

# Employment and Wage Detail Electronic Filing

## **ICESA SPECIFICATION**

Division of Unemployment Assistance (DUA)

Commonwealth of Massachusetts

Effective:

Quarter 4 – 2009 Filing and Beyond

**Revised 4/21/10**

# ***DUA QUEST***

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## 1 INTERFACE: ICESA FILE FORMAT

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### 1.1 INTERFACE SUMMARY INFORMATION

<b>Reception / Upload Data Set Instructions</b>	
<b>Data Elements</b>	<ol style="list-style-type: none"><li>1. Employer Account Number (EAN)</li><li>2. Year/Quarter</li><li>3. Employee SSN</li><li>4. Employee last name</li><li>5. Employee first name</li><li>6. Employee middle initial</li><li>7. Owner/officer</li><li>8. Hours worked</li><li>9. UI Gross wages</li><li>10. State Taxable Wages</li><li>11. State Income Tax withheld</li><li>12. Unit number</li><li>13. 12<sup>th</sup> of the month data employment – month 1</li><li>14. 12<sup>th</sup> of the month data employment – month 2</li><li>15. 12<sup>th</sup> of the month data employment – month 3</li><li>16. Adjustment Reason Code</li></ol>
<b>File Extension Format</b>	ICESA (NASWA Standard File Format) <ul style="list-style-type: none"><li>• Length: 275</li><li>• *.txt</li><li>• .zip (for FTP only)</li></ul>
<b>Expected Naming Convention</b>	<p><b>Employer:</b> EmployerID_MMDDYYYY.txt</p> <p><b>Example1:</b> 87654321_01312010.txt</p> <p><b>Example2 (FTP):</b> 87654321_01312010.zip</p> <p><b>Agent:</b> AgentID_MMDDYYYY.txt</p> <p><b>Example1:</b> 987654321_01312010.txt</p> <p><b>Example2 (FTP):</b> 987654321_01312010.zip</p>

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<b>Reception / Upload Data Set Instructions</b>	
<b>File Rejection Thresholds</b>	<ul style="list-style-type: none"><li>• 25% of Entire File Contains Fatal Record Errors, Entire File is Rejected (See "Data Validation and Error Handling Guide")</li><li>• Unacceptable File Format (i.e., wrong file length or type)</li><li>• Unacceptable File Organization (i.e., SSN in Name column)</li><li>• No wage data (for entire file)</li></ul>

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## 1.2 FIELD DEFINITIONS

DUA's new system will ignore any data found within the elements listed below as "N/A". Either fill-in the spaces with blanks or the data outlined by the standard format. As long as the DUA – required spaces are filled in with the correct data, the file will be processed.

**PLEASE NOTE: EACH RECORD IN THE FILE MUST BE EXACTLY 275 POSITIONS WITH THE CARRIAGE RETURN IN POSITION 275. IF THE CARRIAGE RETURN IS NOT IN POSITION 275 EXACTLY, IT WILL BE REJECTED.**

Position	Field Name	Description
1	Record Identifier	Constant "S"  <b>System only accepts "S" records. Note: System will reject "A", "E", "T" and "F" records.</b>
2-10	Social Security Number	Employee Social Security Number
11-30	Employee last name	Employee last name. Left justify and fill with blanks.
31-42	Employee first name.	Employee first name. Left justify and fill with blanks.
43	Employee Middle Initial	Employ middle initial. If no middle initial, left justify and fill with blank.
44-45	State Code	N/A

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Position	Field Name	Description
46	Adjustment Reason Code	<p>Enter the adjustment reason code. Valid codes are 1,2,3,4,5,6,7,8. The code descriptions are the following:</p> <ol style="list-style-type: none"> <li>1. Employment and Wages adjusted because they were not taxable</li> <li>2. Wages adjusted because worker(s) were hired/terminated</li> <li>3. Employment and Wages adjusted to correct computer system, data entry or accounting errors</li> <li>4. Employment and Wages adjusted because they were reported to the wrong state</li> <li>5. Employment and Wages adjusted because the workers performed services for a different business</li> <li>6. Employment and Wages adjusted for a non subject employer</li> <li>7. Employment adjusted</li> <li>8. Other</li> </ol> <p>For "Original Submissions", enter a "0" for Adjustment Reason Code.</p>
47-49	Blank	Positions 47 to 49 are blank
50-63	State Qtr. Total gross wages.	<b>Unemployment Insurance (UI) Gross wages</b> earned by the employee during the reporting period. No commas or decimals. Right justify and zero fill. For example, Employee A makes \$10,000 a quarter. 00000001000000 should be entered in this field.
64-77	Total state quarterly wages subject to unemployment taxes	N/A
78-91	Quarterly wages in excess of the state U.I. taxable wage base	N/A
92-105	State Qtr. U.I. Total Wages less state Qtr. Excess wages	N/A

