

# *Texas Workforce Commission*

## **Magnetic Media Reporting** **⊖** **Specifications Manual**

**OCTOBER 2011**

**Data Processing Department**  
Magnetic Media Processing

**Texas Workforce Commission**  
**101 East 15<sup>th</sup> Street, Room 0142**  
**Austin, Texas 78778**

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# 1 Summary of Revisions

This section contains a summary of revisions made to Texas Workforce Commission's "Magnetic Media Reporting Specifications for Tape or Diskette" beginning dated June 2003 through May 2011.

1. A note has been added for QuickFile Users in the sections that reference allocation information.
2. Magnetic Media Transmittal Form, T1W has been revised to include the Taxable Wage Amount information.
3. All references to CD-Rs have been modified to CD. Both CD-Rs and CD-RWs are acceptable.
4. All references to IBM compatible 3480 have been removed.
5. The Section 3.2 Employer's Wage Reporting by Diskette Software (EWRDS) Version 3.3 has been removed.
6. Correct Controller's address to reflect the room number 0154. (rev. 0511)
7. Field Name \*Note: (156-275) amended wording to remove "Prior approval from TWC is required for this method of reporting". (rev. 0511)
8. "T" record instructions amended to remove wording "if this information is being reported on this tape. If no data, leave blank." (rev. 0511)
9. "S" record instructions amended to remove wording "Prior TWC approval is required". (rev. 0511)
10. Inquiries section amended to include new QuickFile contact telephone numbers. (rev. 0511)
11. Field Name \*Note: (156-275) amended wording to change Section 2 to Section 3. (rev. 0511)
12. All references to Controller changed to Revenue and Trust Management. (rev. 1011)
13. Contact information updated for RT&M: phone number, add eft email address and reference quarterly payment options page. (rev. 1011)
14. Information updated to correct Unemployment Tax page URL. (rev. 1011)
15. Remove all reference to Tape Cartridge. (rev. 1011)

## 2 Definitions

- **Magnetic Media** - TWC accepts the following types of magnetic media:
  - 3.5" Diskettes – High Density, 1.44mb
  - Compact Discs (CD), CD-Rs and CD-RWs
- **Electronic Media** – TWC accepts data reported via Unemployment Tax Services or using the TWC QuickFile program which transmits the data over the Internet using HTTPS (Hypertext Transfer Protocol Secure).
- **Service Agent** – Refers to Service Agents, Payroll Agents, Accountants, or any other Employer Representative submitting reports to TWC on behalf of an employer.
- **C-3** - Form that contains a summary of total gross wages paid, and taxable wages.
- **C-4** - Form that lists individual wage details for all employees.
- **CRLF** – Carriage Return and Line Feed codes. Both codes, Carriage Return (hex representation, 0D), and Line Feed (hex representation, 0A) are required at the end of each record when submitting data on a diskette or CD. The Carriage Return should be placed in position 276 (277 for word oriented systems) and the line feed code should be placed in position 277 (278 for word oriented systems).
- **BLS3020** – Multiple Worksite Report form. The information reported on this form may be submitted in the same magnetic/electronic media file Employer's Quarterly Report is being reported.

### 3 Requirements and Procedures

This publication contains the specifications and instructions for reporting data on magnetic media to the Texas Workforce Commission (TWC).

Each piece of media must have an external label identifying the contents of the data and accompanied by TWC's magnetic media transmittal form, T1W.

Diskettes and compact discs (CDs) are not returned.

All record formats must be fixed length.

**IMPORTANT: Do not duplicate on paper forms any information filed via magnetic media, Internet or FTP.**

#### 3.1 Report Types

##### 1. **“Employer’s Quarterly Report” Form C-3 & “Continuation Sheet” Form C-4**

Required Magnetic Media Transmittal Form(s):

- **If reporting single entities:**
  - \* Use Form T1W with box 5a checked.
- **If reporting multiple entities:**
  - \* Use Forms T1W with box 5a checked and form T3W listing all accounts on media. A computer generated account listing may be substituted for form TXW03.

#### NOTE:

- Clients of service agents who request a rate verification and also submit tax and wage information on magnetic media, will not receive a preprinted “Employer’s Quarterly Report,” form C-3.
- Employer accounts who report contribution data (C-3) on magnetic media will not receive the form C-3.

##### 2. **Multiple Worksite Report Form BLS3020**

- Purpose: To report employment and wage totals by worksite. If you have 10 or more employees outside your primary location (location with the largest employment) you should file Form BLS3020, Multiple Worksite Report.
- Format: This multiple worksite data may be reported with wage details on the ICESA Format described in Section 5. The required fields are noted in the Description & Remarks column of the record layouts.

- Required Transmittal Form(s): same as item 1 above.

**NOTE:** An establishment ID is mandatory on each record.

For further information you may call the LMCI Department at (512) 491-4865.

### 3. Account Number Verification for Service Agents

- Purpose: To verify TWC employer account numbers.
- Format: TWC Verification File format, described in Section 8
- Required Transmittal Form: None. However, a written request should accompany media.

### 4. Allocation List for Service Agents\*

**\*Important note to QuickFile Users: QuickFile does not support the allocation of a single remittance to multiple accounts.**

- Purpose: To allocate monies to pay multiple employer accounts from a single remittance.
- Format: TWC Allocation List format, described in Section 9. Or, optionally, this data may be included in the same file as the contribution and wage data is reported (item 1 above). The required fields are noted in the Description & Remarks column of the record layouts.
- Required Transmittal Form: Form TXW014 - Allocation List Transmittal Form. Or, if combined on C3 and wage file, magnetic media transmittal form, TXW01 is appropriate for that report.

### **3.2 Mailing Address for Quarterly Magnetic Media**

All quarterly magnetic media should be sent with the magnetic media transmittal form(s) with the appropriate box(es) checked to:

REVENUE AND TRUST MANAGEMENT – ROOM 0154  
TEXAS WORKFORCE COMMISSION  
PO BOX 149037  
AUSTIN TX 78714-9037

If a street address is required for UPS or FedEx delivery, use:

REVENUE AND TRUST MANAGEMENT

TEXAS WORKFORCE COMMISSION  
TWC BUILDING ROOM 0154  
101 E 15<sup>TH</sup> ST  
AUSTIN TX 78778-0001

See the following Section for packaging instructions.

### **3.3 Packaging Magnetic Media for Mailing**

Affix an external label to your magnetic tape cartridge, 3.5” diskette or CD. See External Label information in Section 4, Technical Specifications. Include the magnetic media transmittal form(s), together in a box with proper padding to prevent damage in transit. It is not necessary to use an oversized box for your media. Specially-sized boxes are available commercially. Disposable tape or diskette containers should be used. Upon request, TWC will return special tape containers if the container is properly labeled.

