

The file submitted for municipal income tax must include all of the records that are submitted to the Social Security Administration for W2 wage reporting in the EFW2 format. This file in the EFW2 format must meet the same requirements as the Social Security Administration.

**The file must include all of the following record types AND be in text format:**

- **RA - Submitter Record**
- **RE - Employer Record**
- **RW - Wage Record**
- **RS - State Wage Record, (Used for City reporting)**
- **RT - Total Record**
- **RF - Final Record**

Instructions per the **Social Security Administration Publication No. 42-007 EFW2 Tax Year 2024**

### 3.2 File Requirements

#### 3.2.1 **RA (Submitter) Record \*\*\*REQUIRED\*\*\***

- Must be the first data record on each file.
- Make the address entries specific enough to ensure proper delivery.

#### 3.2.2 **RE (Employer) Record \*\*\*REQUIRED\*\*\***

- The first RE (Employer) Record must follow the RA (Submitter) Record.
- Following the last RW (Employee)/RO (Employee Optional)/RS (State) Record for the employer, create an RT (Total)/RU (Total Optional)/RV (State Total) Record and then create either the:
  - RE (Employer) Record for the next employer in the submission; or
  - RF (Final) Record if this is the last report in the submission.
- When the same employer information applies to multiple RW (Employee)/RO (Employee Optional) Records, group them together under a single RE (Employer) Record. Unnecessary RE (Employer) Records can cause serious processing errors or delays.

#### 3.2.3 **RW (Employee) Record and RO (Employee Optional) Record \*\*\*RW REQUIRED\*\*\***

- Following each RE (Employer) Record, include the RW (Employee) Record(s) for that RE (Employer) Record immediately followed by the RO (Employee Optional) Record(s). If an RO (Employee Optional) Record is required for an employee, it must immediately follow that employee's RW (Employee) Record.
- The RO (Employee Optional) Record is required if one or more of the fields must be completed because the field(s) applies to an employee. If just one field applies, the entire record must be completed.
- Do not complete an RO (Employee Optional) Record if only blanks and zeros would be entered in positions 3 - 512. Write RO (Employee Optional) Records only for those employees who have RO (Employee Optional) Record information to report.

#### 3.2.4 **RS (State) Record \*\*\*RS REQUIRED\*\*\***

- The RS (State) Record is an optional record; SSA and IRS do not read or process this information.
- **HOWEVER, this is the record municipalities use for local wage and local income tax information!**
- Contact your State Revenue Agency to confirm the use of this record format and for questions about field definitions, covering transmittals, reporting procedures, etc. The IRS has a helpful website for State contacts at [www.irs.gov/businesses/small-businesses-self-employed/state-links-1](http://www.irs.gov/businesses/small-businesses-self-employed/state-links-1).
- The RS (State) Record should follow the related RW (Employee) Record (or RO (Employee Optional) Record).
- If there are multiple RS (State) Records for an employee, include all of the RS (State) Records for the employee immediately after the related RW (Employee) or RO (Employee Optional) Record.
- Do not generate this record if only blanks would be entered after the record identifier.

#### 3.2.5 **RT (Total) Record and RU (Total Optional) Record \*\*\*RT REQUIRED\*\*\***

- The RT (Total) Record must be generated for each RE (Employer) Record.
- The RU (Total Optional) Record is required if an RO (Employee Optional) Record is prepared.
- If just one field applies, the entire record must be completed.
- Do not complete an RU (Total Optional) Record if only zeros would be entered in positions 3 - 512.

#### 3.2.6 **RV (State Total) Record**

- The RV (State Total) Record is an optional record; SSA and IRS do not read or process this information.
- Contact your State Revenue Agency to confirm the use of this record format and for questions about field definitions, covering transmittals, reporting procedures, etc.
- The RV (State Total) Record should follow the RU (Total Optional) Record. If no RU (Total Optional) Record is in the submission, then it should follow the RT (Total) Record.
- If no RS (State) Records are prepared, do not prepare an RV (State Total) Record.
- Do not generate this record if only blanks would be entered after the record identifier.

**3.2.7 RF (Final) Record \*\*\*REQUIRED\*\*\***

- Must be the last record on the file.
- Must appear only once on each file.
- Do not create a file that contains any data recorded after the RF (Final) Record. Your submission will not be processed if it contains data after the RF (Final) Record.

