Massachusetts Department of Revenue

Paid Family and Medical Leave Bulk XML File Specifications Version 1.1

Updated 2/3/2020

General Information

This user's guide is designed to provide submitters, including employers and third party reporting agents, with specifications and requirements for electronically filing multiple Massachusetts Paid Family and Medical Leave returns through XML filing. **This handbook is not recommended for individual taxpayers who want to file tax returns.**

File Transmission

Files will be transmitted to the Massachusetts Department of Revenue in accordance with instructions in the latest Bulk File Portal User Guide.

Transmission Data

The Paid Family and Medical Leave return file consists of a single XML document.

The XML document must be "well formed" by XML standards, and will be programmatically validated against the Schema for the Paid Family and Medical Leave return form.

MA DOR prefers that Transmitters also validate their XML before transmission in order to eliminate all syntax errors. There are many commercial XML validator applications available for this purpose.

The XML file also must be named accordingly. The file should use the extension "`.pfmxml`" (not just ".xml") in order to distinguish it from regular Withholding files.

Bulk XML Transmission Fields Description

FieldName	Required	Description	Format / Enumeration
ReturnsFile			
<ReturnsFile xmlns="http://www.dor.state.ma.us/efile" xmlns:xsi="http://www.w3.org/2001/XMLSchemainstance" documentCount="#">			
documentCount	Yes	Number of Paid Family Medical Leave returns in the file.	Maximum 10,000 returns.
Returns			
PFMReturn			
ReturnHeaderState		Data for Paid Family Medical Leave returns.	Value must be PFMReturn for this account type.
TaxPeriodEndDate	Yes	Quarter end date for return being filed.	Date Format: YYYY-MM-DD
PreparerFirm			
LegalName	Yes, if <PreparerFirm> is used.	Legal name of the return preparer.	Alphanumeric
FEIN	Yes, if <PreparerFirm> is used.	FEIN of the return preparer.	(EINType) Numeric only, must be 9 numbers. #########
AmendedReturnIndicator	No	Indicates if this is an amended return.	(CheckboxType) X is YES BLANK IS NO " " is NO
<TaxpayerType>	Yes		Provide <BusinessType> or <IndividualType> attributes.
<BusinessType>	Must provide <BusinessType> or <IndividualType> attributes.	Indicates if the information provided is for a business.	
TaxpayerID	Yes, if <BusinessType> is used.		Provide <FEIN> or <MATaxpayerAccountId> attributes.
FEIN	Must provide <FEIN> or <MATaxpayerAccountId> for BusinessType.	Federal Employer Identification Number for the return business.	(EINType) Numeric only, must be 9 numbers. #########

MATaxpayerAccountId	Must provide \<FEIN\> or \<MATaxpayerAccountId\> for BusinessType.	Massachusetts DOR-provided account identification number.	(MATaxpayerAccountIdType) PFM########### Should not have hyphens/dashes/ delimiters on the account ID
LegalName	Yes, if \<BusinessType\> is used.	Legal name of the return business.	Alphanumeric
\<IndividualType\>	Must provide BusinessType or IndividualType attributes.	Indicates if the information provided is for a sole- proprietor.	
TaxpayerID	Yes, if \<IndividualType\> is used.		Provide \<SSN\>, \<ITIN\>, or \<MATaxpayerAccountId\> attributes.
SSN	Must provide \<SSN\>, \<ITIN\> or \<MATaxpayerAccountId\> for IndividualType.	Social Security Number for the return sole-proprietor.	(SSNType) Numeric only, must be 9 numbers. #########
ITIN	Must provide \<SSN\>, \<ITIN\> or \<MATaxpayerAccountId\> for IndividualType.	Individual Taxpayer Identification Number for the return sole-proprietor.	(ITINType) Numeric only, must be 9 numbers. #########
MATaxpayerAccountId	Must provide \<SSN\>, \<ITIN\> or \<MATaxpayerAccountId\> for IndividualType.	Massachusetts DOR-provided account identification number.	(MATaxpayerAccountIdType) PFM########### Should not have hyphens/dashes/ delimiters on the account ID
IndividualName	Yes, if \<IndividualType\> is used.	First, Middle and Last name for the return sole-proprietor.	
FName	Yes, if \<IndividualName\> is used.	First name of sole-proprietor.	(NameType) Max Length = 50 Legal Characters: A-Z, a-z, "-" and single space. Field supports standard Latin Unicode characters.
MName	No	Middle name of sole-proprietor.	(NameType) Max Length = 50 Legal Characters: A-Z, a-z, "-" and single space. Field supports standard Latin Unicode characters.