Do **NOT** use paper clips, rubber bands or staples on diskettes.

**NOTE: To prevent file corruption, it is critical that the package be marked “Magnetic Media - Do Not Xray.”**

### **3.4 Due Dates**

The “Employer’s Quarterly Report”, which includes the C-3 (total and taxable wage summary & tax contribution data) and C-4 (individual wage detail), is due on the first day of the month immediately following the end of the quarter. If the report is postmarked after the last day of such month, it will be considered filed late and subject to the assessment of statutory penalty and interest.

<b>QUARTER</b>	<b>DATE DUE</b> (Postmarked on or before)
1 <sup>st</sup> (January/February/March)	April 30 *
2 <sup>nd</sup> (April/May/June)	July 31 *
3 <sup>rd</sup> (July/August/September)	October 31*
4 <sup>th</sup> (October/November/December)	January 31 *

\*If the last day falls on a Saturday, Sunday, or legal holiday, the report is processed with an on time receipt date if it is postmarked on the next regular business day.

### **3.5 Inquiries**

Contact the TWC Tax Department at any of the following numbers: (512) 463-8230, (512) 305-9698, (512) 463-2061 or (512) 475-1189 or by e-mail at [tax.quickfilesupport@twc.state.tx.us](mailto:tax.quickfilesupport@twc.state.tx.us) for inquiries concerning:

- quarterly filing via the Internet,
- quarterly filing via QuickFile HTTPS (available only to those using the ICESA data format, MMREF-1 with state UI records, Comma Delimited or Fixed Length)
- payment via the Internet,
- taxation and tax rates,
- penalties and interest,
- waivers and extensions,
- reporting and record keeping requirements,
- accessing account information via the Internet.

Contact TWC Magnetic Media Processing, (512) 463-2505 or e-mail [magnetic.media@twc.state.tx.us](mailto:magnetic.media@twc.state.tx.us) for inquiries concerning:

- magnetic media requirements
- equipment compatibilities
- data formats, etc.

Contact the TWC Revenue and Trust Management Department at (512) 936-0300 or e-mail [eft taxpmt@twc.state.tx.us](mailto:eft taxpmt@twc.state.tx.us) for inquiries concerning payments using TEXNET for electronic funds transfer.

## 4 Technical Specifications

### 4.1 Technical Specifications for Diskette & CD

Diskette Size:	3 1/2" diskette or CD
Filename:	TWCWAGES.ICE File must be in the root directory only. No subdirectories
Recording Code:	ASCII
Record Length:	Fixed 275 followed by carriage return and line feed codes at end of each record
Density:	Double-sided, high-density
External Label:	Attach an external label with the following: <ul style="list-style-type: none"> <li>• File contents, e.g. C4 data only, C3 &amp; C4 data, etc.</li> <li>• TWC Employer account number,</li> <li>• Reporting quarter (e.g. Q/YY),</li> <li>• Employer name,</li> <li>• Diskette or CD number and total</li> </ul>

	(e.g. "1 of 5.")
<b>NOTE:</b>	<ul style="list-style-type: none"> <li>• TWC does not support MacIntosh, Super Disk, or Zip Drive diskettes</li> </ul>

## 5 ICESA Format

This section describes the magnetic media format published by the National Association of State Work Force Agencies (formerly ICESA - Interstate Conference of Employment Security Agencies) with fields defined for reporting to TWC. Please refer to Section 4 for technical specifications for the diskette and CD.

When using this format, TWC requires that you report C-3 Contribution Data, C-4 Wage Detail Data and also, if applicable, BLS3020 Worksite Data. Allocation List data is required when a single remittance must be allocated to multiple employer accounts. Important note to QuickFile users: QuickFile does not support the allocation of a single remittance to multiple accounts.

This format may be submitted on a diskette or CD using filename TWCWAGES.ICE. Records should be fixed length of 275 bytes followed by both carriage return and line feed codes respectively.

See Appendix A, Example of Proper Record Sequence for Magnetic Media on page 23 for an example of a properly sequenced magnetic media report.

### **Multiple account information:**

Multiple accounts may be reported on the same magnetic media as long as these guidelines are followed. Multiple media may be submitted to report multiple accounts. However, reporting C-3 contribution data for the same account, same quarter, in multiple files will result in an error condition, and the employer may be contacted by the TWC Tax Department. Only the first C-3 (reported on "T" record) processed for an account and quarter is posted; all subsequent C-3's with the same account number, same quarter are placed on an error list and manually handled by a tax examiner.

### **5.1 ICESA Format Record Layouts**

<b>Data Types:</b>	<b>A/N = Alphanumeric; left-justified and blank-filled</b>
	<b>N = Numeric; right justified, zero-filled, unsigned,</b>
	<b>Do not include decimal in fields containing dollars and cents. Record length is 275 for all record types.</b>

### A Type Record - ICESA Transmitter Record

Location	Field Name	Field Length	Type	Description & Remarks
1	Record Identifier	1	A/N	Constant "A".
2-5	Year	4	A/N	Year for which this report is being prepared as YYYY.
6-14	Transmitter Federal EIN	9	A/N	Transmitter's Federal Employer Identification Number. Only numeric characters. Omit hyphens, prefixes & suffixes.
15-18	Taxing Entity Code	4	A/N	Constant "UTAX".
19-23	Blank	5	A/N	Blanks.
24-73	Transmitter Name	50	A/N	Name of the organization submitting the file.
74-113	Transmitter Street Address	40	A/N	Street address of the organization submitting the file.
114-138	Transmitter City	25	A/N	City of the organization submitting the file.
139-140	Transmitter State	2	A/N	Standard two-character FIPS postal abbreviation, see Appendix B.
141-153	Blank	13	A/N	Blanks.
154-158	Transmitter Zip Code	5	A/N	Valid zip code.
159-163	Transmitter Zip Code Extension	5	A/N	<b>Optional.</b> Four-digit zip code extension. Include hyphen in position 159. If unknown, fill with blanks.
164-193	Transmitter Contact	30	A/N	Title of individual from transmitter organization, who is responsible for the accuracy and completeness of the wage report.
194-203	Transmitter Contact Telephone Number	10	A/N	Telephone number at which the transmitter contact can be telephoned.
204-207	Telephone Extension/Box	4	A/N	Transmitter telephone extension or message box.
208-213	Media Transmitter/ Authorization Number	6	A/N	Blanks.
214	C-3 Data Indicator	1	A/N	Constant "Y"
215-219	Blank	5	A/N	Blanks.

