

Vermont Department of Labor  
P.O. Box 488  
Montpelier, VT 05601-0488



**Specifications and Instructions for  
3rd Party Quarterly C-101  
Wage & Contribution Report  
On-Line Application**



# Introduction

We are pleased to provide 3rd party reporters with an on-line application that will accommodate electronic filing of all required elements of the Vermont Department of Labor's (VDOL) Quarterly C-101 Wage and Contribution report. This application is only accessible after registration is received and returned as approved.

To use this application, you first must complete the **Registration Form** provided in this packet. After you have registered and been provided your 4-digit "User ID" number, you will access the application on-line with your "User ID" number and the password you create the first time you access the application.

Each time you use the application, you will be certifying you are in compliance with the **Terms and Conditions** associated with this application. A copy of the "Terms and Conditions" is included in this pamphlet. It is critical you read, understand, and comply with the "Terms and Conditions". Failure to do so will likely cause revocation of your access to this application, as well as termination of any Memo of Understanding associated with filing Quarterly C-101 Wage and Contribution reports.

Before the Quarterly C-101 report is actually filed, you will be required to upload a **Pre-Edit** file. The format for the Pre-Edit file is also included in this pamphlet. Only those reports which do not result in an error can be included in the file used for the actual reporting. Details of those reports containing an error will be provided as part of the application.

Once the Pre-Edit file contains no errors, you will be asked to identify which of the following **File Formats** you are using to report each employer's **wage records**. Specific details for each of the following file formats for the wage record reporting is included in this pamphlet.

## WageRecordFormats:

- Format 1 = 'ASCII format'
- Format 2 = fixed length 80 BYTE record with 25 records to a block.
- SSA' format
- 'ICESA' format

Regardless of the format used, the following rules apply to the wage record file:

- DO NOT include 'S' record if wages are zero or negative.
- Only one record for each employee per employer during the quarter is permitted.
- All numeric fields are right justified, with preceding zero's to fill required "field picture".

Following each wage record report, you must also include a **Contribution Report**. Details and file format for the Contribution Report follows the wage record format information in this pamphlet.

After the file containing all wage record and contribution reports has been uploaded and accepted, you will be given the opportunity to review the reports submitted. The "Review Page" also provides an option for the user to view/print a PDF report of each employer's record by clicking **upload report file** button. **To complete the filing, the user must click the "Confirmed" Button and then click "Continue" button.**

The "Confirmation Page" is proof the reports have been filed. It will also provide you with the **Confirmation Code** that will be required when you submit payment. The payment must equal the "total due" amount indicated on the "Confirmation Page". The **Addendum Format** will provide you with the details needed when submitting payment.

If you have any questions regarding the information contained within or the application, please contact us at 1-802-828-4344.

**Bulk Filing Registration Form**  
**3<sup>rd</sup> Party Quarterly Wage & Contribution Report On-Line Application**

Please provide the following information and mail or fax to:

Vermont Department of Labor  
ATTENTION: Employer Services  
PO Box 488  
Montpelier, VT 05601-0488

Fax number: 802-828-4248

Telephone number: 802-828-4344

**Please list up to 5 employer #'s & how many employees that you will be filing for:**

Employer # \_\_\_\_\_

# of Employees \_\_\_\_\_

**Organization Information:**

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Federal ID number \_\_\_\_\_

**Contact information for Person Responsible for Filing Reports:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax number \_\_\_\_\_

E-Mail address \_\_\_\_\_

Authorized signature \_\_\_\_\_

Completed and returned by VDOL Representative:

3<sup>rd</sup> Party On-Line Application "User ID" # assigned



VDOL Deposit Account information for electronic payment for reports filed electronically:

Account Number: 89000203

Routing Number: 011600062

Approved by \_\_\_\_\_ Date \_\_\_\_\_

# Terms and Conditions

## 3rd Party Quarterly C-101 Wage & Contribution Report On-Line Application

Each time the 3rd Party Quarterly C-101 Wage & Contribution Report On-Line Application is accessed, the individual who has provided the application with the "User ID" number and "Password" will certify compliance with the following **"Terms and Conditions"**.

