

OREGON EMPLOYMENT DEPARTMENT – ELECTRONIC WAGE REPORTING

The Oregon Employment Department accepts only the EFW-2 format for reporting your quarterly wages by electronic/magnetic media.

Layout Specifications and General Requirements

- This 512-length record format will be used for all of the following reporting methods: CDs, and electronic (Secure-site).
- For further information on the Social Security Administration (SSA) reporting requirements, consult their web site.

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

- CD-ROM
- Electronic Wage Reporting (use one of the following option):
 1. Online secure site

Following are the new requirements and specifications for the EFW-2 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 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 are requesting that you attempt to provide these fields but your format will be accepted if these are not completed.

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

Do not include credit items on the CD-ROM or when filing electronically.

Please include your account name, business identification number (BIN) and address on the CD-ROM and container.

If you have any questions, call (503) 947-1544 or via e-mail: **OED_TAXINFO_USER@oregon.gov**

Electronic Wage Reporting Specifications

1. Online secure site

- 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, as a separate plain (ascii) text file named **acctinfo.txt**.
Include the following information for each employer in the report:

2. Federal ID #

3. BIN # (account #)

4. Employer Name

5. Quarter and year of reporting period

6. Total Wages reported

7.

- Go to <https://www9.emp.state.or.us/tax/secure-upload/> and select **Wage Report** and Continue.

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

CD-ROM LAYOUT SPECIFICATIONS AND GENERAL REQUIREMENTS

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

General Requirements

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

The CD-ROM must not contain any file (e.g., library files, proprietary software) other than WAGERPT.

The file name (WAGERPT) must be on the external label. Please include your account name and account number (Business Identification Number) on the CD-ROMs external label.

EFW-2 A Wage CD-ROM file properly begins with a code RE record and ends with a Code RS record.

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

The FILE NAME on the CD-ROM must be WAGERPT.

The data file must be in uncompressed format (do not compress with pkzip, winzip, gzip, etc.). Also, do not include carriage returns after each record.

CD-ROM Data Records

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

EFW-2 All records must be a fixed length of 512 bytes.

CD-ROM Data Requirements

EFW-2 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 CD-ROM. Include your account's name and address on the CD-ROM. The CD-ROM will not be returned.

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 fields that are preferred but are 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 EIN	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	Employer Name	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	Delivery Address	22	<i>Enter the employer's delivery address (street or post office box). Left justify and fill with blanks.</i>
141-162	City	22	<i>Enter the employer's city. Left justify and fill with blanks.</i>
163-164	State Abbreviation	2	<i>Enter the employer's state. Use a postal abbreviation. For a foreign address, leave blank.</i>
165-169	Zip Code	5	<i>Enter a valid zip code. For a foreign address, leave blank.</i>
170-173	Zip Code Extension	4	<i>Enter the four-digit extension of the zip code. If not 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 Code	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 fields that are preferred but are not required.**

<u>Location</u>	<u>Field</u>	<u>Length</u>	<u>Specifications</u>
* <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	<i>Employee Address</i>	22	<i>Enter the employee’s address. Left justify and fill with blanks. Not required but preferred.</i>
117-138	<i>Employee City</i>	22	<i>Enter the employee’s city. Left justify and fill with blanks. Not required but preferred.</i>
139-140	<i>State Abbreviation</i>	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	Enter the appropriate valid zip code. For a foreign address, leave blank. Not required but preferred.
146-149	Zip Code Extension	4	Use this field for the four-digit extension of the Zip Code. If not applicable, leave blank. Not required but preferred.
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 Insurance Total Wages</u>	11	Right justify and zero fill. Do not include commas or decimals. Negative amounts are not allowed.
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	Right justify and zero fill. Do not include commas or decimals. Negative amounts are not allowed.
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 CD-ROM

Name: _____

Phone: _____ Fax: _____

Email: _____

Signed: _____ Date: _____

Title: _____

VISIT OUR WEBSITE: www.oregon.gov/EMPLOY/Businesses/Tax/Pages/Payroll-Taxes.aspx

**Mail Magnetic Media to:
Employment Department
Attn: WAGE – Rm 107
875 Union St NE
Salem OR 97311-0030**

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