**As indicated, the RS record is utilized for reporting of local wage and tax information.**

Below is a synopsis of the RS record:

1. Record Identification must be 'RS'
2. Taxing Entity Code must contain the description or code of the locality where taxes were withheld.  
**THIS CAN BE THE FIRST FIVE LETTERS OF THE CITY NAME.**
3. Employee Social Security Number
4. Employee First Name
5. Employee Middle Name or Initial (optional)
6. Employee Last Name
7. Employee Name Suffix (optional)
8. Location Address (optional)
9. Delivery Address
10. City
11. State
12. Zip Code
13. Zip Code Extension (optional)
14. Foreign State/Province (optional)
15. Foreign Postal Code (optional)
16. Country Code (optional)
17. **Tax Type Code (must contain 'C' for City Income Tax)**
18. Local Taxable Wages (zero fill and right justify with no negative amounts or decimals)
19. Local Income Tax (zero fill and right justify with no negative amounts or decimals)

The following is a copy of the EFW2 record definition for the 'RS' (state record) record type taken from the Social Security Administration publication.

## CODE RS - State Record

| RS POSITION | FIELD NAME                      | LENGTH | SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------|---------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1-2         | Record Identifier               | 2      | Constant "RS".                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3-4         | State Code                      | 2      | Enter the appropriate postal <b>NUMERIC</b> Code (see Appendix F).                                                                                                                                                                                                                                                                                                                                                       |
| 5-9         | Taxing Entity Code              | 5      | Defined by State/local agency.<br><b>(The first five letters of the city name can be used.)</b>                                                                                                                                                                                                                                                                                                                          |
| 10-18       | Social Security Number (SSN)    | 9      | Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA.<br><b>If no SSN is available, enter zeros.</b>                                                                                                                                                                                                                                                                                     |
| 19-33       | Employee First Name             | 15     | Enter the employee's first name as shown on the SSN card.<br>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.<br>Left justify and fill with blanks.<br>Otherwise, fill with blanks.                                                                                                                                                                                                                                                               |
| 49-68       | Employee Last Name              | 20     | Enter the employee's last name as shown on the SSN card.<br>Left justify and fill with blanks.                                                                                                                                                                                                                                                                                                                           |
| 69-72       | Suffix                          | 4      | If applicable, enter the employee's alphabetic suffix.<br>For example: SR, JR<br>Left justify and fill with blanks.<br>Otherwise, fill with blanks.                                                                                                                                                                                                                                                                      |
| 73-94       | Location Address                | 22     | Enter the employee's location address (Attention, Suite, Room Number, etc.).<br>Left justify and fill with blanks.                                                                                                                                                                                                                                                                                                       |
| 95-116      | Delivery Address                | 22     | Enter the employee's delivery address.<br>Left justify and fill with blanks.                                                                                                                                                                                                                                                                                                                                             |
| 117-138     | City                            | 22     | Enter the employee's city.<br>Left justify and fill with blanks.                                                                                                                                                                                                                                                                                                                                                         |
| 139-140     | State Abbreviation              | 2      | Enter the employee's State or commonwealth/territory.<br>Use a postal abbreviation as shown in Appendix F.<br>For a foreign address, fill with blanks.                                                                                                                                                                                                                                                                   |
| 141-145     | ZIP Code                        | 5      | Enter the employee's ZIP code.<br>For a foreign address, fill with blanks.                                                                                                                                                                                                                                                                                                                                               |
| 146-149     | ZIP Code Extension              | 4      | Enter the employee's four-digit extension of the ZIP code.<br>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.<br>Left justify and fill with blanks.<br>Otherwise, fill with blanks.                                                                                                                                                                                                                                                                                        |
| 178-192     | Foreign Postal Code             | 15     | If applicable, enter the employee's foreign postal code.<br>Left justify and fill with blanks.<br>Otherwise, fill with blanks.                                                                                                                                                                                                                                                                                           |
| 193-194     | Country Code                    | 2      | If one of the following applies, fill with blanks: <ul style="list-style-type: none"> <li>• One of the 50 States of the U.S.A.</li> <li>• District of Columbia</li> <li>• Military Post Office (MPO)</li> <li>• American Samoa</li> <li>• Guam</li> <li>• Northern Mariana Islands</li> <li>• Puerto Rico</li> <li>• Virgin Islands</li> </ul> Otherwise, enter the employee's applicable Country Code (see Appendix G). |
| 195-196     | Optional Code                   | 2      | Defined by State/local agency.<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                                                                                                                              |