3rd party reporter:

- A) has executed an Memorandum of Understanding for Third Party Reporters (VDOL form C-49) effective June 2008 or subsequent;
- B) will submit a "Pre-Edit" file in advance of the report's "due date" to facilitate corrections or removal of all reports detailed on the "Rejected Report";
- C) will validate and use current experience rate for the client account;
- D) will provide all reporting data as required on the Quarterly C-101 Wage & Contribution Report, in VDOL approved format;
- E) will apply any outstanding credit balance against the client's current quarter amount due VDOL;
- F) will electronically transmit from their banking institution or submit one paper check in the total amount due, as calculated by the 3rd Party Quarterly C-101 Wage & Contribution Report On-Line Application, for all employers included in the electronic file submission for the reporting quarter;
- G) agrees to include the "Confirmation Code", provided by VDOL on the application's "Confirmation Page", in the Addendum format of the electronic payments, or on the supercheck memo line;
- H) agrees to file (or not file) Quarterly C-101 Wage & Contribution Reports as VDOL On-Line application directs. When directed to file report manually:
  - 1. the wage record portion of the Quarterly C-101 Wage & Contribution Report must be filed via compact disc;
  - 2. the C-101 bottom portion of the Quarterly C-101 Wage & Contribution Report and payment must be filed via paper and mailed to VDOL, ATTENTION: Cashier, PO Box 488, Montpelier, VT 05601-0488, with the information requested by VDOL;
  - 3. the 3rd party reporter agrees to make their client aware of the necessity to register with VDOL to determine liability for reporting and further agrees to make the employer aware of a reject related to reporting liability to ensure subsequent reporting is or is not submitted as noticed on the "Rejected Report."

# Pre-Edit File Format

The Pre-Edit file provides up-to-date information regarding the status of the employer's account, as well as any outstanding credits.

**File format of information being sent by 3rd Party reporter in pre-edit file:**

**The pre-edit file needs to include a header line. The format of the header line is;  
ERN,FEIN,POA,USERFIELD1,USERFIELD2**

| Field Description  | Field Format                      | Field Picture |
|--|-----------------------------------|---------------|
| Employer VDOL Account Number   | Numeric                           | 7             |
| Employer Federal Identification Number   | Numeric                           | 9             |
| Assigned 3rd Party Reporting 3-digit POA Number  | Numeric                           | 3             |
| User Field1 Employer name or<br>(i.e. account number 3rd Party Reporter has assigned)        | Alpha/Numeric<br>(must be quoted) | Up to 50      |
| User Field2 Payroll Service name or<br>(i.e. account number 3rd Party Reporter has assigned) | Alpha/Numeric<br>(must be quoted) | Up to 50      |

Example:

ERN,FEIN,POA,USERFIELD1,USERFIELD2 1  
234567,987654321,123,"USER FIELD 1","USER FIELD 2"  
APPLIED FOR,22222222,011,"MISCELLANEOUS EMPLOYER","PAYROLL SERVICE NAME",

**File format of information being sent back by VDOL to 3rd Party reporter:**

| Field Description  | Field Format              | Field Picture |
|--|---------------------------|---------------|
| Employer VDOL Account Number   | Numeric                   | 7             |
| Employer Federal Identification Number   | Numeric                   | 9             |
| Credit Balance (if applicable)   | 13                        | 9(11) V99     |
| Debit Balance * (if applicable)<br>(see attached language)                                   | 13                        | 9(11) V99     |
| Employer Name of Business (from VDOL files)  | Alpha/Numeric<br>(quoted) | Up to 35      |
| Assigned 3rd Party Reporting User ID Number  | Numeric                   | 3             |
| Current Tax Rate (**see example below)   | Numeric                   | 4             |
| Employer Name of Business (from VDOL files)  | Alpha/Numeric<br>(quoted) | Up to 35      |
| User Field1 Employer name or<br>(i.e. account number 3rd Party Reporter has assigned)        | Alpha/Numeric<br>(quoted) | Up to 50      |
| User Field2 Payroll Service name or<br>(i.e. account number 3rd Party Reporter has assigned) | Alpha/Numeric<br>(quoted) | Up to 50      |

This example for "TESTBUSINESS" has a \$12.34 credit and no outstanding debit balance.

