip code extension.                                    |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer Address: Foreign Country Code        | Char    | 2           | Optional | Required if foreign address.                                             |  |  |  |
| Employer Income Withholding Address - Line 1 Char 40 Optional Leave blank if unused. Address for child support garnishments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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 2 Char 40 Optional Leave blank if unused.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Employer Income Withholding Address - Line 1  | Char    | 40          | Optional | Leave blank if unused. Address for child support garnishments.           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employer Income Withholding Address - Line 2  | Char    | 40          | Optional | Leave blank if unused.                                                   |  |  |  |

| Field                                                 | Туре    | Max Size | Status          | Comments                                                                                |
|-------------------------------------------------------|---------|----------|-----------------|-----------------------------------------------------------------------------------------|
| 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).                                     |

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The Ohio New Hire Reporting Center is a program in the Office of Child Support in the Ohio Department of Job and Family Services. For more information, visit https://jfs.ohio.gov/ocs/