LName	Yes, if <IndividualName> is used.	Last name of sole-proprietor.	(NameType) Max Length = 50 Legal Characters: A-Z, a-z, "-" and single space. Field supports standard Latin Unicode characters.
<BusinessAddress>	Yes	Address for the business.	
USAddress	Must provide <BusinessAddress> or <ForeignAddress>	Address within the United States or U.S. territories.	(USAddressType)
Street	Yes, if <USAddress> is used.	Street Address Line 1	(StreetAddressType) Legal Characters: A-Z, a-z, 0-9, hyphen, slash, and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
Street2	No	Street Address Line 2	(StreetAddressType) Legal Characters: A-Z, a-z, 0-9, hyphen, slash, and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
UnitType	No	Unit Type	(UnitTypeAddressType) See Appendix for Enumerations
Unit	No	Used for address unit referenced by the unit type.	(UnitAddressType) Max Length = 30 Alphanumeric Accepts "-" and "/" as special characters.
City	Yes, if <USAddress> is used.	City	(CityType) Max Length = 100 Legal Characters: A-Z, a-z, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and symbols.
State	Yes, if <USAddress> is	State	(StateType)

	used.		See Appendix for Enumerations
ZIP	Yes	ZIP Code	(ZIPCodeType) Numeric – Length 5 plus Optional 4 or 7
ForeignAddress	Must provide \<BusinessAddress\> or \<ForeignAddress\>	Address outside the United States or U.S. territories.	
Street	Yes, if \<ForeignAddress\> is used.	Street Address Line 1	(StreetAddressType) Legal Characters: A-Z, a-z, 0-9, hyphen, slash, and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
Street2	No	Street Address Line 2	(StreetAddressType) Legal Characters: A-Z, a-z, 0-9, hyphen, slash, and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
UnitType	No	Unit Type	(UnitTypeAddressType) See Appendix for Enumerations
Unit	No	Unit	(UnitAddressType) Max Length = 30 Alphanumeric Accepts "-" and "/" as special characters.
City	Yes, if \<ForeignAddress\> is used.	City	(CityType) Max Length = 100 Legal Characters: A-Z, a-z, and single space. Illegal Character: leading space, trailing space, adjacent spaces, and symbols.
State	Yes, if \<ForeignAddress\> is used.	Foreign State Abbreviations, State Codes	(ForeignStateType) Max Length = 6 Legal Characters: A-Z, a-z, 0-9, "-", "/".

Zip	Yes, if <ForeignAddress> is used.	Foreign ZIP Code	(ForeignZIPCodeType) Max Length = 30
Country	Yes, if <ForeignAddress> is used.	Country	(CountryType) See Appendix for Enumerations
RegistrationInfo	Yes, if account does not exist	Used to provide registration information for first time filers. Information is required if not already registered for PFM account.	
CustomerSubType	Yes, if <RegistrationInfo> is used.	Organization type for the business being registered.	(OrgType) Assoc = Association Corp = Corporation Fid = Fiduciary Gov = Government LLC = Limited Liability Company Part = Partnership SCorp = S Corporation SolePr = Sole Proprietor Trust = Trust Truste = Trustee
COM	Yes, if <RegistrationInfo> is used.	Date when the business was formed.	Date YYYY-MM-DD
PFMAttributes	Yes, if <RegistrationInfo> is used.	Account Attributes for Paid Family Medical Leave Registration	(AccAttributesPFM)
COM	Yes, if <PFMAttributes> is used.	Date when Paid Family Medical Leave contributions will begin.	Date YYYY-MM-DD
StatePFM – Paid Family Medical Leave Return Details <StatePFM documentId="AAAAAAAAAA">	Yes	User created name to distinguish the return	<StatePFM documentId="AAAAAAAAAA">
FinalReturn	No	Indicates if this is the final return for the business / business has ceased operations.	(CheckboxType) X is YES BLANK IS NO " " is NO