ERN,FEIN,CREDITBALANCE,DEBITBALANCE,EMPLOYERNAME,POACODERATE,USERFIELD1,USERFIELD2  
1234567,123456789,000000001234,000000000000,"TESTBUSINESS",123,0090,"USERFIELD1","USERFIELD2

" All numeric fields are right justified, with preceding zero (0) to fill.

\* For information only.

\*\* 1.0% tax rate will be displayed as 0100; 2.6% tax rate will be displayed as 0260.

# FORMAT 1

The department will accept quarterly wage data in ASCII format only.

| Location Columns | Field Description          | Field Picture | Field Description Details                                      |
|------------------|----------------------------|---------------|--|
| 1-9              | Social Security Number     | 9(9)          | Self Explanatory   |
| 10-34            | Name, Last, First, MI      | X(25)         | Last Name, First Name, MI                                      |
| 35               | Quarter                    | 9             | Report Quarter (1, 2, 3, 4)                                    |
| 36-37            | Year                       | 99            | Last 2 Digits  |
| 38-47            | Total Gross Wages          | 9(7).99       | Total gross wages paid during report quarter. *                |
| 48               | Filler                     | 9             | Space  |
| 49-55            | VT Employer Account Number | 9(7)          | Account number assigned by Vermont Dept. of Labor. **          |
| 56-56            | Hourly/Salaried Flag       | X(1)          | H = hourly employee<br>S = salaried employee                   |
| 57-57            | Gender                     | X(1)          | F = female      M = male                                       |
| 58-61            | Total hours worked ***     | 9(4)          | Total hours paid for hourly workers only.                      |
| 62-68            | Hourly Wages               | 9(4).99       | Rate paid for most hours in quarter for hourly workers only. * |
| 69-80            | Filler                     | X(12)         |  |

\* Indicate dollars and cents (decimal point is required) with preceding zeros if less than required "field picture"

\*\* Enter preceding zeros if VT Employer Account number is less than 7 digits.

\*\*\* At this time, element is not required. Field may be zero filled or left blank.

## REMEMBER:

- Only one record for each employee per employer is permitted.
- There must be a carriage return/line feed in column 81 of each record.
- A "Contribution Report" record for each employer's account must follow each wage record file. Specs for contribution report form are provided on page 15.

# FORMAT 2

| Location Columns | Field Description          | Field Picture | Field Description Details  |
|------------------|----------------------------|---------------|--|
| 1-9              | Social Security Number     | 9(9)          | Self Explanatory   |
| 10-34            | Name                       | X(25)         | Last Name, First Name, MI  |
| 35               | Quarter                    | 9             | Report Quarter (1, 2, 3, 4)  |
| 36-37            | Year                       | 99            | Last 2 Digits  |
| 38-46            | Total Gross Wages          | 9(7)V99       | Total gross wages paid during report quarter. * (No decimal points)                |
| 47-48            | Filler                     | 9(2)          |  |
| 49-55            | VT Employer Account Number | 9(7)          | Account number assigned by Vermont Dept. of Labor. **                              |
| 56-56            | Hourly/Salaried Flag       | X(1)          | H = hourly employee<br>S = salaried employee                                       |
| 57-57            | Gender                     | X(1)          | F = female          M = male   |
| 58-61            | Total hours worked ***     | 9(4)          | Total hours paid for hourly workers only.  |
| 62-67            | Hourly wage                | 9(4)v99       | Rate paid for most hours in quarter for hourly workers only. * (No decimal points) |
| 68-80            | Filler                     | X(13)         |  |

\* Indicate dollars and cents (no decimal points) with preceding zeros if less than required "field picture.

\*\* Enter preceding zeros if VT Employer Account number is less than 7 digits

\*\*\* At this time, element is not required. Field may be zero filled or left blank.

**REMEMBER:**

- Only one record for each employee per employer is permitted.
- There must be a carriage return/line feed in column 81 of each record.
- A "Contribution Report" record for each employer's account must follow each wage record file. Specs for contribution report form are provided on page 15.

# SSA FORMAT

SSA Format as described on the following pages uses the general format of the Social Security Administration, although specific field content and structure must conform to Vermont's specifications.

