

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
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512-BYTE FORMAT
NEBRASKA UNEMPLOYMENT TAX & WAGE REPORTING

The following is a description of the data records that are used to create the file for submission of the Nebraska Unemployment Insurance Combined Tax (UI 11-T) and Wage (UI 11-W) Reports through UIConnect. To ensure the accuracy of the data, use the following information.

Revised 3-25-13

Record Name			
Code RE-Employer/Establishment Record			
Length = 512			
LOCATION	FIELD	LENGTH	DESCRIPTION
1-2	Record Identifier	2	Constant "RE"
3-6	Tax Year	4	Enter the tax year for this report.
7	Agent Indicator Code	1	If applicable, enter one of the following codes. "1" 2678 Agent "2" Common Pay Master Otherwise, fill with a blank.
8-16	Employer/Agent Employer Identification Number (EIN)	9	If you entered a code in the Agent Indicator Code field, (position 7) enter your Agent EIN. Otherwise, enter your Employer 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 a "1" if you have terminated your business during this tax year. Otherwise, enter a "0".

LOCATION	FIELD	LENGTH	DESCRIPTION
27-30	Establishment Number	4	<p>If this file contains multiple Code RE records with the same EIN, you may use this field to designate various store or factory locations or types of payroll.</p> <p>Enter any combination of blanks, numbers or letters.</p> <p>Certain military employers must use this field.</p> <p>Otherwise, fill with blanks.</p>
31-39	Other EIN	9	<p>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.</p> <p>Otherwise, fill with blanks.</p>
40-96	Employer Name	57	<p>Enter the name associated with the EIN entered in location 8-16.</p> <p>Left justify and fill with blanks.</p>
97-118	Location Address	22	<p>Enter the employer's location address (Attention, Suite, Room Number, etc.)</p> <p>Left justify and fill with blanks.</p>
119-140	Delivery Address	22	<p>Enter the employer's delivery address (Street or Post Office Box).</p> <p>Left justify and fill with blanks.</p>
141-162	City	22	<p>Enter the employer's city.</p> <p>Left justify and fill with blanks.</p>
163-164	State Abbreviation	2	<p>Enter the employer's State.</p> <p>For foreign address, fill with blanks.</p>

LOCATION	FIELD	LENGTH	DESCRIPTION
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.
174-178	Blank	5	Fill with blanks. Reserved for SSA Use.
179-201	Foreign State/Province	23	If applicable, enter the employer's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.
202-216	Foreign Postal Code	15	If applicable, enter the employer's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
217-218	County Code	2	If one of the following applies, fill with blanks. <ul style="list-style-type: none"> ◇ One of the 50 states of the U.S.A. ◇ District of Columbia ◇ Military Post Office (MPO) ◇ American Samoa ◇ Guam ◇ Northern Mariana Islands ◇ Puerto Rico ◇ Virgin Islands Otherwise, enter the employer's applicable country code.

LOCATION	FIELD	LENGTH	DESCRIPTION
219	Employment Code	1	<p>Enter the appropriate code:</p> <p>“A” Agriculture “H” Household “M” Military “Q” Medicare Qualified Government Employment “X” Railroad “R” Regular (All others)</p>
220	Tax Jurisdiction Code	1	<p>If applicable, enter the appropriate code:</p> <p>V = Virgin Islands G = Guam S = American Samoa N = Northern Mariana Islands P = Puerto Rico</p> <p>Otherwise, fill with blanks.</p>
221-512	Blank	292	<p>Fill with blanks. Reserved for SSA use.</p>

Record Name			
Code RS-STATE RECORD			
Length = 512			
LOCATION	FIELD	LENGTH	DESCRIPTION
1-2	Record Identifier	2	Constant "RS"
3-4	State Code	2	Enter the appropriate Postal Numeric Code.
5-9	Tax Entity Code	5	Defined by State/local agency.
10-18	Social Security Number (SSN)	9	Enter the employee's social security number as shown on the original/ replacement SSN card issued by SSA. If no SSN is available, enter zeros.
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.
73-94	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.).

LOCATION	FIELD	LENGTH	DESCRIPTION
95-116	Delivery Address	22	Enter the employee's delivery address. Left justify and fill with blanks.
117-138	City	22	Enter the employee's city. Left justify and fill with blanks.
139-140	State Abbreviation	2	Enter the employee's state. Use a postal abbreviation or for a foreign address, fill with blanks.
141-145	Zip Code	5	Enter the employee's zip code. For a foreign address, fill with blanks.
146-149	Zip Code Extension	4	Enter the employee's four-digit extension of the Zip Code. If not applicable, fill with blanks.
150-154	Blank	5	Fill with blanks. Reserved for SSA use.
155-177	Foreign State/Province	23	If applicable, enter the employee's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.
178-192	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.

LOCATION	FIELD	LENGTH	DESCRIPTION
193-194	Country Code	2	<p>If one of the following applies, fill with blanks.</p> <ul style="list-style-type: none"> ◇ One of the 50 states of the USA ◇ District of Columbia ◇ Military Post Office (MPO) ◇ American Samoa ◇ Guam ◇ Northern Mariana Islands ◇ Puerto Rico ◇ Virgin Islands <p>Otherwise, enter the employee's Applicable Country Code.</p>
195-196	Optional Code	2	Defined by State/local agency.
197-202	Reporting Period	6	Enter the last month and 4 digit year for the calendar quarter for which this report applies; e.g. "032013" for January-March of 2013.
203-213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill.
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill.
225-226	Number of Weeks Worked	2	Defined by State/local agency.
227-234	Date First Employed	8	Enter the month, day and four digit year, e.g., "01312013".
235-242	Date of Separation	8	Enter the month, day and four digit year e.g., "01312013".
243-247	Blank	5	Fill with blanks. Reserved for SSA use.
248-267	State Employer Account Number	20	Enter 10-digit employer account number issued by the State Unemployment Insurance agency, and zero fill.
268-273	Blank	6	Fill with blanks. Reserved for SSA use.
274-275	State Code	2	Enter the appropriate Postal Numeric Code.

LOCATION	FIELD	LENGTH	DESCRIPTION
276-286	State Taxable Wages	11	Right justify and zero fill.
287-297	State Income Tax Withheld	11	Right justify and zero fill.
298-307	Other State Data	10	Defined by State/local agency.
308	Tax Type Code	1	<p>Enter the appropriate code for entries in Fields 309-319 and 320-330:</p> <p>C – City Income Tax D – County Income Tax E – School District Income Tax F – Other Income Tax</p>
309-319	Local Taxable Wages	11	To be defined by State/local agency.
320-330	Local Income Tax Withheld	11	To be defined by State/local agency.
331-337	State Control Number	7	Optional.
338-412	Supplemental Data 1	75	To be defined by user.
413-487	Supplemental Data 2	75	To be defined by user.
488-512	Blank	25	<p>Fill with blanks.</p> <p>Reserved for SSA use.</p>