Location	Field Name	Field Length	Type	Description & Remarks
220	Allocation List Indicator	1	A/N	If an Allocation List is reported on this tape, enter "Y". If yes, complete "Service Agent ID" and "Total Remittance Amount" fields in this "A" record, as well as allocation amounts in appropriate "T" records. If not reporting Allocation List, leave blank. QuickFile users should leave this blank.
221-229	Service Agent ID	9	A/N	If reporting an Allocation List, enter 9-digit Service Agent ID number assigned by TWC. Omit hyphens. Otherwise, leave blank. QuickFile users should leave this blank.
230-242	Total Remittance Amount	13	N	If reporting an Allocation List, enter total amount of Electronic Funds Transfer (EFT) or check. Enter dollars and cents with no decimal point. <b>This amount must match exactly with the money received by TWC.</b> If not reporting Allocation List, leave blank. QuickFile users should leave this blank.
243-250	Media Creation Date	8	A/N	Date: MMDDYYYY.
251-275	Blank	25	A/N	Blanks.

### B Type Record - ICESA Basic Information Record

Location	Field Name	Field Length	Type	Description & Remarks
1	Record Identifier	1	A/N	Constant "B".
2-5	Year	4	A/N	Year for which this report is being prepared as YYYY.
6-14	Transmitter Federal EIN	9	A/N	Transmitter's Federal Employer Identification Number. Enter only numeric characters. Omit hyphens, prefixes and suffixes.
15-22	Computer	8	A/N	Manufacturer's name.
23-24	Internal Label	2	A/N	Blanks for diskette or CD
25	Blank	1	A/N	Blanks.
26-27	Density	2	A/N	Blanks for diskette or CD

Location	Field Name	Field Length	Type	Description & Remarks
28-30	Recording Code (EBCDIC or ASCII Character Set)	3	A/N	“ASC” for diskette or CD.
31-32	Number of Tracks	2	A/N	Blanks for diskette or CD
33-34	Blocking Factor	2	A/N	Blanks for diskette or CD
35-38	Taxing Entity Code	4	A/N	Constant “UTAX”.
39-146	Blank	108	A/N	Blanks.
147-190	Organization Name	44	A/N	Name of the organization to which the tape cartridge should be returned.
191-225	Street Address	35	A/N	Address where the tape cartridge should be returned.
226-245	City	20	A/N	City where the tape cartridge should be returned.
246-247	State	2	A/N	Standard two-character FIPS postal abbreviation, see Appendix B.
248-252	Blank	5	A/N	Blanks.
253-257	Zip Code	5	A/N	Valid zip code.
258-262	Zip Code Extension	5	A/N	Four-digit extension of zip code with hyphen in position 258. If unknown, enter blanks.
263-275	Blank	13	A/N	Blanks.

### E Type Record - ICESA Employer Record

Location	Field Name	Field Length	Type	Description & Remarks
1	Record Identifier	1	A/N	Constant “E”. Only one code “E” record is allowed per account. Code an “E” record for each different account, if filing for multiple accounts. All employees for this account must be reported in the “S” records that follow with a code “T” record for this account following all “S” records.
2-5	Payment Year	4	A/N	Year for which the report is being prepared as YYYY.
6-14	Federal EIN	9	A/N	Numeric characters only. Omit hyphens, prefixes and suffixes.

Location	Field Name	Field Length	Type	Description & Remarks
15-23	Blank	9	A/N	Blanks.
24-73	Employer Name	50	A/N	The first 50 characters of the employer name exactly as registered with TWC.
74-113	Employer Street Address	40	A/N	Street address of the employer.
114-138	Employer City	25	A/N	Employer's city.
139-140	Employer State	2	A/N	Standard two-character FIPS postal abbreviation of the employer's address see Appendix B.
141-148	Blank	8	A/N	Blanks.
149-153	Zip Code Extension	5	A/N	Four-digit extension of zip code with hyphen in position 149. If unknown, enter blanks.
154-158	Zip Code	5	A/N	Valid zip code.
159	Blank	1	A/N	Blank.
160	Type of Employment	1	A/N	Blank.
161-162	Blocking Factor	2	A/N	Blanks.
163-166	Establishment Number or Coverage Group/PRU	4	A/N	Blanks.
167-170	Taxing Entity Code	4	A/N	Constant "UTAX".
171-172	State Code	2	A/N	Constant "48" FIPS postal code to indicate that wages are being reported to Texas. Records with state code not = 48 (Texas) will <b>not</b> be processed.
173-181	State Unemployment Insurance Account Number	9	A/N	TWC employer account number. All TWC account numbers are numeric with 9 digits including any leading zeros and an ending check digit. Do not enter dashes. <b>A valid TWC account number is mandatory.</b>
182-187	NAICS Code	6	A/N	Enter the 6-digit North American Industry Classification System code that best classifies the employer.
188-189	Reporting Period	2	A/N	The last month of the calendar quarter to which the report applies. "03" = First quarter "06" = Second quarter "09" = Third quarter

Location	Field Name	Field Length	Type	Description & Remarks
				“12” = Fourth quarter
190	No Workers/No Wages	1	N	<b>Optional.</b> 0 = Indicates that this E record will not be followed by S type employee records. 1 = Indicates that the E record will be followed by S type employee records.
191	Tax Type Code	1	A/N	Blank.
192-196	Taxing Entity Code	5	A/N	Blanks.
197-203	State Control Number	7	A/N	Blanks.
204-208	Unit Number	5	N	Blanks.
209-255	Blank	47	A/N	Blanks.
256	Foreign Indicator	1	A/N	Blank.
257	Blank	1	A/N	Blank.
258-266	Other EIN	9	A/N	Blanks.
267-275	Blank	9	A/N	Blanks.

### S Type Record- ICESA Employee Wage Record

Location	Field Name	Field Length	Type	Description & Remarks
1	Record Identifier	1	A/N	Constant “S”.
2-10	Social Security Number	9	A/N	Employee’s Social Security number. If not known enter “T” in position 2 and blanks in positions 3-10.
11-30	Employee Last Name	20	A/N	Employee last name.
31-42	Employee First Name	12	A/N	Employee first name.
43	Employee Middle Initial	1	A/N	Employee middle initial. If none, enter blank.
44-45	State Code	2	A/N	Constant “48” FIPS postal code to indicate that wages are being reported to Texas. Records with state code not = 48 (Texas) will <b>not</b> be processed.
46-49	Blank	4	A/N	Blanks.
50-63	State QTR Total Gross Wages	14	N	Blanks.
64-77	State QTR Unemployment	14	N	Employee’s total gross wages for the quarter. Include all tip income.

