

Magnetic Media
Reporting Requirements
for

TAX BRANCH

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I. Introduction

Background

Originally Senate Bill 1423 established a New Employee Registry within the Employment Development Department (EDD) effective April 1, 1993. This legislation assisted the Department of Justice and Department of Social Services with the location of parents who should have been paying child support. The law required employers, who did business in specific industries, to report any employees who had been hired, rehired or returned to work after April 1, 1993. Targeted industries were required to report newly or rehired employees within 30 days of hire.

One component of the Welfare Reform Act (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) was improvement of the welfare of children through enhancement of child support enforcement. The federal government expanded new employee reporting nationwide to locate more child support debtors. State legislation (Assembly Bill 67) passed to conform with the federal mandate and required the expansion of the New Employee Registry (NER) program by July 1, 1998. The NER is a centralized, confidential system that receives information on all new hires in the State within twenty (20) calendar days of the employee's start-of-work date. This information is used by state and federal agencies to locate parents nationwide who are delinquent in their child support payments. The new reporting requirements also aids in reducing Unemployment Insurance (UI) benefit overpayments by allowing ineligible UI claimants to be detected more guickly.

Questions regarding the NER program may be directed to the Taxpayer Assistance Center toll-free at (888) 745-3886.

II. Program Requirements

Filing Requirements

If you are an employer that hires employees in more than one state, you can report all your new hires to one state. If you select this method, you must have employees in the state where you file your report and **you must file electronically.** Multistate filers who elect to file in one state, must submit written notification to the Secretary of the Department of Health and Human Services, Administration of Children and Families.

For information on how to notify the Secretary:

 Call the Multistate Employer Hotline at: (410) 277-9470 Monday - Friday 9:00 a.m. - 5:00 p.m. ET

Filing Requirements (Continued)

Or

 Download (or complete online) the Multistate Employer Notification Form by accessing the Employer Info Option at www.acf.dhhs.gov

California employers are encouraged to file new employee information on magnetic media. Employers with a monthly average of 50 or more new hires may find it cost beneficial to file using this method.

Application Requirements

A *Magnetic Media Filing Registration* (DE 164) form must be completed (Reference Registration Exhibit). Under the heading "Filing Information" please check the "**NER**" box.

The Approval Process

Before an organization can begin reporting on magnetic media to the State, it must first complete a *Magnetic Media Filing Registration* (DE 164) form and submit a test file. The registration and test file should be mailed to:

Magnetic Media Coordinators, MIC 15A Employment Development Department P.O. Box 826880 Sacramento, CA 94280-0001

Filing Deadlines

New employee information must be submitted within twenty (20) calendar days of the employee's start-of-work date. Magnetic media filers must submit two monthly files which are not less than 12 days nor more than 16 days apart. Do not submit a magnetic media file if there are no new hires to report.

Penalties

The Department may assess a penalty of \$24.00 for each failure to report a new hire.

Acceptable Media

New employee information may be filed on any of the following types of media:

- CD-R
- 3½ inch diskette
- IBM compatible 3480 or 3490 tape cartridge

EDD prefers that CD-Rs and 3½ inch diskette files be submitted to optimize processing efficiency. Tape cartridges are returned after processing is completed. It is not cost effective for the department to return CD-Rs and diskette files.

III. Magnetic Media Specifications and Format

CD-R/Diskette Specifications

Data must be written on CD-Rs (CD-RWs are **not** acceptable) or 3½ inch diskettes. Acceptable density types for diskettes are double sided double density and double sided high density. Data must be recorded in standard ASCII code created on MS/PC-DOS operating system. Data must be written in **upper case letters only**. All files should be virus scanned before submission to EDD. If EDD detects a virus, the file(s) will be returned unprocessed. EDD does not accept back-up or compressed files. Multi-volume CD-Rs and diskettes are acceptable. A multi-volume file is when the number of data records exceeds the capacity of a single file so the data must be continued onto one or more subsequent files, i.e., volumes. A multi-volume file properly begins with a Code E4 - Employer Record on volume 1 and ends with a Code T4 - Total Record on the last volume. The external media labels for a multi-volume file MUST indicate the proper sequence (e.g., VOL 2 of 3) for processing.

The file name should be reported as "4NEWHIRE." Each record in the file must be created with a fixed length of 175 characters. If record delimiters are used (CR - Carriage Return followed by LF - Line Feed), they must follow the last character of each record and be placed in positions 176 and 177, respectively. You may report multiple employers on the same file. However, each employer must have a valid State Employer Account Number before it can be reported on magnetic media. Otherwise, please report information on the *Report of New Employee(s)* (DE 34) paper form.

