

## OREGON EMPLOYMENT DEPARTMENT – ELECTRONIC WAGE REPORTING

The Oregon Employment Department accepts only the MMREF-1 format for reporting your quarterly wages by electronic/magnetic media.

**We have eliminated cartridge reporting in favor of Electronic Wage Reporting. Cartridges are no longer accepted.**

### **Layout Specifications and General Requirements**

- This 512-length record format will be used for all of the following reporting methods: federal diskette/CD-ROM, and electronic (Secure-site or E-mail).
- For further information on the Social Security Administration (SSA) reporting requirements, consult their Web site.
- We do require a test diskette/CD-ROM approximately one month before you plan to begin reporting using this method.

**For employers who have 100 or more employees,** Oregon will accept the quarterly wage detail information as follows:

- 3.5 inch Diskette
- CD-ROM
- Electronic Wage Reporting (use one of the following two options):
  1. E-Mail (Electronic Mail)
  2. Online secure site

Following are the new requirements and specifications for the MMREF-1 format for reporting quarterly wage detail via electronic/magnetic media to the State of Oregon.

Within the specifications for each Code, the fields which are required by Oregon have been identified with an asterisk (\*) and are underlined for easy identification. Please make sure the required information is in the appropriate field.

**ANY DISKETTE, CD-ROM, OR ELECTRONICALLY FILED REPORT IMPROPERLY FORMATTED WILL NOT BE PROCESSED.**

We have also included several fields that are considered preferred but not required. These fields are designated in italics. We request that you attempt to provide these fields; however, your format will be accepted if these are not completed.

Please DO NOT send a Form 132 printout of the data when filing using one of the above formats.

DO include a listing of businesses by BIN for multiple company submissions. The CD-ROM/diskette must have a label of the first listed account name and business identification number (BIN) on the CD-ROM/diskette. If there are any adjustments to the data, use a Form 132 to identify adjustments. Do not include credit items on either the CD-ROM, diskette, or when filing electronically.

If you are converting from a different reporting format or are new to this format, a “TEST CD-ROM/DISKETTE” is required in advance of your first “live” submission. This will allow us to confirm readability. Mail the CD-ROM/diskette wage information to:

**Oregon Employment Department**

**ATTN: WAGE – Room 107**

**875 Union St NE**

**Salem OR 97311-0030**

Please complete and return the enclosed “Contact Information Sheet” with your file submission. If your CD-ROM/diskette is clearly marked as “test,” it will be returned to you unprocessed if this sheet is not completed and returned.

If you have any questions, call (503) 947-1544 or e-mail to [taxinfo@emp.state.or.us](mailto:taxinfo@emp.state.or.us)

**Electronic Wage Reporting Specifications**

**1. E-mail (Electronic Mail):**

- Data must be in a plain (ascii) text format with correct record length.  
(*ascii = American Standard Code for Information Interchange*)
- The data file must be attached as a MIME compliant attachment  
(*MIME = Multipurpose Internet Mail Extensions*)
- The data file must be named **wagerpt** (with no file extension)
- The data file may be compressed with pkzip, winzip, or gzip

**NOTE:** If the data file is compressed, the compressed file must be named **wagerpt.zip**

- Information about the employer account(s) must accompany the wage report either in the body of the e-mail message or as a separate plain (ascii) text file named **acctinfo.txt**.

Include the following information for each employer in the report:

- Federal ID #
  - BIN # (account #)
  - Employer Name
  - Quarter and year of reporting period
  - Total Wages reported (optional)
- Send reports to [acctdata@emp.state.or.us](mailto:acctdata@emp.state.or.us)

## 2. Online secure site (same specs as above)

- Go to <http://findit.emp.state.or.us/tax/secure-upload/> and select **Wage Report** and click Continue.

Enter the required information, Browse to attach your file, and then click Send.

## **Diskette/Cd-Rom Layout Specifications And General Requirements**

We will accept Wage information recorded on 3.5-inch diskette or CD-ROM. Data must be recorded in ASCII character set. The diskette/CD will not be returned.

### **General Requirements**

**The FILE NAME on the diskettes must be WAGERPT.**

Each diskette/CD-ROM must contain WAGERPT as the file name. We will reject and return as UNPROCESSED any diskette not properly identified internally by WAGERPT as the file name.

The diskette/CD-ROM must not contain any file (e.g., library files, proprietary software) other than WAGERPT. We require files recorded on double-sided/double density diskettes or on double-sided/high density diskettes. We prefer data recorded in upper case letters only (ALL CAPS).