TotalContributionsDue	Yes	Total amount of employee & employer contributions for Family & Medical Leave.	(DecimalNNType) #.## Minimum Value = 0.00 See Appendix for calculation instructions.
PaymentInstrument	No		
<BankAccount>	Yes, if <PaymentInstrument> is used.	Bank Account information for ACH Debit payment.	
RoutingTransitNumber	Yes, if <BankAccount> is used.	Bank Routing Transit Number	(RoutingTransitNumberType) Numeric, 9 in length ######### Must begin with: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31 ,32
BankName	Yes, if <BankAccount> is used.	Bank Institution Name	Alphanumeric
BankAccountNumber	Yes, if <BankAccount> is used.	Bank Account Number	(BankAccountNumberType) Minimum Length = 17
AccountType	Yes, if <BankAccount> is used.	Bank Account Type	(BankAccountType) 1 = Checking 2 = Savings
AccountHolderType	Yes, if <BankAccount> is used.	Account Holder Type	Alphanumeric
AccountHolderName	Yes, if <BankAccount> is used.	AccountHolderName	Alphanumeric
PaymentAmount	No		
PaymentAmountTotal	Yes, if <PaymentInstrument> is used.	Total Payment Amount	(DecimalNNType) #.## Minimum Value = 0.00

SettlementDate	No	Settlement Date	Date
PFMWageSchedule			
PFMWageEntry	Yes	Schedule Type	Value must be "PFMWageSchedule"
EmployeeID	Yes	Employee/Independent Contractor SSN or ITIN	(SSNType) Numeric only, must be 9 numbers. #########
EmployeeFirstName	Yes	Given Name of Employee	(NameType) Max Length = 50 Legal Characters: A-Z, a-z, "-" and single space. Field supports standard Latin Unicode characters.
EmployeeLastName	Yes	Family Name of Employee	(NameType) Max Length = 50 Legal Characters: A-Z, a-z, "-" and single space. Field supports standard Latin Unicode characters.
IndependentContractor	No	Indicates if the record is for an Independent Contractor	(CheckboxType) X is YES BLANK IS NO " " is NO
OptIn	No	Indicates this is a non-covered individual opting in to the program	(CheckboxType) X is YES BLANK IS NO " " is NO
YearToDateWages	Yes	Wages paid to the employee/independent contractor up and including the quarter being filed.	(DecimalNNType) #.## Minimum Value = 0.00
WagesPaidThisQuarter	Yes	Wages paid to the employee/independent contractor during this quarter.	(DecimalNNType) #.## Minimum Value = 0.00
MedicalLeavePercentage	Yes	Percentage of Medical Leave contribution withheld from the employee pay.	Integer ### Maximum value is 40

FamilyLeavePercentage	Yes	Percentage of Family Leave contribution withheld from the employee pay.	Integer ### Maximum value is 100

Appendix

Unit Type Enumerations

#	Number	APT	Apartment	BLDG	Building
BSMT	Basement	DEPT	Department	FL	Floor
FRNT	Front	HNGR	Hangar	LBBY	Lobby
LOWR	Lower	NUM	Number	OFC	Office
PH	Penthouse	PIER	Pier	REAR	Rear
RM	Room	SIDE	Side	SLIP	Slip
SPC	Space	STE	Suite	STOP	Stop
TRLR	Trailer	UNIT	Unit	UPPR	Upper