The order of the records on the file would be as follows:

| Record-Id | Description  |
|-----------|--|
| E         | A code 'E' record for each employer on the file, followed by at least one code 'S' record followed by a code 'F' record at the end of the file. There is only 1 'F' record on the entire file. |
| S         |  |
| S         |  |
| S         |  |
| E         |  |
| S         |  |
| S         |  |
| F         |  |

In all cases, only one record for each employee per employer is permitted. There must always be a carriage return/line feed in column 276 of each record.

Use the following key codes for each SSA Format "Field Description Details":

- \* Indicate dollars and cents with no decimal point with preceding zero's if less than required field picture.
- \*\* If VDOL account number is less than 7 digits, enter preceding zero's to fill required 7 digit field picture.
- \*\*\* At this time, element is not required. Field may be zero filled or left blank.

## CODE 'E' - Employer Record

| Location Columns | Field Description          | Field Picture | Field Description Details                                    |
|------------------|----------------------------|---------------|--|
| 1                | Record-Id                  | X             | Always 'E' - 1 record for each employer account.             |
| 2-3              | Report Quarter             | 99            | Last month of the report quarter.<br>( '03' '06' '09' '12' ) |
| 4-5              | Report Year                | 99            | Last 2 digits of report year.                                |
| 6-14             | Federal Employer Id        | 9(9)          | Federal employer number.                                     |
| 15-21            | VT Employer Account Number | 9(7)          | Account number assigned by Vermont Dept. of Labor. **        |
| 22-23            | Filler                     | X(2)          |  |
| 24-73            | Employer Name              | X(50)         |  |
| 74-113           | Employer Address           | X(40)         |  |
| 114-138          | Employer City              | X(25)         |  |
| 139-148          | Employer State             | X(10)         |  |
| 149-158          | Filler                     | X(10)         |  |
| 159-275          | Filler                     | X(117)        |  |



## SSA FORMAT - Continued

### CODE 'S' - Supplemental State Record

| Location Column | Field Description          | Field Picture | Field Description Details  |
|-----------------|----------------------------|---------------|--|
| 1               | Record-Id                  | X             | Always 'S' - 1 Record for Each Employer.   |
| 2-10            | Social Security No.        | 9(9)          | Self Explanatory   |
| 11-37           | Employee Name              | X(27)         | Last Name, First Name, MI  |
| 38-131          | Filler                     | X(94)         |  |
| 132-140         | Total Gross Wages          | 9(7)V99       | Total gross wages paid during report quarter. * (No decimal points)                |
| 141-142         | Filler                     | 9(2)          |  |
| 143-149         | VT Employer Account Number | 9(7)          | Account number assigned by Vermont Dept. of Labor. **                              |
| 150-159         | Filler                     | X(10)         |  |
| 160-160         | Hourly/Salaried Flag       | X(1)          | H = hourly employee<br>S = salaried employee                                       |
| 161-161         | Gender                     | X(1)          | F = female          M = male   |
| 162-165         | Total hours worked ***     | 9(4)          | Total hours paid for hourly workers only.  |
| 166-171         | Hourly Wage                | 9(4)v99       | Rate paid for most hours in quarter for hourly workers only. * (No decimal points) |
| 172-275         | Filler                     | X(104)        |  |

### CODE 'F' - Final Record

|        |             |         |  |
|--------|-------------|---------|--|
| 1      | Record-Id   | X       | Always 'F' - 1 code F record for the tape. |
| 2-7    | Filler      | X(6)    |  |
| 8-18   | Total Wages | 9(9)V99 | Total wages for all employees reported.    |
| 19-275 | Filler      | X(257)  |  |

**REMEMBER:**

- A "Contribution Report" record for each employer's account must follow each wage record file. Specs for contribution report form are provided on page 15.

# ICESA FORMAT

This is the uniform format for quarterly UI wage reporting. As developed by the Interstate Conference of Employment Security Agencies and is commonly referred to as the ICESA Format.

The layouts for the various record types are described on the following pages. Only the fields required by Vermont are shown. Specific field content and structure must conform to Vermont's specifications. All records are 275 BYTES.