**The file name WAGERPT must be on the external label.** Please include your account name and account number (Business Identification Number) on the diskette's external label.

**For multi-volume diskette files, the external diskette labels MUST indicate the proper sequence for processing** (e.g., VOL 2 of 3). A multi-volume diskette file is a file for which the number of data records exceeds the capacity of a single diskette, so the data must be continued onto one or more subsequent diskettes labeled VOL # of # as above. If each diskette is not properly identified in a multi-volume file, it will be returned to you unprocessed.

We prefer to receive consolidated files of multiple employers rather than a separate file for each employer or client of the transmitter.

**The data file must be in uncompressed format.** Do not compress with pkzip, winzip, gzip, etc.

**MMREF-1 A Wage diskette file properly begins with a Code RE record and ends with a Code RS record.**

### **Operating System:**

Diskette/CD-ROM must be prepared on either OS/2 or MS-DOS operating systems. The diskette/CD-ROM must indicate on the external label the type of computer used to produce the file.

### **Diskette/CD-ROM Data Records**

All data records must be a fixed length. Deviations from the prescribed record formats are not acceptable.

MMREF-1 All records must be a fixed length of 512 bytes.

## Diskette/CD-ROM Data Requirements

MMREF-1 Records required are Codes RE and RS and are indicated with an asterisk (\*) and are underlined.

Please do not send a printout of the data contained on the diskette/CD-ROM. Note on the Form 132 that your employees wage detail is submitted via diskette/CD-ROM. If there are any adjustments to the data on the diskette/CD-ROM, use the lower portion of the Form 132 to identify the adjustments.

Include your account's name and address on the diskette. The diskette/CD-ROM will not be returned.

If you decide to report by diskette/CD-ROM, please notify us at least one month before you send your first report. We ask that you provide a test diskette/CD-ROM in advance of your first "live" report so we can confirm readability of your diskette/CD-ROM.

### **MAIL THE DISKETTE/CD-ROM WAGE INFORMATION TO:**

**Oregon Employment Department  
ATTN: WAGE – Room 107  
875 Union St NE  
Salem OR 97311-0030**

## CODE RE – EMPLOYER RECORD LAYOUT

Length = 512

The fields required by the Oregon Employment Department are identified with an asterisk (\*) and are underlined for your convenience. **Fields that are in Italics are preferred but not required.**

<u>Location</u>	<u>Field</u>	<u>Length</u>	<u>Specifications</u>
* <u>1 – 2</u>	<u>Record Identifier</u>	2	Constant "RE"
3 – 6	Tax Year	4	Not required.
7	Agent Indicator Code	1	Not required.
8 – 16	Employer/Agent	9	Not required.
17-25	Agent for EIN	9	Not required.
26	Terminating Business Indicator	1	Not required.
27-30	Establishment Number	4	Not required.
31-39	Other EIN	9	Not required.
40-96	<i>Employer Name</i>	57	<i>Enter the employer's business name as registered with the Oregon Employment Department. Left justify and fill with blanks.</i>

97-118	Physical Address	22	Not required.
119-140	<i>Delivery Address</i>	22	<i>Enter the employer's delivery address (street or post office box). Left justify and fill with blanks.</i>
141-162	<i>City</i>	22	<i>Enter the employer's city. Left justify and fill with blanks.</i>
163-164	<i>State Abbreviation</i>	2	<i>Enter the employer's state. Use a postal abbreviation. For a foreign address, leave blank.</i>
165-169	<i>Zip Code</i>	5	<i>Enter a valid zip code. For a foreign address, leave blank.</i>
170-173	<i>Zip Code Extension</i>	4	<i>Enter the four-digit extension of the zip code. If no Extension applicable, leave blank.</i>
174-178	Blank	5	Not required.
179-201	Foreign State Province	23	Not required.
202-216	Foreign Postal Code	15	Not required.
217-218	Country Code	2	Not required.
219	Employment Code	1	Not required.
220	Tax Jurisdiction CD-ROM	1	Not required.
221-512	Blank	292	Not required.