Tape Cartridge Specifications

Data may be reported on either IBM compatible 3480 or 3490 tape cartridges in the unpacked mode. The recording density of 38,000 characters per inch (CPI) may be used. Compressed files are not acceptable. Cartridges may be submitted with either no label or standard IBM OS/VS header and trailer labels. Labels must be separated from the data records by a tape mark. EDD prefers that cartridges be recorded in Extended Binary Coded Decimal Interchange Code (EBCDIC); however, cartridges written in American Standard Code for Information Interchange (ASCII) are also acceptable. Header and trailers must be written in the same recording density as the data records.

Each record must be a uniform length of 175 characters (or 176). EDD prefers a 175 character record. If your system cannot produce an odd number record length, EDD will accept a 176 character length. For cartridge files with a record length of 176, the 176th character must contain a blank which is coded in the same character set as the first 175 characters. For example, if the first 175 characters are coded in or translated to EBCDIC, character 176 must also be coded in or translated to EBCDIC.

Tape Cartridge Specifications (Continued)

Only upper case letters are acceptable on magnetic media files. Cartridge files are to be created with 30 records per block. Records on the cartridge must be created with a fixed block size. Cartridges written with variable block sizes with record descriptor words are not acceptable and will be returned to the transmitter for correction. A short block is acceptable only at the end of the file.

Multiple employers may be reported on the same cartridge file. However, EDD does not accept multiple-volume cartridge files. EDD requires that each cartridge to be a separate file; i.e., it must start with a Code E4 - Employer Record and end with a Code T4 - Total Record. However, each employer must have a valid State Employer Account Number before it can be reported on magnetic media. Otherwise, please report information on the Report of New Employee(s) (DE 34) paper form.

Shipping Instructions

Complete a *Transmittal For New Employee Registry Program* (DE 340A) form (Reference Transmittal Exhibit) for each magnetic media being submitted. Affix a completed transmitter identification label to each CD-R, diskette, or tape cartridge and mail with the completed transmittal form to:

Employment Development Department P.O. Box 997016
West Sacramento, CA 95799-7016

Information Contact

To request forms, labels, or information relative to magnetic media reporting of new employee data, please call (916) 651-6945 or write to:

Magnetic Media Coordinators, MIC 15A Employment Development Department P.O. Box 826880 Sacramento, CA 94280-0001

New Employee Registry Format

General Record Usage Information

This format is used by all magnetic media filers. There are three record types that are required to create a new hire report. Use the information provided below as well as the technical requirements and specifications for either CD-Rs, diskettes or tape cartridges to prepare the report. The Code E4 - Employer Record identifies an employer whose new hire information is being reported. The Code W4 - Employee Data Record is used to report individual new employee data. A separate Code W4 record must be generated for each new hire to be reported. The Code T4 - Total Record contains the total number of Code W4 records reported since the last Code E4 record. A Code T4 record must be generated for each Code E4 record.

CODE E4 - EMPLOYER RECORD

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
LOGATION	11225	LLINGIII	DESCRIPTION AND HEMAINS
1-2	Record Identifier	2	Enter "E4." Every state employer account number and branch must begin with a Code "E4" record.
3-11	Federal Employer Identification Number (FEIN)	9	Enter the employer's assigned FEIN.
12-19	State Employer Account Number	8	Enter the number assigned by the California EDD. A seven digit account number followed by a check digit. Left justify and zero fill. Omit hyphens (Example: If your employer account number is 123-4567-8 positions 12-19 should contain the value 12345678).
20-22	Branch Code	3	If registered with the department as a branch coded employer enter the applicable branch code for each employee. Left justify and blank fill.
23-67	Employer Name	45	Left justify and blank fill.
68-107	Street Address	40	Left justify and blank fill.
108-132	City	25	Left justify and blank fill.
133-134	State	2	Use the standard FIPS postal abbreviation.
135-139	Zip Code/Foreign Postal Code	5	Enter a valid ZIP Code. For a foreign address, use this field for the Foreign Postal Code. Left justify and blank fill.
140-143	Zip Code Extension	4	Use this field for the four digit extension of the Zip Code. Left justify and blank fill. If this field is not applicable, leave blank.
144-175	Blank	32	Enter blanks.

CODE W4 - EMPLOYEE DATA RECORD

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	Record Identifier	2	Enter "W4."
3-11	Employee SSN	9	Enter the employee's social security number. If unknown, zero fill.
12-27	Employee First Name	16	Enter the employee's first name. Left justify and blank fill.
28	Employee Middle Initial	1	Enter the employee's middle initial. If no middle initial, leave blank.
29-58	Employee Last Name	30	Enter the employee's last name. Left justify and blank fill.
59-98	Employee Street Address	40	Left justify and blank fill.
99-123	City	25	Left justify and blank fill.
124-125	State	2	Use the standard FIPS postal abbreviation.
126-130	Zip Code/Foreign Postal Code	5	Enter a valid ZIP Code. For a foreign address, use this field for the Foreign Postal Code.
131-134	Zip Code Extension	4	Use this field for the four digit extension of the Zip Code. If this field is not applicable, leave blank.
135-142	Employee Start-of- Work Date	8	Enter the start-of-work date in a YYYYMMDD format.
143-175	Blank	33	Enter blanks.