**There are six record types used by this format. They are:**

| <b>Record Id</b> | <b>Description</b>   |
|------------------|--|
| A                | First record in file; identifies transmitter.  |
| B                | Second record in file; identifies type of equipment used to create the file.   |
| E                | identifies employer whose wage data is being reported. There should be one 'E' record for each employer on the file. |
| S                | Used to report wage data for an employee. 'S' records should follow the related 'E' record.                          |
| T                | Contains the totals for all 'S' records for the related 'E' record.  |
| F                | Last record in file; indicates the end of file.  |

The order of the records on the file would be as follows:

A B E S S S S S S T E S S S S S S T E S S S S S S S S S T F

Use the above key codes for ICESA format "Field Description Details":

- \* Indicate dollars and cents with no decimal point with preceding zero's if less than required field picture.
- \*\* If VDOL account number is less than 7 digits, enter preceding zero's to fill required 7 digit field picture.
- \*\*\* At this time, element is not required. Field may be zero filled or left blank.

## ICESA FORMAT - Continued

|                                      |
|--------------------------------------|
| <b>CODE 'A' - Transmitter Record</b> |
|--------------------------------------|

| Location Columns | Field Description      | Field Picture | Field Description Details |
|------------------|------------------------|---------------|---------------------------|
| 1-1              | Record Id              | X(01)         | Always 'A'                |
| 2-5              | Year                   | 9(04)         | Year Of Data On File.     |
| 6-14             | Transmitter's Fein     | 9(09)         |                           |
| 15-18            | Taxing Entity Code     | X(04)         | Always 'UTAX'             |
| 19-23            | Filler                 | X(05)         |                           |
| 24-73            | Name Of Transmitter    | X(50)         |                           |
| 74-113           | Street Address         | X(40)         |                           |
| 114-138          | Transmitter City       | X(25)         |                           |
| 139-140          | Transmitter State      | X(02)         |                           |
| 141-153          | Filler                 | X(13)         |                           |
| 154-158          | Transmitter Zip        | X(05)         |                           |
| 159-163          | Zip Extension          | X(05)         |                           |
| 164-193          | Name Of Contact Person | X(30)         |                           |
| 194-203          | Contact Telephone No.  | 9(10)         |                           |
| 204-207          | Telephone Extension    | 9(04)         |                           |
| 208-213          | Authorization Code     | 9(06)         |                           |
| 214-242          | Filler                 | X(29)         |                           |
| 243-250          | Tape Creation Date     | 9(08)         | MMDDYYYY                  |
| 251-275          | Filler                 | X(25)         |                           |

## ICESA FORMAT - Continued

|  |
|--|
| <b>CODE 'B' - Authorization Record</b> |
|--|

| Location Columns | Field Desc         | Field Pictur | Field Description Details                      |
|------------------|--------------------|--------------|--|
| 1-1              | Record Id          | X(01)        | Always 'B'                                     |
| 2-5              | Year               | 9(04)        | Year Of Data On File.                          |
| 6-14             | Transmitter's Fein | 9(09)        |  |
| 15-22            | Computer           | X(08)        | Manufacturer's Name                            |
| 23-24            | Internal Label     | X(02)        | May be left blank                              |
| 25-25            | Filler             | X(01)        |  |
| 26-27            | Density            | 9(02)        | May be left blank                              |
| 28-30            | Character Set      | X(03)        | Always 'EBC'                                   |
| 31-32            | Number Of Tracks   | 9(02)        | May be left blank                              |
| 33-34            | Blocking Factor    | 9(02)        | Always '25'                                    |
| 35-38            | Taxing Entity Code | X(04)        | Always 'UTAX'                                  |
| 39-146           | Filler             | X(108)       |  |
| 147-190          | Organization Name  | X(44)        | Organization to Which File Should Be Returned. |
| 191-225          | Street Address     | X(35)        | Address To Which The File Should Be Returned.  |
| 226-245          | City               | X(20)        |  |
| 246-247          | State              | X(02)        |  |
| 248-252          | Filler             | X(05)        |  |
| 253-257          | Zip Code           | X(05)        |  |
| 258-262          | Zip Extension      | X(05)        |  |
| 263-275          | Filler             | X(13)        |  |