Location	Field Name	Field Length	Type	Description & Remarks
	Insurance Total Wages			Enter dollars and cents with <b>no</b> decimal point. <b>Do not report negative wages as they will not be processed.</b> Negative wages should be reported as an adjustment to a prior quarter (submit Form C-7).
78-91	State QTR Unemployment Insurance Excess Wages	14	N	Blanks.
92-105	State QTR Unemployment Insurance Taxable Wages	14	N	Employee's total taxable wages for the quarter up to the annual maximum amount. Enter dollars and cents with <b>no</b> decimal point.
106-120	Quarterly State Disability Insurance Taxable Wages	15	N	Blanks.
121-129	Quarterly Tip Wages	9	N	Blanks.
130-131	Number of Weeks Worked	2	A/N	Blanks.
132-134	Number of Hours Worked	3	A/N	Blanks.
135-142	Blank	8	A/N	Blanks.
143-146	Taxing Entity Code	4	A/N	Constant "UTAX".
147-155	State Unemployment Insurance Account Number	9	A/N	TWC employer account number. All TWC account numbers are numeric with 9 digits including any leading zeros and an ending check digit. Do not enter dashes. <b>A valid TWC account number is mandatory.</b>
	<b>* NOTE: (156-275)</b>			<b>The fields below marked with an * should be filled in if BLS3020 Multiple Worksite Data is being reported on this tape. See Section 3 Subsection number 2. Otherwise, enter blanks and skip to field location 172.</b>
* 156-161	NAICS Code	6	A/N	Enter the 6-digit North American Industry Classification System code that best describes the work site where employee is assigned.

Location	Field Name	Field Length	Type	Description & Remarks
* 162-171	>> Unit/Division Location/Plant Code (Establishment ID)	10	A/N	<b>Mandatory if reporting Multiple Worksite Form BLS3020, enter blanks if not reporting multiple worksites.</b> Enter the Establishment ID assigned by TWC LMCI department to identify wages by worksite, left justify and fill with spaces.
172-176	>> Unit/Division Location/Plant Code (Unit Number)	5	N	<b>Optional, enter zeros if not reporting a business unit number for this employee.</b> Business unit number, will be shown on employer chargeback notice. Must be numeric, right justified and zero filled.
177-190	State Taxable Wages	14	N	Blanks.
191-204	State Income Tax Withheld	14	N	Blanks.
205-206	Seasonal Indicator	2	A/N	Blanks.
207	Employer Health Insurance Code	1	A/N	Blank.
208	Employee Health Insurance Code	1	A/N	Blank.
209	Probationary Code	1	A/N	Blank.
210	Officer Code	1	A/N	Blank.
211	Wage Plan Code	1	A/N	Blank.
* 212	Month 1 Employment	1	A/N	Enter "1" if employee covered by Unemployment Insurance (U.I.) worked during, or received pay for, the pay period including the 12 <sup>th</sup> day of the 1 <sup>st</sup> month of the reporting period. Otherwise, enter "0".
* 213	Month 2 Employment	1	A/N	Enter "1" if employee covered by U.I. worked during, or received pay for, the pay period including the 12 <sup>th</sup> day of the 2 <sup>nd</sup> month of the reporting period. Otherwise, enter "0".
* 214	Month 3 Employment	1	A/N	Enter "1" if employee covered by U.I. worked during, or received pay for,

Location	Field Name	Field Length	Type	Description & Remarks
				the pay period including the 12 <sup>th</sup> day of the 3 <sup>rd</sup> month of the reporting period. Otherwise, enter "0" .
215-220	Reporting Quarter and Year	6	A/N	The last month and year of the calendar quarter for which this report applies, e.g., "032000" for Jan-Mar of 2000.
221-226	Date First Employed	6	A/N	Optional
227-232	Date of Separation	6	A/N	Optional
233-275	Blank	43	A/N	Blanks.

#### T Type Record - ICESA Total Record

Location	Field Name	Field Length	Type	Description & Remarks
1	Record Identifier	1	A/N	Constant "T". Code a "T" record giving totals for the account shown in the preceding "E" record.
2-8	Total Number of Employees	7	N	Total number of "S" records for the preceding "E" record employer account.
9-12	Taxing Entity Code	4	A/N	Constant "UTAX".
13-26	State QTR Total Gross Wages for Employer	14	N	Blanks.
27-40	State QTR Unemployment Insurance Total Wages for Employer	14	N	Quarterly total gross wages for this account. Include all tip income. Total of this field on all "S" records for the account shown in the preceding "E" record. Enter dollars and cents with no decimal point.
41-54	State QTR Unemployment Insurance Excess Wages for Employer	14	N	Blanks.
55-68	State QTR Unemployment Insurance	14	N	Quarterly total taxable wages for this account. Enter dollars and cents with no decimal point.

Location	Field Name	Field Length	Type	Description & Remarks
	Taxable Wages for Employer			
69-81	Quarterly Tip Wages for Employer	13	N	Blanks.
82-87	U.I. Tax Rate This Quarter	6	A/N	The employer's tax rate for this reporting period. Decimal point followed by 5 digits, e.g., 2.8% = .02800
88-100	State QTR U.I. Taxes Due	13	N	Taxes due = Quarterly state U.I. taxable wages times U.I. tax rate. Enter dollars and cents with no decimal point.
101-111	Previous Quarter(s) Underpayment	11	N	Blanks.
112-122	Interest	11	N	Blanks.
123-133	Penalty	11	N	Blanks.
134-144	Credit/Overpayment	11	N	Blanks.
145-148	Employer Assessment Rate	4	A/N	Blanks.
149-159	Employer Assessment Amount	11	N	Blanks.
160-163	Employee Assessment Rate	4	A/N	Blanks.
164-174	Employee Assessment Amount	11	N	Blanks.
175-185	Total Payment Due	11	N	Blanks.
186-198	Allocation Amount	13	N	<b>Optional.</b> If reporting an Allocation List on this tape, enter amount to be allocated to this employer account. Enter dollars and cents with no decimal point, right justify and zero fill. QuickFile users should leave this blank.
199-212	Wages Subject to State Income Tax	14	N	Blanks.
213-226	State Income	14	N	Blanks.

