

NOTE: All record locations designated by “M” are read by the MN UI Program.

Location	Field Name	Length	Description and Remarks	
M	1 - 2	Record Identifier	2	Constant “RS”.
M	3 - 4	State Code	2	Constant “27”.
	5 - 9	Taxing Entity Code	5	Defined by State/local agency.
M	10 - 18	Social Security Number (SSN)	9	Enter the employee’s social security number as shown on the original/replacement card issued by the SSA. (No hyphens or dashes allowed.) If the employee’s SSN is not available, zero fill the field.
M	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.
M	34 - 48	Employee Middle Name or Initial	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. If there is no M.I. Or middle name, fill with blanks.
M	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. Hyphens are OK.
	69 - 72	Suffix	4	If applicable, enter the employee’s alphabetical suffix. (For example: JR, SR , III) Left justify and fill with blanks.
	73 - 94	Location Address	22	Enter the employee’s location address (Attention, Suite, Room Number, etc.).
	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 the recognized postal abbreviations. For a foreign address, fill with blanks.
	141-145	Zip Code	5	Enter the employee’s zip code.
	146-149	Zip Code Extension	4	Enter the employee’s four-digit extension of the Zip Code.
	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.
	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: one of the 50 states of the USA; District of Columbia; Military Post Office (MPO); Guam; American Samoa; Northern Mariana Islands; Puerto Rico; Virgin Islands)

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Location	Field Name	Length	Description and Remarks	
	195-196	Optional Code	2	Defined by State/local agency.
M	197-202	Reporting Period	6	Enter the last month and 4 digit year for the calendar quarter for which this report applies: e.g., "032003" for January-March of 2003.
M	203-213	State Quarterly Unemployment Insurance Total (gross) Wages	11	Right justify and zero fill. (No commas or decimals.)
	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 years: e.g., "01312001".
	235-242	Date of Separation	8	Enter the month, day and four digit year: e.g., "02182001".
	243-247	Blank	5	Fill with blanks. Reserved for SSA use.
M	248-255	MN State Unemployment Insurance Account Number	8	8-digit Employer Number. Numeric field only. No dashes or hyphens allowed. Right justify and zero fill.
M	256-259	MN Employer Unit Number	4	4-digit Unit Number. Numeric field only. No dashes or hyphens allowed. Right justify and zero fill.
M	260	Month 1 Employment	1	Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 1st month of the reporting period.
M	261	Month 2 Employment	1	Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 2nd month of the reporting period.
M	262	Month 3 Employment	1	Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 3rd month of the reporting period.
	263-267	Blank	5	Field not used. Reserved for State Use.

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Location	Field Name	Length	Description and Remarks	
	268-273	Blank	6	Fill with blanks. Reserved for SSA use.
	274-275	State Code	2	Enter the appropriate postal NUMERIC code.
	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	Enter the appropriate code for entries in fields 309-319 and 320-330: C – City Income Tax D – County Income Tax E – School District Income Tax F – Other Income Tax
	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.
M	338-340	Hours Worked	3	Number of hours worked. Right justified and zero filled. No decimal allowed. (000 to 999 only)
M	341	Officer Code	1	“Y” if affirmative. Otherwise, blank.
	342-412	Supplemental Data 1	71	To be defined by user.
	413-487	Supplemental Data 2	75	To be defined by user.
	488-511	Blank	24	Fill with blanks. Reserved for SSA use.
M	512	End of Line Identifier	1	Constant “X”. (Recommended for MN processing.)