## ICESA FORMAT - Continued

|                                   |
|-----------------------------------|
| <b>CODE 'E' - Employer Record</b> |
|-----------------------------------|

| Location<br>Columns | Field<br>Description       | Field<br>Picture | Field<br>Description Details                             |
|---------------------|----------------------------|------------------|--|
| 1-1                 | Record Id                  | X(01)            | Always 'E'   |
| 2-5                 | Year                       | 9(04)            | Year Of Data On File.                                    |
| 6-14                | Transmitter's Fein         | 9(09)            |  |
| 15-23               | Filler                     | X(09)            |  |
| 24-73               | Employer Name              | X(50)            |  |
| 74-166              | Filler                     | X(93)            |  |
| 167-170             | Taxing Entity Code         | X(04)            | Always 'UTAX'  |
| 171-172             | State Code                 | 9(02)            | '50' state to which wages are being sent.                |
| 173-179             | VT Employer Account Number | 9(07)            | Account number assigned by Vermont<br>Dept. of Labor. ** |
| 180-187             | Filler                     | X(08)            |  |
| 188-189             | Reporting Period           | 9(02)            | Last month of report quarter.<br>( '03' '06' '09' '12' ) |
| 190-275             | Filler                     | X(86)            |  |

## ICESA FORMAT - Continued

|                                   |
|-----------------------------------|
| <b>CODE 'S' - Employee Record</b> |
|-----------------------------------|

| Location Columns | Field Description          | Field Picture | Field Description Details   |
|------------------|----------------------------|---------------|---|
| 1-1              | Record Id                  | X(01)         | Always 'S'  |
| 2-10             | Social Security Number     | 9(09)         | Valid SSN.  |
| 11-30            | Employee Last Name         | X(20)         |   |
| 31-42            | Employee First Name        | X(12)         |   |
| 43-43            | Middle Initial             | X(01)         |   |
| 44-45            | State Code                 | 9(02)         | '50' State to which wages are being sent.   |
| 46-49            | Report Quarter-Year        | 9(04)         | Last Month and Year Of Report Quarter.<br>'0605' = Apr-June 2005                  |
| 50-63            | Gross Wages For Qtr        | 9(12)v99      | Total gross wages paid during report quarter. * (No decimal point)                |
| 64-142           | Filler                     | X(79)         |   |
| 143-146          | Taxing Entity Code         | X(04)         | Always 'UTAX'   |
| 147-154          | Filler                     | X(08)         |   |
| 155-161          | VT Employer Account Number | 9(07)         | Account number assigned by Vermont Dept. of Labor. **                             |
| 162-232          | Filler                     | X(71)         |   |
| 233-233          | Hourly/Salaried Flag       | X(1)          | H = hourly employee<br>S = salaried employee                                      |
| 234-234          | Gender                     | X(1)          | F = female      M = male  |
| 235-238          | Total hours worked ***     | 9(4)          | Total hours paid for hourly workers only.   |
| 239-244          | Hourly wage                | 9(4)v99       | Rate paid for most hours in quarter for hourly workers only. * (No decimal point) |
| 245-275          | Filler                     | X (31)        |   |

- \* Indicate dollars and cents (no decimal points) with preceding zeros if less than required "field picture"
- \*\* Enter preceding zeros if VT Employer Account number is less than 7 digits.
- \*\*\* At this time, element is not required. Field may be zero filled or left blank.

**Only one employer record is allowed per employer per quarter.**

## ICESA FORMAT - Continued

### CODE 'T' - Total Record

| Location<br>Column | Field<br>Description      | Field<br>Picture | Field<br>Description Details                                   |
|--------------------|---------------------------|------------------|--|
| 1-1                | Record Id                 | X(01)            | Always 'T'   |
| 2-8                | Total Number Of Employees | 9(07)            | Total Number Of 'S' Records For Employer.                      |
| 9-12               | Taxing Entity Code        | X(04)            | Always 'UTAX'  |
| 13-26              | Total Gross Wages         | 9(14)            | Total Wages On 'S' Records For Employer.<br>(no decimal point) |
| 27-275             | Filler                    | X(249)           |  |

### CODE 'F' - Final Record

|        |                                   |        |   |
|--------|-----------------------------------|--------|---|
| 1-1    | Record ID                         | X(01)  | Always 'F'  |
| 2-11   | Total Number of Employees in File | 9(10)  | Total Number of 'S' Records in Entire File                  |
| 12-21  | Total Number Of Employes in File  | 9(10)  | Total Number of 'E' Records in Entire File                  |
| 22-25  | Taxing Entity Code                | X(04)  | Always 'UTAX'   |
| 26-40  | Total Gross Wages In File         | 9(15)  | Total Of Gross Wages on All 'S' Records (no decimal points) |
| 41-275 | Filler                            | X(235) |   |

#### REMEMBER:

- A "Contribution Report" record for each employer's account must follow each wage record file. Specs for contribution report form are provided on page 15.