CODE T4 - TOTAL RECORD

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	Record Identifier	2	Enter "T4."
3-13	Number of Employees Reported	11	Enter the total number of Code "W4" records reported since the last Code "E4" record. Right justify and zero fill.
14-175	Blank	162	Enter blanks.



MAGNETIC MEDIA FILING REGISTRATION

Send to: MAGNETIC MEDIA COORDINATORS, MIC 15A EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001

Transmitting Company Name	on if your company plans to file on magnetic media. Date
Address	Federal Employer Identification Number
City, State and ZIP	State Employer Account Number
Contact for Technical Information (Nam	ne) Title Telephone Number and Extension
ILING INFORMATION	<u>'</u>
Please indicate the document type(s) yo	ou plan to file on magnetic media.
□ NER □ ICR	☐ Other
Please indicate the estimated average n	umber of employees or independent contractors to be reported.
Do you plan to act as a transmitter for o	
Do you plan to act as a transmitter for o	
☐ Yes ☐ No If yes, please prepare a list of the Busine	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEI)
Yes No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set Yes No	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file?
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set ☐ Yes ☐ No If yes, please provide the following info	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file?
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set☐ Yes ☐ No If yes, please provide the following info Software/Service Company Name	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? rmation: Representative Name Telephone Number ()
Yes No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set Yes No If yes, please provide the following info Software/Service Company Name	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? rmation: Representative Name
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set☐ Yes ☐ No If yes, please provide the following info Software/Service Company Name YSTEM/MEDIA CHARACTERISTICS TAPE CARTRID	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? rmation: Representative Name
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set ☐ Yes ☐ No If yes, please provide the following info Software/Service Company Name YSTEM/MEDIA CHARACTERISTICS TAPE CARTRID Computer Make/Model:	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? rmation: Representative Name Telephone Number () CD-R/DISKETTE
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set☐ Yes ☐ No If yes, please provide the following info Software/Service Company Name YSTEM/MEDIA CHARACTERISTICS	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? rmation: Representative Name
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set ☐ Yes ☐ No If yes, please provide the following info Software/Service Company Name YSTEM/MEDIA CHARACTERISTICS TAPE CARTRID Computer Make/Model: Coding Structure: ☐ EBCDIC ☐ ASCII	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? Telephone Number () CD-R/DISKETTE Computer Make/Model: Operating System: CD-R 3 ½ Inch Diskette
☐ Yes ☐ No If yes, please prepare a list of the Busine and estimated number of employees or Do you plan to purchase software or set☐ Yes ☐ No If yes, please provide the following info Software/Service Company Name YSTEM/MEDIA CHARACTERISTICS TAPE CARTRID Computer Make/Model: Coding Structure:	ess names, State Employer Account Numbers, Federal Employer Identification Numbers (FEII independent contractors of those businesses you plan to report, and attach it to this form. rvices to create your media file? Telephone Number () CD-R/DISKETTE Computer Make/Model: Operating System: CD-R 3 ½ Inch Diskette



P.O. Box 997016 West Sacramento, CA 95799-7016 (916) 651-6945 **NOTE:** If using land carrier, i.e., UPS or Federal Express, use: 800 Capitol Mall, MIC 15A Sacramento, CA 95814

Transmittal Date:

TRANSMITTAL FOR NEW EMPLOYEE REGISTRY PROGRAM

Transmitting Firm Name and Address		Transmitting Firm's State Employer Account Number		
		Transmitting Firm's contact person: Name: Phone:		
PART II FIRM(S) BEING	GREPORTED			
	eded. Computer printouts of the required da			
Employer Name (Firm #	1)	Employer Name (Firm #	2)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported	
Employer Name (Firm #	3)	Employer Name (Firm #	4)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported	
Employer Name (Firm #5)		Employer Name (Firm #	6)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported	
Employer Name (Firm #	7)	Employer Name (Firm #	8)	
State ID Number	No. New Hires Reported	State ID Number	No. New Hires Reported	
Total Number of New H	ires Reported on File			
PART III MAGNETIC M	EDIA FILE INFORMATION			
☐ IBM 3480 Tape Cart	ridge 🔲 IBM 3490 Tape Cartri	dge		
Internal Lab	el: Yes No			
☐ CD-R				
☐ 3½ Inch Diskette				
DE 340A Rev. 4 (8-06)			CU	
25.5.1 Nev. 1 (0 00)			CC	



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-888-745-3886 (voice), or TTY 1-800-547-9565.