Location	Field Name	Field Length	Type	Description & Remarks
	Tax Withheld			
227-233	Month 1 Employment for Employer	7	N	Total number of employees covered by U.I. who worked during, or received pay for, the pay period including the 12 <sup>th</sup> day of the 1 <sup>st</sup> month of the reporting period.
234-240	Month 2 Employment for Employer	7	N	Total number of employees covered by U.I. who worked during, or received pay for, the pay period including the 12 <sup>th</sup> day of the 2 <sup>nd</sup> month of the reporting period.
241-247	Month 3 Employment for Employer	7	N	Total number of employees covered by U.I. who worked during, or received pay for, the pay period including the 12 <sup>th</sup> day of the 3 <sup>rd</sup> month of the reporting period.
248-250	County Code	3	A/N	County code of the county in which you had the greatest number of employees. See Appendix C, State County Codes.
251-257	Outside County Employees	7	N	Enter the number of employees outside the county shown in the "County Code" field at location 248-250, enter zeros if none.
258-267	Document Control Number	10	A/N	Blanks.
268-275	Blank	8	A/N	Blanks.

### F Type Record - ICESA Final Record

Location	Field Name	Field Length	Type	Description & Remarks
1	Record Identifier	1	A/N	Constant "F".
2-11	Total Number of Employees in File	10	N	Total number of "S" records in the entire file.
12-21	Total Number of Employers in File	10	N	<b>Optional.</b> Total number of "E" records in the entire file.
22-25	Taxing Entity Code	4	A/N	Constant "UTAX".

Location	Field Name	Field Length	Type	Description & Remarks
26-40	Quarterly Total Gross Wages in File	15	N	Blanks.
41-55	Quarterly State U.I. Gross/Total Wages in File	15	N	Quarterly total gross wages. Include all tip income. Enter dollars and cents with <b>no</b> decimal point. Total of this field on all "S" records in the file.
56-70	Quarterly State U.I. Excess Wages in File	15	N	Blanks.
71-85	Quarterly State U.I. Taxable Wages in File	15	N	Quarterly total taxable wages. Enter dollars and cents with <b>no</b> decimal point. Total of this field on all "S" records in the file.
86-100	Quarterly State Disability Insurance Taxable Wages in File	15	N	Blanks.
101-115	Quarterly Tip Wages in File	15	N	Blanks.
116-123	Month 1 Employment for Employers in File	8	N	Blanks.
124-131	Month 2 Employment for Employers in File	8	N	Blanks.
132-139	Month 3 Employment for Employers in File	8	N	Blanks.
140-275	Blank	136	A/N	Blanks.

## 6 Corrections

If assistance is needed to determine how to handle corrections, contact TWC Magnetic Media Processing at (512) 463-2505; or email:

[magnetic.media@twc.state.tx.us](mailto:magnetic.media@twc.state.tx.us).

If it is necessary to make corrections, a magnetic media in the regular wage format may be submitted to replace the entire previous report. Use the magnetic media transmittal form, T1W, check box 5d. Include quarter and reason for correction. Mail the correction magnetic media file to the following address:

MAGNETIC MEDIA PROCESSING  
TEXAS WORKFORCE COMMISSION  
PO BOX 149177  
AUSTIN TX 78714-9177

## 7 For Service Agents

The following sections have been added to efficiently process quarterly reports submitted by service agents and employer representatives on behalf of their clients:

- **Verification of Account Numbers** – A file containing employer account numbers may be submitted to TWC for verification purposes only. A listing of invalid account numbers is sent back to the reporting entity. This process benefits both the reporting entity and TWC by reducing the number of staff hours taken for manual corrections.
- **Allocation List** \* – Reporting entities submitting a single payment via EFT or bank instrument for multiple accounts should:
  - Include allocation information along with the ICESA data format on magnetic media or,
  - Submit a separate file containing an allocation list of TWC employer account numbers and their tax payment amounts, showing allotted amount for each employer account.

**\*Important note to QuickFile Users: QuickFile does not support the allocation of a single remittance to multiple accounts.**

## 8 Verification of Account Numbers

Service Agents or employer representatives who are required to use magnetic media for an Allocation List may submit a file each quarter of account numbers for verification on magnetic media.

The verification file must be received no later than the 15<sup>th</sup> of February, May, August, and November.

### 8.1 Diskette/CD Specifications

#### Technical Specifications for Verification File

SPECIFICATION	DISKETTE /CD
Type:	3 1/2" diskette or CD
Filename:	TWCVER
Recording Code:	ASCII
Logical Record Length:	80 followed by both carriage return and line feed codes respectively.
Physical Record Length:	
Blocking Factor:	
Internal Label:	
<b>External Label:</b>	"Verification of Accounts" Employer or Agent Name Suffix Code Reporting quarter

### 8.2 Record Layout for Verification File

<b>Data Types:</b>	<b>A/N = Alphanumeric; left-justified and blank-filled</b>
	<b>N = Numeric; right justified, zero-filled, unsigned,</b>
	<b>Do not include decimal in fields containing dollars and cents.</b>

#### Account Number Verification Record Length = 80

Location	Field Name	Field Length	Type	Description & Remarks
1-9	State Unemployment Insurance Account Number	9	A/N	TWC Employer account number. All TWC Employer account numbers are numeric with 9 digits including any leading zeros and an ending check digit. Do not enter dashes. <b>A valid TWC account number is mandatory.</b>
10-39	Employer Name	30	A/N	Name of employer for each account number.
40-48	Federal EIN	9	A/N	Only numeric characters. Omit hyphens, prefixes and suffixes.
49-80	Blank	32	A/N	Enter blanks.

## 9 Allocation List\*

**\*Important note to QuickFile Users: QuickFile does not support the allocation of a single remittance to multiple accounts.**

**Allocation** – *Contains list of TWC Employer account numbers and their tax payment amounts, so that TWC can determine how to credit each employer account being reported.*

An allocation list file should contain one record for each TWC employer account number with that employer’s allocation amount. All fields except “Employer TWC Account Number” and “Allocation Amount” will be the same in every record.

TWC has developed the following format for magnetic media reporting of an Allocation List. This is to be used in conjunction with the State of Texas Electronic Payment Network (TEXNET) when remitting a single electronic funds transfer for multiple accounts, or when remitting a single check for multiple accounts. To view information on the requirements for EFT, visit <http://www.twc.state.tx.us/ui/tax/qtrpayoptions.html>, or contact the Revenue and Trust Management Department at (512) 936-0300 or by e-mail at <mailto:eft taxpmt@twc.state.tx.us>.

A test file is required and should be submitted, accompanied by an Allocation List Transmittal Form, TXW014.

After a successful test, magnetic media will be returned with a blank “Allocation List Transmittal Form” and a pink label to be used for the next report. Thereafter, TWC will furnish submitter with the proper transmittal and a label each quarter.

The quarterly allocation media with pink label affixed and the completed transmittal should be mailed to the address located in the top left corner of the transmittal form.

Amounts will be processed in record number order.