# Contribution Report Format

Unlike filing by Magnetic Media, each wage record must be followed by and end with a contribution report for each employer's record.

| Field No. | Field Description                                    | Field Picture   |
|-----------|--|-----------------|
| 1         | Record Type Indicator                                | X(1) ALWAYS 'C' |
| 2         | Employer Number                                      | 7               |
| 3         | Year   | 9(4)            |
| 4         | Quarter  | 9(1)            |
| 5         | Month 1 Employee Count                               | 9(5)            |
| 6         | Month 2 Employee Count                               | 9(5)            |
| 7         | Month 3 Employee Count                               | 9(5)            |
| 8         | Zero (0) Fill (Former 3 Month Female Employee Count) | 9(5)            |
| 9         | Total Wages *  | 9(13)           |
| 10        | Excess Wages *                                       | 9(13)           |
| 11        | Taxable Wages *                                      | 9(13)           |
| 12        | Unemployment Contribution Amount Due **              | 9(11)           |
| 13        | Zero (0) Fill (Former FTE Employee Count)            | 9(6)            |
| 14        | Zero (0) Fill (Former Health Care Amount Due **)     | 9(11)           |
| 15        | Total Amount Due VDOL for reporting quarter **       | 9(11)           |
| 16        | Employer no longer has employees in VT               | X (Y or N)      |
| 17        | Employer has discontinued operations in VT           | X (Y or N)      |
| 18        | Business has had a change in ownership               | X (Y or N)      |
| 19        | Business has had a change in mailing address         | X (Y or N)      |

All numeric fields are right justified, with preceding zero (0) to fill.

**Do not truncate or round.**

Example:

\* \$22,111,255,488.95 = 2211125548893

Should be:

\*\* \$111,255,488.93 = 11125548893

**Field No.: NOT PART OF FORMAT**



## Contribution Report Form With Column by Column Breakdown

| Field No. | Field Description                              | Columns | Field Picture   |
|-----------|--|---------|-----------------|
| 1         | Record Type                                    | 1       | X(1) ALWAYS "C" |
| 2         | Employer Number                                | 2-8     | 9(7)            |
| 3         | Year   | 9-12    | 9(4)            |
| 4         | Quarter  | 13      | 9(1)            |
| 5         | Month 1 Employee Count                         | 14-18   | 9(5)            |
| 6         | Month 2 Employee Count                         | 19-23   | 9(5)            |
| 7         | Month 3 Employee Count                         | 24-28   | 9(5)            |
| 8         | Zero (0) Fill (3 Month Female Employee Count)  | 29-33   | 9(5)            |
| 9         | Total Wages *                                  | 34-46   | 9(13)           |
| 10        | Excess Wages*                                  | 47-59   | 9(13)           |
| 11        | Taxable Wages*                                 | 60-72   | 9(13)           |
| 12        | Unemployment Compensation Amount Due **        | 73-83   | 9(11)           |
| 13        | Zero (0) Fill (Former FTE Employee Count)      | 84-89   | 9(6)            |
| 14        | Zero (0) Fill (Former Health Care Amount Due)  | 90-100  | 9(11)           |
| 15        | Total Amount Due VDOL for reporting Quarter ** | 101-110 | 9(11)           |
| 16        | Employer no longer has employees in VT         | 112     | X(Y or N)       |
| 17        | Employer has discontinued operations in VT     | 113     | X(Y or N)       |
| 18        | Business has had a change of ownership         | 114     | X(Y or N)       |
| 19        | Business has had a change in mailing address   | 115     | X(Y or N)       |

## Addendum Format (For Electronic Payments ONLY)

Payment amount for each employer must equal the total amount determined due on the filing date. All fields are mandatory.