### **CODE RS – STATE RECORD LAYOUT**

Length = 512

The fields required by the Oregon Employment Department are identified with an asterisk (\*) and are underlined for your convenience. **Fields that are in Italics are preferred but not required.**

<b><u>Location</u></b>	<b><u>Field</u></b>	<b><u>Length</u></b>	<b><u>Specifications</u></b>
* <u>1 – 2</u>	<u>Record Identifier</u>	2	Constant “RS”
* <u>3 – 4</u>	<u>State Code</u>	2	Enter the appropriate FIPS postal Numeric code. For Oregon, the code is “41.”
5 – 9	Taxing Entity Code	5	Not required.
* <u>10-18</u>	<u>Social Security Number (SSN)</u>	9	Enter the employee's social security number. Enter only NUMERIC characters. If the SSN is not available, enter zeros (0) in locations 10-18. Omit

hyphens, prefixes, and suffixes. DO NOT USE  
111111111, 333333333, OR 123456789.

* <u>19-33</u>	<u>Employee First Name</u>	15	Enter the first name of the employee exactly as shown on the social security card. Left justify and fill with blanks.
* <u>34-48</u>	<u>Employee Middle Name or Initial</u>	15	If applicable, enter the employee's middle name or initial exactly as shown on the social security card. Left justify and fill with blanks.
* <u>49-68</u>	<u>Employee Last Name</u>	20	Enter the last name of the employee exactly as shown on the social security card. Left justify and fill with blanks.
69-72	Suffix	4	Not required.
73-94	Location Address	22	Not required.
95-116	Employee Address	22	<i>Enter the employee's address. Left justify and fill with blanks. Not required but preferred.</i>
117-138	Employee City	22	<i>Enter the employee's city. Left justify and fill with blanks. Not required but preferred.</i>
139-140	State Abbreviation	2	<i>Use the appropriate state 2 digit abbreviation. For a foreign address, leave blank. Not required but preferred.</i>
141-145	Zip Code	5	<i>Enter the appropriate valid zip code. For a foreign address, leave blank. Not required but preferred.</i>
146-149	Zip Code Extension	4	<i>Use this field for the four-digit extension of the Zip Code. If not applicable, leave blank. Not required but preferred.</i>
150-154	Blank	5	Not Required.
155-177	Foreign State Province	23	Not Required.
178-192	Foreign Postal Code	15	Not Required.
193-194	Country Code	2	Not Required.
195-196	Optional Code	2	Not Required.
* <u>197-202</u>	<u>Reporting Period</u>	6	Enter the last month and 4 digit year in MMCCYY format for the calendar quarter for which this report applies; e.g., "032003" for January-March of 2003.
* <u>203-213</u>	<u>State Quarterly Unemployment</u>	11	Right justify and zero fill. Do not include commas or decimals. Negative amounts are not allowed.

Insurance Total Wages

214-224	State Quarterly Unemployment Insurance Total Taxable Wages.	11	Not Required.
225-226	Number of Weeks Worked	2	Not Required.
227-234	Date First Employed	8	Not Required.
235-242	Date of Separation	8	Not Required.
243-247	Blank	5	Not Required.
* <u>248-254</u>	<u>State Employer Account Number</u>	7	Business Identification Number. Do not include hyphen or check digit, e.g., if BIN is 0123456-7, enter 0123456.
255-267	Blank	13	Not Required.
268-273	Blank	6	Not Required.
274-275	State Code	2	Not Required.
276-286	State Taxable Wages	11	Not Required.
287-297	State Income Tax Withheld	11	Not Required.
298-307	Other State Data	10	Not Required.
308	Tax Type Code	1	Not Required.
309-319	Local Taxable Wages	11	Not Required.
320-330	Local Income Tax Withheld	11	Not Required.
331-337	State Control #	7	Not Required.
* <u>338-340</u>	<u>Hours Worked</u>	3	If hours worked is greater than 999, enter 999. Do not enter partial hours. Right justify and zero fill.
341-412	Supplemental Data	72	Not Required.
413-487	Supplemental Data	75	Not Required.
488-512	Blank	25	Not Required.

STATE OF OREGON  
EMPLOYMENT DEPARTMENT  
MAGNETIC MEDIA CONTACT INFORMATION

Business Identification Number (BIN): \_\_\_\_\_

**Registered** Business Name: \_\_\_\_\_

Record Length/block size: 512/32256

Label Type: Standard label (sl) or Non-labeled (nl)

**PERSON TO CONTACT REGARDING DISK/CD-ROM**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (required)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

VISIT OUR WEBSITE: [www.oregon.gov/EMPLOY](http://www.oregon.gov/EMPLOY)

**Mail Magnetic Media & 132 with wage total to:  
Employment Department  
Attn: WAGE – Room 107  
875 Union St NE  
Salem OR 97311-0030**

Mail the OQ, Schedule B, coupon, and any monies owed to:  
Department of Revenue  
PO Box 14800  
Salem OR 97309-0920