State Enumerations

AL	Alabama	AK	Alaska	AS	America Samoa
AZ	Arizona	AR	Arkansas	CA	California
CO	Colorado	MP	Commonwealth of the Northern Mariana Islands	CT	Connecticut
DE	Delaware	DC	District of Columbia	FM	Federated States of Micronesia
FL	Florida	GA	Georgia	GU	Guam
HI	Hawaii	ID	Idaho	IL	Illinois
IN	Indiana	IA	Iowa	KS	Kansas
KY	Kentucky	LA	Louisiana	ME	Maine
MH	Marshall Islands	MD	Maryland	MA	Massachusetts
MI	Michigan	MN	Minnesota	MS	Mississippi
MO	Missouri	MT	Montana	NE	Nebraska
NV	Nevada	NH	New Hampshire	NJ	New Jersey
NM	New Mexico	NY	New York	NC	North Carolina
ND	North Dakota	OH	Ohio	OK	Oklahoma
OR	Oregon	PW	Palau	PA	Pennsylvania
PR	Puerto Rico	RI	Rhode Island	SC	South Carolina
SD	South Dakota	TN	Tennessee	TX	Texas
VI	U.S. Virgin Islands	UT	Utah	VT	Vermont

VA	Virginia	WA	Washington	WV	West Virginia
WI	Wisconsin	WY	Wyoming	AA	Armed Forces of the Americas
AE	Armed Forces Europe	AP	Armed Forces Pacific		

Country Enumerations

USA	United States of America	AFG	Afghanistan	ALA	Aland Islands
ALB	Albania	ALG	Algeria	AME	American Samoa
ANA	Anguilla	ANB	Antiguia-Barbuda	AND	Andorra
ANG	Angola	ANT	Antarctica	ARG	Argentina
ARM	Armenia	ARU	Aruba	AUA	Austria
AUS	Australia	AZE	Azerbaijan	BAG	Bangladesh
BAH	Bahamas	BAN	Bahrain	BAR	Barbados
BEL	Belgium	BEN	Benin	BER	Bermuda
BES	Belarus	BEZ	Belize	BHU	Bhutan
BLM	Barthelemy	BOL	Bolivia	BOS	Bosnia and Herzegovina
BOT	Botswana	BOU	Bouvet Island	BQS	Bonaire, Sint Eustatius & Saba
BRA	Brazil	BRI	British Indian Ocean Territory	BRU	Brunei Darussalam
BUL	Bulgaria	BUP	Burkina Faso	BUR	Burundi
CAA	Cambodia	CAI	Cayman Islands	CAM	Cameroon
CAN	Canada	CAR	Central African Republic	CAV	Cape Verde
CDR	Congo, The Democratic Republic	CHA	Chad	CHE	Chile
CHI	China	CHR	Christmas Island	CIV	Cote D'Ivoire
COC	Cocos (Keeling) Islands	COG	Congo	COL	Colombia
COM	Comoros	COO	Cook Islands	CRA	Costa Rica
CRO	Croatia	CUB	Cuba	CUW	Curacao
CYO	Cyprus	CZE	Czech Republic	DEN	Denmark
DJI	Djibouti	DOM	Dominica	DON	Dominican Republic
ECU	Ecuador	EGY	Egypt	ENG	England
EQU	Equatorial Guinea	ERI	Eritrea	ESR	El Salvador
EST	Estonia	ETH	Ethiopia	FAL	Falkland Islands (Malvinas)
FAR	Faroe Islands	FIJ	Fiji	FIN	Finland
FRA	France	FRG	French Guiana	FRP	French Polynesia
FST	French Southern Territories	GAB	Gabon	GAM	Gambia