| RS POSITION | FIELD NAME                                                                       | LENGTH   | SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                     |
|-------------|----------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 197-202     | Reporting Period                                                                 | 6        | Enter the last month and four-digit year for the calendar quarter for which this report applies; e.g., "032023" for January through March of 2023.<br><b>Applies to unemployment reporting.</b>                                                                                                                                                    |
| 203-213     | State Quarterly Unemployment Insurance Total Wages                               | 11       | Right justify and zero fill.<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                                                          |
| 214-224     | State Quarterly Unemployment Insurance Total Taxable Wages                       | 11       | Right justify and zero fill.<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                                                          |
| 225-226     | Number of Weeks Worked                                                           | 2        | Defined by State/local agency.<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                                                        |
| 227-234     | Date First Employed                                                              | 8        | Enter the month, day and four-digit year; e.g., "01312022."<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                           |
| *235-242    | Date of Separation                                                               | 8        | Enter the month, day and four-digit year; e.g., "01312022."<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                           |
| 243-247     | Blank                                                                            | 5        | Fill with blanks. Reserved for SSA use.                                                                                                                                                                                                                                                                                                            |
| 248-267     | State Employer Account Number                                                    | 20       | See Glossary, Appendix J.<br><b>Applies to unemployment reporting.</b>                                                                                                                                                                                                                                                                             |
| 268-273     | Blank                                                                            | 6        | Fill with blanks. Reserved for SSA use.                                                                                                                                                                                                                                                                                                            |
| 274-275     | State Code                                                                       | 2        | Enter the appropriate postal <b>NUMERIC</b> Code (see Appendix F).<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                      |
| 276-286     | State Taxable Wages                                                              | 11       | Right justify and zero fill.<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                                                            |
| 287-297     | State Income Tax Withheld                                                        | 11       | Right justify and zero fill.<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                                                            |
| 298-307     | Other State Data                                                                 | 10       | Defined by State/local agency.<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                                                          |
| <b>308</b>  | <b>Tax Type Code</b>                                                             | <b>1</b> | <b>Enter the appropriate code for entries in fields 309 – 330:</b> <ul style="list-style-type: none"> <li>• C = City Income Tax</li> <li>• D = County Income Tax</li> <li>• E = School District Income Tax</li> <li>• F = Other Income Tax</li> </ul> <b>Applies to income tax reporting.</b><br><b><u>This is mandatory for MITS clients.</u></b> |
| 309-319     | Local Taxable Wages                                                              | 11       | To be defined by State/local agency.<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                                                    |
| 320-330     | Local Income Tax Withheld                                                        | 11       | To be defined by State/local agency.<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                                                    |
| 331-337     | State Control Number                                                             | 7        | Optional.<br><b>Applies to income tax reporting.</b>                                                                                                                                                                                                                                                                                               |
| 338-412     | Supplemental Data 1<br><b>Additional Municipality Name**</b><br><b>(Per HB5)</b> | 75       | <b>Municipality Name of withholding cities <u>OTHER THAN</u> the reporting city (the one for whom you are creating this file).</b><br><b>ASK THE REPORTING MUNICIPALITY IF THEY WANT THIS DATA!!!</b><br><b>If not, left justify and fill with blanks.</b>                                                                                         |
| 413-487     | Supplemental Data 2                                                              | 75       | To be defined by user.                                                                                                                                                                                                                                                                                                                             |
| 488-512     | Blank                                                                            | 25       | Fill with blanks. Reserved for SSA use.                                                                                                                                                                                                                                                                                                            |

**\*\* For an employee that has local income tax wages and withholding for multiple cities, the file should look like this (in part):**

|    | Positions<br>5-9 | Position<br>308 | Positions<br>309-319 | Positions<br>320-330 | Positions<br>338-412 | MITS<br>NOTES                                                                                                                                                                        |
|----|------------------|-----------------|----------------------|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RW |                  |                 |                      |                      |                      | All information must be included in this record.                                                                                                                                     |
| RS | Eucli            | C               | 25000.00             | 100.00               |                      | Notice there is nothing in positions 338-412 for this RS record because the wages and withholding are for the reporting city.                                                        |
| RS |                  | C               | 10000.00             | 50.00                | Bedford              | Notice there is nothing in positions 5-9 because these wages and withholding are not for the reporting city.<br>The additional withholding city name is listed in positions 338-412. |
| RS |                  | C               | 8000.00              | 35.00                | Cleveland            | Notice there is nothing in positions 5-9 because these wages and withholding are not for the reporting city.<br>The additional withholding city name is listed in positions 338-412. |

**Before submitting your file to the municipality, ask yourself these questions:**

- Does at least one RS record follow every RW record?
- Is there a "C" in position 308 for each RS record?
- Does your file have all additional required records? (RA, RE, RT, RF)

ADDITIONAL RESOURCE TO TEST YOUR FILE FOR BGI MUNICIPALITIES:

<https://updates.baldwingroup.com/MITS/W2VerificationSetup.exe>

The above link is case sensitive!

Download this software to test your file compatibility with the municipalities' software.