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Position	Field Name	Description
106-120	Quarterly State Disability Insurance Taxable Wages	N/A
121-129	Quarterly Tip wages	N/A
130-131	Number of weeks worked	N/A
132-134	Hours Worked	Hours worked during the reporting period. Right justify and zero fill. No decimal allowed.
135-142	Blank	8 blank characters
143-146	Taxing Entity Code	N/A
147-154	State Unemployment Insurance Employer account Number	The Employer's state UI Account Number.
155-161	Blank	7 blank characters
162-165	Unit/Division Location (plant code)	Location code (reporting unit) where work is performed. Right justify and zero fill.
166-176	Blank	11 blank characters
177-190	State Taxable Wages	State Taxable Wages ( <b>MA Wages Subject to Withholding</b> ) earned by the employee during the reporting period. No commas or decimals. Right justify and zero fill.
191-204	State Income Tax withheld	State Income Tax Withheld ( <b>MA Income Tax Amount Withheld</b> ) for the employee during the reporting period. No commas or decimals. Right justify zero and fill.
205-206	Seasonal Indicator	N/A
207	Employer Health Insurance Code	N/A
208	Employee Health Insurance Code	N/A
209	Probationary Code	N/A

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Position	Field Name	Description
210	Officer Code	Owner or Officer indicator – indicates whether or not the employee is an owner or officer of the organization. "1" if Yes. Default Value = "0".
211	Wage Plan Code	N/A
212	12 <sup>th</sup> of the month employment indicator – month 1	12 <sup>th</sup> of the Month Employment – indicates whether or not the employee worked on the 12 <sup>th</sup> day of each month during the reporting period. 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.
213	12 <sup>th</sup> of the month employment indicator – month 2	12 <sup>th</sup> of the Month Employment – indicates whether or not the employee worked on the 12 <sup>th</sup> day of each month during the reporting period. 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
214	12 <sup>th</sup> of the month employment indicator month 3	12 <sup>th</sup> of the Month Employment – indicates whether or not the employee worked on the 12 <sup>th</sup> day of each month during the reporting period. 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
215-220	Reporting Quarter and Year	Reporting period quarter and year (e.g., <b>122009</b> for Oct – Dec of 2009 (Q4), <b>032010</b> for Jan - Mar of 2010 (Q1)).).
221-226	Date First Employed	N/A
227-232	Date of Separation	N/A
233-274	Blank	42 blank characters
275	End of Line Identifier	Carriage return (new line)



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## 1.3 FILE LAYOUT

Field Name	Format	Position	Length	Logic/ Validation
Record Identifier	A/N	1	1	Always "S"
Social Security Number	Numeric	2-10	9	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Employee Last Name	A/N	11-30	20	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Employee First Name	A/N	31-42	12	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Employee Middle Initial	A/N	43	1	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
State Code	A/N or N	44-45	2	N/A
Adjustment Reason Code	Numeric	46	1	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Blank		47-49	3	N/A
State Qtr. Total Gross Wages	Numeric	50-63	14	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.

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Field Name	Format	Position	Length	Logic/ Validation
Total State Quarterly Wages Subject to Unemployment Taxes	Numeric	64-77	14	N/A
Quarterly Wages in Excess of the State U.I. Taxable Wage Base	Numeric	78-91	14	N/A
State Qtr. U.I Total Wages Less State Qtr. Excess Wages	Numeric	92-105	14	N/A
Quarterly State Disability Insurance Taxable Wages	Numeric	106-120	15	N/A
Quarterly Tip Wages	Numeric	121-129	9	N/A
Number of Weeks Worked	Numeric	130-131	2	N/A
Hours Worked	Numeric	132-134	3	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Blank		135-142	8	N/A
Taxing Entity Code	A/N	143-146	4	N/A
State Unemployment Insurance Employer Account Number	Numeric	147-154	8	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Blank		155-161	7	N/A
Unit/Division Location (Plant Code)	Numeric	162-165	4	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Blank		166-176	11	N/A

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Field Name	Format	Position	Length	Logic/ Validation
State Taxable Wages	Numeric	177-190	14	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
State Income Tax Withheld	Numeric	191-204	14	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Seasonal Indicator	A/N	205-206	2	N/A
Employer Health Insurance Code	A/N	207	1	N/A
Employee Health Insurance Code	A/N	208	1	N/A
Probationary Code	A/N	209	1	N/A
Officer Code	Numeric	210	1	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Wage Plan Code	Numeric	211	1	N/A
12 <sup>th</sup> of the Month Indicator – Month 1	Numeric	212	1	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
12 <sup>th</sup> of the Month Indicator – Month 2	Numeric	213	1	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
12 <sup>th</sup> of the Month Indicator – Month 3	Numeric	214	1	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.

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<b>Field Name</b>	<b>Format</b>	<b>Position</b>	<b>Length</b>	<b>Logic/ Validation</b>
Reporting Quarter and Year	Numeric	215-220	6	See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document.
Date First Employed	Numeric	221-226	6	N/A
Date of Separation	Numeric	227-232	6	N/A
Blank		233-274	42	N/A
End of Line Identifier	ASCII	275	1	Carriage return (new line)