GEO	Georgia	GER	Germany	GHA	Ghana
GIB	Gibraltar	GRA	Grenada	GRD	Greenland
GRE	Greece	GUA	Guatemala	GUB	Guinea-Bissau
BUE	Guadeloupe	GUI	Guinea	GUM	Guam
GUS	Guernsey	GUY	Guyana	HAH	Haiti
HMI	Heard Island-McDonald Islands	HOK	Hong Kong	HON	Honduras
HOS	Holy See (Vatican City State)	HUN	Hungary	ICE	Iceland
INA	Indonesia	IND	India	IRA	Iran
IRE	Ireland	IRQ	Iraq	ISM	Isle of Man
ISR	Israel	ITA	Italy	JAM	Jamaica
JAP	Japan	JER	Jersey	JOR	Jordan
KAZ	Kazakhstan	KEN	Kenya	KIR	Kiribati
KOR	North Korea	KUW	Kuwait	KYR	Kyrgyzstan
LAO	Laos	LAT	Latvia	LEB	Lebanon
LES	Lesotho	LIA	Liberia	LIB	Libya
LIE	Liechtenstein	LIT	Lithuania	LUX	Luxembourg
MAC	Macau	MAD	Madagascar	MAE	Macedonia
MAH	Marshall Islands	MAI	Mali	MAL	Malaysia
MAR	Martinique	MAS	Maldives	MAU	Mauritania
MAW	Malawi	MAY	Mayotte Island	MEX	Mexico
MIC	Federated States of Micronesia	MOA	Mongolia	MOC	Monaco
MOL	Republic of Moldova	MON	Montserrat	MOO	Montenegro
MOR	Morocco	MOZ	Mozambique	MRS	Mauritius
MTA	Malta	MYA	Myanmar	NAM	Namibia
NAU	Nauru	NEC	New Caledonia	NEP	Nepal
NET	Netherlands	NEZ	New Zealand	NIC	Nicaragua
NIG	Nigeria	NIL	Northern Ireland	NIR	Niger
NIU	Niue	NMI	Northern Mariana Islands	NOI	Norfolk Island
NOR	Norway	OMA	Oman	PAK	Pakistan
PAL	Palau	PAN	Panama	PAR	Paraguay
PAT	Occupied Palestinian Territory	PER	Peru	PHI	Philippines
PIT	Pitcairn	PNG	Papua New Guinea	POL	Poland
POR	Portugal	QAT	Qatar	REU	Reunion Island
ROM	Romania	RUS	Russia	RWA	Rwanda
SAA	Saudi Arabia	SAF	South Africa	SAM	Samoa

SAO	San Marino	SCT	Scotland	SEN	Senegal
SER	Serbia	SEY	Seychelles	SGS	South Georgia – Sandwich Islands
SIL	Sierra Leone	SIN	Singapore	SJM	Svalbard and Jan Mayen
SKN	St. Kitts Nevis	SKO	South Korea	SLA	Sri Lanka
SLO	Slovakia	SLV	Slovenia	SOI	Solomon Islands
SOM	Somalia	SPA	Spain	SPM	St. Pierre and Miquelon
SSD	South Sudan	STA	St. Lucia	STH	St. Helena
STP	Sao Tome and Principe	SUD	Sudan	SUR	Suriname
SVG	St. Vincent and the Grenadines	SWA	Swaziland	SWE	Sweden
SWI	Switzerland	SXM	Sint Maarten	SYR	Syrian Arab Republic
TAC	Turks and Caicos Islands	TAI	Taiwan	TAJ	Tajikistan
TAN	Tanzania	TAT	Trinidad and Tobago	THA	Thailand
TIL	Timor-Leste	TOG	Togo	TOK	Tokelau
TON	Tonga	TUK	Turkmenistan	TUN	Tunisia
TUR	Turkey	TUV	Tuvalu	UAE	United Arab Emirates
UGA	Uganda	UKR	Ukraine	UNK	United Kingdom
URU	Uruguay	USA	United States of America	USM	US Minor Outlying Islands
UZB	Uzbekistan	VAN	Vanuatu	VEN	Venezuela
VIB	Virgin Islands, British	VIN	Viet Nam	VIU	Virgin Islands, U.S.
WAF	Wallis-Futuna	WAL	Wales	WSA	Western Sahara
YEM	Yemen	ZAM	Zambia	ZIM	Zimbabwe

Calculation Instructions

Taxable Wages

Input wages paid to the employee this quarter. Subtract the difference between the yearly contribution cap and year to date wages if it exceeds the yearly contribution cap.