### 9.1 Diskette/CD Specifications

#### Technical Specifications for Allocation List

SPECIFICATION	DISKETTE /CD
Type:	3 ½” diskette or CD
Filename:	TWCALLOC
Recording Code:	ASCII
Logical Record Length:	95 followed by both carriage return and line feed codes respectively

SPECIFICATION	DISKETTE /CD
Physical Record Length:	
Blocking Factor:	
Internal Label:	
External Label:	Use preprinted label provided by TWC. First time filers, please attach external label with the following: <ul style="list-style-type: none"> <li>• TWC Employer account number,</li> <li>• Reporting quarter (e.g. Q/YY)</li> <li>• Employer name</li> <li>• Diskette/CD number and total (e.g. "1 of 5")</li> </ul>

## 10 Record Layout For Allocation List\*

**\*Important note to QuickFile Users: QuickFile does not support the allocation of a single remittance to multiple accounts.**

<b>Data Types:</b>	<b>A/N = Alphanumeric; left-justified and blank-filled</b>
	<b>N = Numeric; right justified, zero-filled, unsigned,</b>
	<b>Do not include decimal in fields containing dollars and cents.</b>

### "750" Allocation List Record - Length = 95

Location	Field Name	Field Length	Type	Description & Remarks
1-20	Blank	20	A/N	Blanks.
21-24	Constant	4	A/N	Zeros "0000".
25-32	Blank	8	A/N	Blanks.
33-35	Record Identifier	3	A/N	"750".
36-46	Blank	11	A/N	Blanks.
47-55	Service Agent ID	9	A/N	Your 9-digit Service Agent ID number assigned by TWC. Omit hyphens.
56-59	Blank	4	A/N	Blanks.
60-70	Total Remittance Amount	11	N	Total amount of EFT or check. Enter dollars and cents with <b>no</b> decimal point. <b>This amount must match exactly with the money received by TWC.</b>
71-79	State Unemployment Insurance	9	A/N	State employer account number. All TWC account numbers are numeric with 9 digits including any leading

Location	Field Name	Field Length	Type	Description & Remarks
	Account Number			zeros and an ending check digit. Do not enter dashes. <b>A valid TWC account number is mandatory.</b>
80-84	Report Quarter	5	A/N	Quarter reporting as YYYYQ.
85-95	Allocation Amount	11	N	Allocation amount for this employer account. Enter dollars and cents with <b>no</b> decimal point.

## 11 Appendix

### 11.1 Appendix A - Example Of Proper Record Sequence For Magnetic Media

A file should contain one record type “A” followed by one record type “B” which contains information about the transmitter and the type of media.

Each employer account reported should have one record type “E” for employer information, a record type “S” for each employee and a record type “T” with totals for that employer account.

The final record in the file should be record type “F” with totals for the entire file.

The “S” records for employees within one account (all “S” records between record type “E” and record type “T”) may be in any order.

If you report unit numbers to be used on chargeback notices these will change within an account but no order is required.

The example below shows ABC Truckers, a liable Texas employer, as the transmitter of data for itself and one other employer, Just Freight. ABC Truckers has 6 employees and Just Freight has 6 employees.

FEIN for ABC Truckers is “74999999”, TWC account number is “01777777”. FEIN for Just Freight is “74000001” and TWC account number is “01888882”.

This report is for the first quarter of 2002. Total “S” records for both accounts are 12 as shown on the “F” record.

```

A20027499999999UTAX      ABC TRUCKERS      ...→ 275 bytes
B20027499999999IBM      SL 38EBC1825UTAX ...→ 275 bytes
E2002749999999          ABC TRUCKERS      ...→ 275 bytes
S111111111SMITH          JOHN              I48 ...→ 275 bytes
S222222222DOE            JANE              D48 ...→ 275 bytes
S333333333ADAMS          JOSEPH            L48 ...→ 275 bytes
T0000003UTAX              00000029627703   ...→ 275 bytes
E2002740000001UTAX      JUST FREIGHT      ...→ 275 bytes
S444444444JOHNSON        ERICA             M48 ...→ 275 bytes

```

S5555555555GARCIA	MARTINA	R48	...→	275 bytes
S6666666666JACKSON	MARCOS	E48	...→	275 bytes
S7777777777TURNER	WALKER	Q48	...→	275 bytes
T0000004UTAX	00000035748941		...→	275 bytes
F0000000007	UTAX		...→	275 bytes

**EXAMPLE of FILE LAYOUT.**

## 11.2 Appendix C – State and County Codes

STATE NAME: TEXAS

STATE ABBREVIATION: TX

STATE CODE: 48

CODE	COUNTY NAME	CODE	COUNTY NAME	CODE	COUNTY NAME
001	Anderson	071	Chambers	141	El Paso
003	Andrews	073	Cherokee	143	Erath
005	Angelina	075	Childress	145	Falls
007	Aransas	077	Clay	147	Fannin
009	Archer	079	Cochran	149	Fayette
011	Armstrong	081	Coke	151	Fisher
013	Atascosa	083	Coleman	153	Floyd
015	Austin	085	Collin	155	Foard
017	Bailey	087	Collingsworth	157	Fort Bend
019	Bandera	089	Colorado	159	Franklin
021	Bastrop	091	Comal	161	Freestone
023	Baylor	093	Comanche	163	Frio
025	Bee	095	Concho	165	Gaines
027	Bell	097	Cooke	167	Galveston
029	Bexar	099	Coryell	169	Garza
031	Blanco	101	Cottle	171	Gillespie
033	Borden	103	Crane	173	Glasscock
035	Bosque	105	Crockett	175	Goliad
037	Bowie	107	Crosby	177	Gonzales
039	Brazoria	109	Culberson	179	Gray
041	Brazos	111	Dallam	181	Grayson
043	Brewster	113	Dallas	183	Gregg
045	Briscoe	115	Dawson	185	Grimes
047	Brooks	117	Deaf Smith	187	Guadalupe
049	Brown	119	Delta	189	Hale
051	Burleson	121	Denton	191	Hall
053	Burnet	123	DeWitt	193	Hamilton
055	Caldwell	125	Dickens	195	Hansford
057	Calhoun	127	Dimmit	197	Hardeman
059	Callahan	129	Donley	199	Hardin
061	Cameron	131	Duval	201	Harris
063	Camp	133	Eastland	203	Harrison
065	Carson	135	Ector	205	Hartley
067	Cass	137	Edwards	207	Haskell
069	Castro	139	Ellis	209	Hays

