

CODE RS – STATE RECORD

NOTE: Record 'RS' is required by the City of Kettering to report employee municipal information. The 'RS' record must follow its related 'RW' record. If there are multiple municipal withholdings for an employee, include each municipality as a separate 'RS' record.

| RS POSITION | FIELD NAME | LENGTH | SPECIFICATIONS |
|-------------|---------------------------------|--------|--|
| 1-2 | Record Identifier | 2 | Constant "RS" |
| 3-4 | State Code | 2 | Enter the appropriate postal NUMERIC Code (see Appendix F of SSA EFW2). |
| 5-9 | Tax Entity Code | 5 | KETTE = City of Kettering code. |
| 10-18 | Social Security Number (SSN) | 9 | Enter the employee's SSN 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 SSN 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 SSN 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 SSN 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.). Left justify and fill with blanks. |
| 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 or commonwealth/territory. Use a postal abbreviation as shown in Appendix F of SSA EFW2. For a foreign address, fill with blanks. |
| 141-145 | ZIP Code | 5 | Enter the employee's ZIP code. For Foreign address, fill with blanks. |

| RS POSITION | FIELD NAME | LENGTH | SPECIFICATIONS |
|--|---|--------|--|
| 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. |
| 193-194 | Country 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 employee's applicable Country Code (see Appendix G of SSA EFW2). |
| <i>Field Positions 195 to 267 apply to unemployment reporting</i> | | | |
| 195-196 | Optional Code | 2 | Defined by State/local agency. |
| 197-202 | Reporting Period | 6 | Enter the last month and four-digit year for the calendar quarter for which this report applies; e.g., "032010" for January through March of 2010 |
| 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., "01312010" |
| 235-242 | Date of Separation | 8 | Enter the month, day and four-digit year; e.g., "01312010" |
| 243-247 | Blank | 5 | Fill with blanks. Reserved for SSA use. |
| 248-267 | State Employer Account Number | 20 | See Glossary, Appendix I of SSA EFW2. |

| RS POSITION | FIELD NAME | LENGTH | SPECIFICATIONS |
|--|---------------------------|--------|--|
| <i>Field Positions 268 to 307 apply to wages earned in Ohio</i> | | | |
| 268-273 | Blank | 6 | Fill with blanks. Reserved for SSA use. |
| 274-275 | State Code | 2 | Enter the appropriate postal NUMERIC Code (see Appendix F of SSA EFW2). |
| 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. |
| <i>Field Positions 308 to 337 apply to local income tax</i> | | | |
| 308 | Tax Type Code | 1 | Enter the appropriate code for entries in fields 309-330: <ul style="list-style-type: none"> • C = City Income Tax • D = County Income Tax • E = School District Income Tax • F = Other Income Tax |
| 309-319 | Local Taxable Wages | 11 | Right justify and zero fill. |
| 320-330 | Local Income Tax Withheld | 11 | Right justify and zero fill. |
| 331-337 | State Control Number | 7 | Fill with blanks. |
| 338 - 512 | Blank | 175 | Fill with blanks. |