Example

Wages This Quarter	$50,000.00
Year to Date Wages	$150,000.00 (Includes Current Quarter Wages)
2019 Contribution Cap	$132,900.00
Taxable Wages	$50,000.00 – ($150,000.00 – $132,900.00) = **$32,900.00**

Note: Year to Date wages should only include Paid Family Medical Leave taxable wages. Wages paid prior to July 1, 2019 are not taxable under the Paid Family Medical Leave program and should not be included for 2019 Quarter 3 and Quarter 4 returns.

Number of Employees

Input the total number of Massachusetts employees paid during the quarter. Massachusetts Independent Contractor employees receiving a 1099-MISC form from the business should be included in the employee count if independent contractors make up more than 50% of the total workforce.

Example – 50% or Under Independent Contractors

Number of Massachusetts W-2 Employees	50
Number of Massachusetts 1099-MISC Independent Contractors	50
Number of Employees	**50**

Example – Over 50% Independent Contractors

Number of Massachusetts W-2 Employees	50
Number of Massachusetts 1099-MISC Independent Contractors	51
Number of Employees	**101**

Contribution Due

Over 25 Employees

Employee Medical Contributions	Taxable Wages * Contribution Rate * Medical Apportionment * Employee Medical Withholding Rate
Employer Medical Contributions	Taxable Wages * Contribution Rate * Medical Apportionment * (1 – Employee Medical Withholding Rate)
Employee Family Contributions	Taxable Wages * Contribution Rate * Family Apportionment * Employee Family Withholding Rate
Employer Family Contributions	Taxable Wages * Contribution Rate * Family Apportionment * (1 – Employee Family Withholding Rate)
Total Contributions Due	Total Medical Contributions + Total Family Contributions

Under 25 Employees

Employee Medical Contributions	Taxable Wages * Contribution Rate * Medical Apportionment * Employee Medical Withholding Rate
Employer Medical Contributions	$0.00
Employee Family Contributions	Taxable Wages * Contribution Rate * Family Apportionment * Employee Family Withholding Rate
Employer Family Contributions	$0.00
Total Contributions Due	Total Medical Contributions + Total Family Contributions

Medical Plan Exemption, Over 25 Employees

Employee Medical Contributions	$0.00
Employer Medical Contributions	$0.00
Employee Family Contributions	Taxable Wages * Contribution Rate * Family Apportionment * Employee Family Withholding Rate
Employer Family Contributions	Taxable Wages * Contribution Rate * Family Apportionment * (1 – Employee Family Withholding Rate)
Total Contributions Due	Total Medical Contributions + Total Family Contributions

Family Plan Exemption, Over 25 Employees

Employee Medical Contributions	Taxable Wages * Contribution Rate * Medical Apportionment * Employee Medical Withholding Rate
Employer Medical Contributions	Taxable Wages * Contribution Rate * Medical Apportionment * (1 – Employee Medical Withholding Rate)
Employee Family Contributions	$0.00
Employer Family Contributions	$0.00
Total Contributions Due	Total Medical Contributions + Total Family Contributions

Medical and Family Plan Exemptions

Employee Medical Contributions	$0.00
Employer Medical Contributions	$0.00
Employee Family Contributions	$0.00
Employer Family Contributions	$0.00
Total Contributions Due	Total Medical Contributions + Total Family Contributions

Sample File

```xml
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