<b>CODE</b>	<b>COUNTY NAME</b>	<b>CODE</b>	<b>COUNTY NAME</b>	<b>CODE</b>	<b>COUNTY NAME</b>
211	Hemphill	301	Loving	391	Refugio
213	Henderson	303	Lubbock	393	Roberts
215	Hidalgo	305	Lynn	395	Robertson
217	Hill	307	McCulloch	397	Rockwall
219	Hockley	309	McLennan	399	Runnels
221	Hood	311	McMullen	401	Rusk
223	Hopkins	313	Madison	403	Sabine
225	Houston	315	Marion	405	San Augustine
227	Howard	317	Martin	407	San Jacinto
229	Hudspeth	319	Mason	409	San Patricio
231	Hunt	321	Matagorda	411	San Saba
233	Hutchinson	323	Maverick	413	Schleicher
235	Irion	325	Medina	415	Scurry
237	Jack	327	Menard	417	Shackelford
239	Jackson	329	Midland	419	Shelby
241	Jasper	331	Milam	421	Sherman
243	Jeff Davis	333	Mills	423	Smith
245	Jefferson	335	Mitchell	425	Somervell
247	Jim Hogg	337	Montague	427	Starr
249	Jim Wells	339	Montgomery	429	Stephens
251	Johnson	341	Moore	431	Sterling
253	Jones	343	Morris	433	Stonewall
255	Karnes	345	Motley	435	Sutton
257	Kaufman	347	Nacogdoches	437	Swisher
259	Kendall	349	Navarro	439	Tarrant
261	Kenedy	351	Newton	441	Taylor
263	Kent	353	Nolan	443	Terrell
265	Kerr	355	Nueces	445	Terry
267	Kimble	357	Ochiltree	447	Throckmorton
269	King	359	Oldham	449	Titus
271	Kinney	361	Orange	451	Tom Green
273	Kleberg	363	Palo Pinto	453	Travis
275	Knox	365	Panola	455	Trinity
277	Lamar	367	Parker	457	Tyler
279	Lamb	369	Parmer	459	Upshur
281	Lampasas	371	Pecos	461	Upton
283	La Salle	373	Polk	463	Uvalde
285	Lavaca	375	Potter	465	Val Verde
287	Lee	377	Presidio	467	Van Zandt
289	Leon	379	Rains	469	Victoria
291	Liberty	381	Randall	471	Walker
293	Limestone	383	Reagan	473	Waller
295	Lipscomb	385	Real	475	Ward
297	Live Oak	387	Red River	477	Washington
299	Llano	389	Reeves	479	Webb

<b>CODE</b>	<b>COUNTY NAME</b>
-------------	------------------------

481	Wharton
483	Wheeler
485	Wichita
487	Wilbarger
489	Willacy

491	Williamson
493	Wilson
495	Winkler
497	Wise
499	Wood

501	Yoakum
503	Young
505	Zapata
507	Zavala

### **11.3 Forms**

1. Magnetic Media Transmittal – T1W
2. Magnetic Media Instructions – T2W
3. Magnetic Media Transmittal Continuation – T3W
4. Allocation List Transmittal Form - TXW014
5. ICESA Data Format Record Layout – MMP004 (0301)

**MAGNETIC MEDIA TRANSMITTAL**  
 (See Instructions and Label Example on Back)

<b>For TWC Use Only</b> Date Received: _____ Processing Code: _____ Initials: _____ Postmark Date: _____
--

2. Name, mailing address and telephone of person to contact if TWC has problems with this magnetic media file:

**3. Quarter Reporting (Q/YYYY):**

**4. Type of Reporting Media:**  
 (Diskette/CD Filename)

3-1/2" Diskette \_\_\_\_\_

CD-R \_\_\_\_\_

**5. Type of Data:**

(a)  C-3 Summary and C-4 Wage Detail Data

(b)  C-4 Wage Detail Data Only

(c)  C-4 Wage Detail Corrections: Q/YY \_\_\_\_\_

Reason for correction: \_\_\_\_\_

**6. Entity Reporting:**

**Only liable active accounts should be submitted. Pending accounts and reports with no account number should be reported on paper.**

For **Single** entity reporting:

Account Number: \_\_\_\_\_

Total Qtrly Wages Paid: \_\_\_\_\_

Remittance Amount: \_\_\_\_\_

Total Employees Reported: \_\_\_\_\_

For **Multiple** entity reporting:

Use Magnetic Media Transmittal Continuation Form, T3W, or attach a list of accounts with account number, employer name, total wages paid, total taxable wages and total employees reported for each.

A computer-generated list is acceptable.

7. **FOR SERVICE AGENTS ONLY**

Method of Payment:  EFT  Bank Instrument

Total Remittance Amount: \_\_\_\_\_

Service Agent ID: \_\_\_\_\_

Total Number of Accounts: \_\_\_\_\_

**8. Data Format:**  
 Check one of the following:  ICESA (275-byte)  TWC Tape (275-byte)  TWC Diskette (80-byte)

9. I certify that the information contained in the report(s) being submitted via the attached magnetic media is true and correct. The wages reported for each employer represents all remuneration paid during the specified quarter as required by the Texas Unemployment Compensation Act.

\_\_\_\_\_  
 Signature Title Date

## MAGNETIC MEDIA INSTRUCTIONS

If you are filing for the first time on magnetic media and need assistance completing this transmittal form, contact Texas Workforce Commission Magnetic Media Processing Unit at (512) 463-2505 or send e-mail message to [magnetic.media@twc.state.tx.us](mailto:magnetic.media@twc.state.tx.us).

Complete the following numbered sections unless the information has been preprinted.

1. Enter the name and address of transmitter. If this information is preprinted, please verify and make any necessary corrections.
2. Enter the name, mailing address and telephone number of the person to contact if TWC has problems processing this magnetic media file.
3. Enter the quarter and 4-digit year (1<sup>st</sup> Quarter 2002=1/2002) of report being submitted on magnetic media.
4. Enter a checkmark to the left of the type of media your quarterly report is being submitted on. If submitting on diskette or CD, enter the filename on the space provided.
5. Enter a checkmark indicating the type of data being reported on this magnetic media. At least one box must be checked. TWC will only process the data that has been checked.
6. For single entity reporting enter the 9-digit Unemployment Insurance (UI) account number, total quarterly wages paid and total number of employees being reported on this media. For multiple entity reporting, list all accounts with UI account number, employer name, total wages paid, and total employees reported for each on form T3W, Magnetic Media Transmittal Continuation Form. A computer-generated list with the requested information is acceptable.
7. **PAYROLL SERVICE PROVIDER USE ONLY:** This must be completed by Payroll Service providers giving TWC information regarding method of payment, total remittance amount, Service Agent ID, and Total Number of Accounts included on the Allocation List.
8. The Data Format is the record layout used for reporting the UI quarterly report on magnetic media. For current magnetic media transmitters, the data format used for the previous quarterly magnetic media report will pre-printed in this section. If blank, check the box to the left of the data format used for the magnetic media report being submitted. If not known contact your payroll/accounting software vendor to obtain this information.
9. Please sign and date transmittal form before mailing to the address located on the top left corner of this transmittal form.