| Field # | Field Name                 | Field Type | Field Size | Contents           |
|---------|----------------------------|------------|------------|--------------------|
|         | Segment ID                 |            | 3          | DOL                |
|         | Separator                  |            | 1          | *                  |
| DOL01   | Service Bureau # (user ID) | N          | 3          | ###                |
|         | Separator                  |            | 1          | *                  |
| DOL02   | Taxpayer ID (Employer #)   | N          | 7          | #####              |
|         | Separator                  |            | 1          | *                  |
| DOL03   | Tax Type Code              | ID         | 5          | 01111              |
|         | Separator                  |            | 1          | *                  |
| DOL04   | Tax Period End Date        | DT         | 6          | yymmdd             |
|         | Separator                  |            | 1          | *                  |
| DOL05   | Amount Type                | ID         | 1          | T                  |
|         | Separator                  |            | 1          | *                  |
| DOL06   | Amount                     | N2         | 10         | \$\$\$\$\$\$\$cc   |
|         | Separator                  |            | 1          | *                  |
| DOL07   | Confirmation Code          | AN         | 16         | XXXXXXXXXXXXXXXXXX |
|         | Terminator                 | M          | 1          | \                  |

**Example:** Service bureau 333 reporting for Department of Labor employer account number 2990001 filing for 1st quarter 2008, paying tax of \$2550.50 and receiving a confirmation code passed back from the application of 27f8b12d-15aO-42 would be displayed as:

DOL\*333\*2990001\*01111\*080331\*T\*0000255050\* 27f8b12d-15aO-42\*\

BANK NAME: PEOPLES UNITED BANK

ACCOUNT NUMBER:

ROUTING NUMBER:

**Provided on Approved Registration Form**

### Addendum format definitions:

**AMOUNT:** The amount fields are used to carry the dollar amount owed and/or being paid. Only one amount field (DOL05) is required. Currently, the other amount fields are not being used.

**AMOUNT TYPE:** The amount type is used to identify the type of amount that follows. Currently, the only acceptable value is "T" for tax.

**AN:** The string type data element is symbolized by the representation AN. Contents of string type data elements are a sequence of letters, digits, spaces, and/or special characters. The contents shall be left-justified. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length requirement.

**DT:** The date type element is symbolized by the representation DT. Format for the date type is YYMMDD. YY is the last two digits of the year (00-99 with 00 = 2000), MM is the numeric value of the month (01-12) and DD is the numeric value of the day (01-31).

**DATA ELEMENT TYPE:** The data element type identifies the type of information contained in the data element field. For instance, AN, ID, DT, N2.

**FIELD REQUIREMENT:** The field requirement of a field data element indicates whether the field is mandatory (M), optional (O), or conditional (C).

**ID:** The identified type data element is symbolized by the representation ID. An identifier data element shall always contain a value from a predefined list of values.

**N2:** The numeric type of field or data element is represented by the two-position representation N2. N indicates the numeric and 2 indicates the decimal places to the right of a fixed, implied decimal point. The decimal point is not transmitted. It is intended that this number will always be positive for the DOL application. In the DOL convention, the amount fields are defined as N2 type data elements. Thus, \$1,200.00 would look as follows \*0000120000\*. Note for zero dollar amounts: this data element type may contain one character - 0.

#### **Addendum Field Name Requirements:**

**Segment Identifier:** **DOL** must be entered in this field. This identifies the transaction as a tax payment.

**Separator:** An asterisk ( \* ) must be entered to separate data elements in the CCD+ record.

**Service Bureau Code:** This is the three digit number "User ID" number assigned for use of the 3rd party Quarterly C-101 Wage and Contribution On-Line Application assigned by the Vermont Department of Labor

**Taxpayer Identifier:** The 7-digit account employer number assigned by the Vermont Department of Labor must be in this field.

**Tax Type Code:** **01111** must be entered in this field to identify payment is for Quarterly Tax and Wage Reporting.

**Tax Period End Date:** Quarter end date for the report being submitted. The date is entered as YYMMDD. YY = year; MM = month; DD = day. (Example: 080331 represent 1st quarter of 2008 filing, which ended on March 31st, 2008).

**Amount Type:** Enter **T** for tax.

**Amount:** Enter the dollar amount being paid. The amount field should always contains cents.

**Confirmation Code:** Enter the 16-character **Confirmation Code** provided on the confirmation page of the 3rd Party C-101 Wage and Contribution Report On-Line application for which the electronic payment is associated to.