

UNEMPLOYMENT TAX REPORTING PROGRAM (MMREF-1)

This document describes the magnetic media format published by the Social Security Administration.

Data in the MMREF-1 format will be automatically converted by QuickFile to the ICESA format which may then be submitted via the Internet by using QuickFile. For information on QuickFile, visit the TWC Web site <http://www.twc.state.tx.us/ui/tax/quickfile.html>.

For additional information on the MMREF-1 wage record format, refer to the Social Security Administration web site at <http://www.ssa.gov/employer/pub.htm>

MMREF 2005 RECORD SPECS (<http://www.ssa.gov/employer/pub.htm>)

CODE RA - Submitter Record 1
 CODE RE - Employer Record 3
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CODE RA - Submitter Record

Location	Field	Length	Specifications
1-2	Record Identifier	2	Constant "RA".
3-11	Submitter's Employer Identification Number (EIN)	9	Enter the submitter's EIN. This EIN should match the EIN on the external label.
12-35	Not Used	24	Blank
36-37	Software Code	2	Enter one of the following codes to indicate the software used to create your file: 98 In-House Program 99 Off-the-Shelf Software
38-94	Company Name	57	Enter the name of the company to receive MMREF-1 annual filing instructions. Left justify and fill with blanks.
95-116	Location Address	22	Enter the company's location address (Attention, Suite, Room Number, etc.) Left justify and fill with blanks
117-138	Delivery Address	22	Enter the company's delivery address (Street or Post Office Box). Left justify and fill with blanks.
139-160	City	22	Enter the company's city. Left justify and fill with blanks
161-162	State Abbreviation	2	Enter the company's state. Use a postal abbreviation as shown in Appendix F. For a foreign address fill with blanks.
163-167	Zip Code	5	Enter the company's Zip Code. For a foreign address fill with blanks.
168-171	Zip Code Extension	4	Enter the company's four-digit extension of the Zip Code. If not applicable, fill with blanks.
172-176	Blank	5	Fill with Blanks. Reserved for SSA use.
177-199	Foreign State/Province	23	If applicable, enter the company's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.

200-214	Foreign Postal Code	15	If applicable, enter the company's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
215-216	Country Code	2	If one of the following applies, otherwise fill with blanks. <ul style="list-style-type: none"> o One of the 50 states of the U.S.A. o District of Columbia o Military Post Office (MPO) o American Samoa o Guam o Northern Mariana Islands o Puerto Rico o Virgin Islands Otherwise, enter the applicable Country code (See Appendix G).
217-273	Submitter Name	57	Enter the name of the organization to receive notification of unprocessable data. Left justify and fill with blanks.
274-295	Location Address	22	Enter the submitter's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.
296-317	Delivery Address	22	Enter the submitter's delivery address (Street or Post Office Box). Left justify and fill with blanks.
318-339	City	22	Enter the submitter's city. Left justify and fill with blanks.
340-341	State Abbreviation	2	Enter the submitter's state. Use a postal abbreviation as shown in Appendix F. For a foreign address, fill with blanks.
342-346	Zip Code	5	Enter the submitter's Zip Code. For a foreign address, fill with blanks.
347-350	Zip Code Extension	4	Enter the submitter's four-digit extension of the Zip Code. If not applicable, fill with blanks.
351-355	Blank	5	Fill with blanks. Reserved for SSA use.
356-378	Foreign State/Province	23	If applicable, enter the submitter's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.
379-393	Foreign Postal Code	15	If applicable, enter the company's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
394-395	Country Code	2	If one of the following applies, otherwise fill with blanks. <ul style="list-style-type: none"> o One of the 50 states of the U.S.A. o District of Columbia o Military Post Office (MPO) o American Samoa o Guam o Northern Mariana Islands o Puerto Rico o Virgin Islands

			Otherwise, enter the applicable Country code (See Appendix G).
396-422	Contact Name	27	Enter the name of the person to be contacted by SSA concerning processing problems. Left justify and fill with blanks.
423-437	Contact Phone Number	15	Enter the contact's telephone number (including the area code). Left justify and fill with blanks.
438-442	Contact Phone Extension	5	Enter the contact's telephone extension. Left justify and fill with blanks.
443-445	Blank	3	Fill with blanks. Reserved for SSA use.
446-485	Contact E-Mail	40	If applicable, enter the contact's electronic mail / Internet address. This field may be upper and lower case. Left justify and fill with blanks. Otherwise, fill with blanks.
486-488	Blank	3	Fill with blanks. Reserved for SSA use.
489-498	Contact FAX	10	(FOR U.S. AND U.S. TERRITORIES ONLY) If applicable, enter the contact's FAX number (including area code). Otherwise, fill with blanks.
499-512	Blank	14	Fill with blanks. Reserved for SSA use.