**IMPORTANT!** To protect media and files from damage, package your media properly for mailing and mark the package \*\*\* **"Magnetic Media - Do No X-Ray"**.

For inquiries concerning tax payments including the use of TEXNET Electronic Funds Transfer, visit <http://www.twc.state.tx.us/ui/tax/qtrpayoptions.html>, or contact the Revenue and Trust Management Department at (512) 936-0300 or by e-mail at <mailto:eft taxpmt@twc.state.tx.us>.

Visit the TWC website: <http://www.texasworkforce.org/ui/tax/quickfile.html> for information regarding the TWC QuickFile reporting program which is available, free of charge, and is designed for both large and small employers to electronically transmit summary and wage detail data via the Internet. For filers with 500 or fewer employees, information for online filing via Unemployment Tax Services is available on the TWC website: <http://www.twc.state.tx.us/ui/tax/unemployment-tax-services.html>.

For questions regarding magnetic media formats or compatibility issues contact TWC Magnetic Media Processing at (512) 463-2505 or email [magnetic.media@twc.state.tx.us](mailto:magnetic.media@twc.state.tx.us).

\*\*\*

Each piece of magnetic media should have an external label. Use this as a model to create your own label.

<p>(Type of Data) Transmitter Name or Account Number Quarter Reporting (Q/YYYY)</p>
---

Type of Data should reflect one of the 4 choices listed in Section 5. For example, if box 5(a) is checked use "C-3 and C-4", if box 5(b) is checked use "C-4". For multiple accounts show transmitter name, single accounts use account number or employer name. Q/YYYY should reflect the quarter 1,2,3 or 4 with the 4-digit year.



## ICESA Tape Format With C-3, C-4, MWR and Allocation Data Information

Record	Rec ID	Year	Transmitter Federal EIN	Taxing Entity Code "Utax"	B L A N K S	Transmitter Name	Transmitter Street Address	Transmitter City	Transmitter State	B L A N K S	Transmitter Zip Code	Transmitter Zip Code Ext.	Transmitter Contact	Transmitter Contact Phone Number	Transmitter Contact Phone Ext.	Not Used By TWC	C-3 Data Indicator	Suffix Code	\$ Allocation List Indicator	\$ Service Agt. ID	\$ Total Remittance Amt	Media Creation Date	B L A N K S
	1	2-5	6-14	15-18	19-23	24-73	74-113	114-138	139-140	141-153	154-158	159-163	164-193	194-203	204-207	208-213	214	215-219	220	221-229	230-242	243-250	251-275

Record	Rec ID	Year	Transmitter Federal EIN	Computer MFG Name	Internal Label	B L A N K S	Density	Recording Code	Number of Tracks	Blocking Factor	Taxing Entity Code "Utax"	B L A N K S	Tape Return Name	Tape Return Address	Tape Return City	Tape Return State	B L A N K S	Tape Return Zip Code	Tape Return Zip Code Extension	B L A N K S
	1	2-5	6-14	15-22	23-24	25	26-27	28-30	31-32	33-34	35-38	39-146	147-190	191-225	226-245	246-247	248-252	253-257	258-262	263-275

Record	Rec ID	Payment Year	Transmitter Federal EIN	B L A N K S	Employer Name	Employer Address	Employer City	Employer State	B L A N K S	Zip Code Ext.	Zip Code	B L A N K S	Not Used by TWC	Taxing Entity Code "Utax"	State Code	State UI Acct. No.	N A I C S Cd	Report -ing Period	No Workers No Wages	Not Used by TWC	B L A N K S	Not Used by TWC	B L A N K S	Not Used by TWC	B L A N K S
	1	2-5	6-14	15-23	24-73	74-113	114-138	139-140	141-148	149-153	154-158	159	160-166	167-170	171-172	173-181	182-187	188-189	190	191-208	209-255	256	257	258-266	267-275

**NOTE:** "S" record - \* indicates field(s) should be filled in with BLS3020 Multiple Worksite Data if this information is being reported on this tape. If no data, leave blank.

Enter dollars and cents with no decimal point.

Record	Rec ID	Employee SSN	Employee Last Name	Employee First Name	Employee MI	State Code	B L A N K S	Not Used by TWC	State QTR UI Total Wages	Not Used by TWC	State QTR UI Taxable Wages	Not Used by TWC	B L A N K S	Taxing Entity Code "Utax"	State UI Acct. No.	N A I C S Cd.	Establishment ID	Unit No.	Not Used by TWC	*Mo 1 Employment Code	*Mo 2 Employment Code	*Mo 3 Employment Code	Reporting QTR & Year	Not Used by TWC	B L A N K S
	1	2-10	11-30	31-42	43	44-45	46-49	50-63	64-77	78-91	92-105	106-134	135-142	143-146	147-155	156-161	162-171	172-176	177-211	212	213	214	215-220	221-232	233-275

**NOTE:** The 'T' Records are OPTIONAL

**NOTE:** "T" record - \* indicates field(s) should be filled in with C-3 data. Enter dollars and cents without decimals points.

Record	Rec ID	Total Number Of Employees	Taxing Entity Code "Utax"	Not Used by TWC	State QTR UI Total Wages For Employer	Not Used by TWC	* State QTR UI Taxable Wages for Employer	Not Used by TWC	UI Tax Rate in decimal format	* State QTR UI Taxes Due	Not Used by TWC	\$ Allocation Amount	Not Used by TWC	* Month One Employment for Employer	* Month Two Employment for Employer	* Month Three Employment for Employer	* County Code	* Outside County Employees	Not Used by TWC	Blanks
	1	2-8	9-12	13-26	27-40	41-54	55-68	69-81	82-87	88-100	101-185	186-198	199-226	227-233	234-240	241-247	248-250	251-257	258-267	268-275

**NOTE:** Enter dollars and cents with no decimal point.

Record	Rec ID	Total Number Of Employees In File	(Optional) Total Number of Employers in File	Taxing Entity Code "UTAX"	Not Used by TWC	State QTR UI Gross/Total Wages in File	Not Used by TWC	(Optional) State QTR UI Taxable Wages in File	Not Used by TWC	Blanks
	1	2-11	12-21	22-25	26-40	41-55	56-70	71-85	86-139	140-275