CODE RE - Employer Record

Location	Field	Length	Specifications
1-2	Record Identifier	2	Constant "RE".
3-6	Tax Year	4	Enter the tax year for this report. Enter NUMERIC characters only.
7	Agent Indicator Code	1	Review the first Special Situation on Agent Determination in Section II, before entering a "1" or "2" in this field. If applicable, enter one of the following codes. "1" 2678 Agent (Approved by IRS) "2" Common Pay Master (A corporation that pays an employee who works for two or more related corporations at the same time) Otherwise, fill with a blank.
8-16	Employer / Agent Employer Identification Number (EIN)	9	Enter the EIN entered on the Form 941 submitted to the IRS. If you entered a code in the Agent Indicator Code field, (position 7), enter your Agent EIN.
17-25	Agent for EIN	9	If you entered a "1" in the Agent Indicator Code field, (position 7) enter the Employer's EIN for which you are an Agent. Otherwise, fill with blanks.
26	Terminating Business Indicator	1	Enter "1" if you have terminate your business during this tax year. Otherwise enter "0"
27-30	Establishment Number	4	For multiple Code RE records with the same EIN, you may use this field to designate store or factory locations or types of payroll. Enter any combination of blanks, numbers or letters. Certain military employers must use this field. Otherwise, fill with blanks.

31-39	Other EIN	9	For this tax year, if you submitted a Form 941 or 943 to IRS, or W-2 data to SSA and you used an EIN different from the EIN in location 8-16, enter the other EIN. Otherwise, fill with blanks.
40-96	Employer Name	57	Enter the name associated with the EIN entered in location 8-16. Left justify and fill with blanks.
97-118	Blank	22	Fill with blanks.
119-140	Delivery Address	22	Enter the employer's delivery address(Street or Post Office Box). Left justify and fill with blanks.
141-162	City	22	Enter the employer's city. Left justify and fill with blanks.
163-164	State Abbreviation	2	Enter the employer's state. Use a postal abbreviation as shown in Appendix F. For a foreign address, fill with blanks.
165-169	Zip Code	5	Enter the employer's zip code. For a foreign address, fill with blanks.
170-173	Zip Code Extension	4	Enter the employer's four-digit extension of the zip code. If not applicable, fill with blanks.
174-299	Blank	126	Fill with blanks.
300-308	TWC Account Number	9	9 numeric digits, no spaces or dashes.
309-314	Quarter and Year	6	MMYYYY (where MM = last month of the quarter, i.e. '03', '06', '09', '12)
315	Blank	1	Blank
316-320	Tax Rate	5	Enter the decimal point in position 316 followed by 4 digits (2.8% = .0280)
321	Blank	1	Blank
322-327	NAICS Code	6	6 digit NAICS Code
328-512	Blank	185	Fill with blanks. Reserved for SSA use.

CODE RS - State Record

Location	Field	Length	Specifications
1-2	Record Identifier	2	Constant "RS".
3-4	State Code	2	Enter the appropriate postal NUMERIC code. Texas = 48
5-9	Taxing Entity Code	5	Constant "UTAX"
10-18	Social Security Number (SSN)	9	Enter the employee's social security number as shown on the original/replacement SSN card issued by the SSA. If no SSN is available enter zeros (0).
19-33	Employee First Name	15	Enter the employee's first name as shown on the social security card. Left justify and fill with blanks.
34-48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial as shown on the social security card. Left justify and fill with blanks. Otherwise, fill with blanks.
49-68	Employee Last Name	20	Enter the employee's last name as shown on the social security card. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, JR Left justify and fill with

			blanks. Otherwise, fill with blanks.
73-196	Blank	124	Fill with blanks.
LOCATIONS 197 to 267 APPLY TO UNEMPLOYMENT REPORTING			
197-202	Reporting Period	6	Enter the last month and 4 digit year for the calendar quarter for which this report applies. e.g., "032002" for January-March of 2002.
203-213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill. Enter dollars and cents with no decimal point.
214-224	State Quarterly Unemployment Insurance Taxable Wages	11	Right justify and zero fill. Enter dollars and cents with no decimal point.
225-226	Number of Weeks Worked	2	Defined by State/Local Agency.
227-234	Date of First Employed	8	Enter the month, day and four digit year. e.g., "01312002"
235-242	Date of Separation	8	Enter the month, day and four digit year. e.g., "01312002"
243-247	Blank	5	Fill with blanks. Reserved for SSA use.
248-256	State Employer Account Number	9	Left justify TWC account number without dashes.
257-337	Blank	81	Fill with blanks.
LOCATIONS 338 to 367 APPLY TO ADDITIONAL INFORMATION REQUESTED BY TWC			
338-340	Hours worked in quarter	3	Hours worked by employee in report quarter.
341-343	County Code	3	3 digit county code where employee worked. See http://www.twc.state.tx.us/ui/tax/cntycode.html for a list of county codes.
344	Blank	1	Blank.
345-350	NAICS Code	6	The 6 digit Industry Classification Code where the employee is assigned. See http://www.census.gov/epcd/naics02/ for an Index Search of NAICS codes.
351	Blank	1	Blank.
352-361	Establishment ID	10	Unit/Division/Location/Plant Code as assigned by TWC Labor Market Information Department. Leave blank if not assigned.
362	Blank	1	Blank
363-367	Unit Number	5	Specifies worksite. Assigned by the user
368-512	Blank	145	Fill with blanks.

CODE RF - Final Record (optional)

Location	Field	Length	Specifications
1-2	Record Identifier	2	Constant "RF".
3-7	Blank	5	Fill with blanks. Reserved for SSA use.
8-16	Number of RS Records	9	Enter the total number of Code RS records reported on the entire file. Right justify and zero fill.

17-512	Blank	496	Fill with blanks. Reserved for SSA use.
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