

Wage Record Specifications

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Wage Record Specifications

Introduction

The purpose of this publication is to provide employers and their authorized representatives with the requirements for reporting quarterly wage information electronically when filing with the Department of Labor and Training's Employer Tax Unit.

Since 2009, employers with twenty-five (25) or more employees are required to electronically file the summary portion of their wage record data. Employers can electronically file using the approved Compact Disk (CD) electronic format.

Individual employers can file their wage record at uitax.ri.gov. Select Online Tax Reporting from the menu. Then click the link labelled "Online Tax Reporting".

General Information

The Approval Process

Employers desiring to file using the CD method for the first time must complete an *Application for Quarterly Wage Reporting Input Device* form 730*. Service bureaus and payroll service companies must complete the *Application for Multiple Employer Wage Reporting* Form 730-M***in place of the *Application for Quarterly Wage Reporting Input Device* form 730* for their wage record submissions to be processed. All applications must be submitted to the Employer Tax Unit at the address provided on the application for processing.

In addition to the application, all employers must submit a test CD which will allow the agency to review and approve the file specifications. The agency will respond to the application and test the input device within 21-days of receipt. Reports may not be filed electronically with the agency until written approval is granted via email. Approval can be provided over the [phone](#) by calling the Wage Record Unit within the Employer Tax Unit, after sufficient time has been allowed to receive the submission.

Reporting Specifications – State Format

The Wage Reporting Section will accept quarterly wage CDs submitted in accordance with the following specifications.

- All CDs must be recorded in ASCII.
- Internal Labels (standard 80-character records) are required unless special handling is requested and specifically agreed to by the agency.
- Header and trailer records must be separated from the data records.
- External labels must clearly state whether data on the CD is blocked or unblocked, whether the CD has an internal label, the employee record count, the number of employers if more than one, and the type of format.
- Record Size must be 276 Characters and end each record with CR LF (Carriage Return Line Feed).
- The following material must be submitted with your CD each quarter:
 - Wage Record Transmittal Sheet- This includes the employers 10-digit RI SUI account # and the count of the number of employees if more than one.
 - Quarterly Contribution and Wage Report (TX-17)
 - If submitting a tax report and/or a remittance check, make it out to RIET. Address both correspondences to cc/ Margaret Kaluza at Accounts and Control.

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Data Format

All numeric fields must be right justified and zero filled. Any field cited as blank will not be processed and will be returned for correction and resubmittal, as these cannot be processed.

Record Types

Two record types must be submitted on the quarterly wage input device. The Record Identifier Code appearing in the first position of the record will identify each record. A “T” will identify the summary record and a “W” will identify each detail record. One or more detail “W” record(s) will always follow a single summary record “T”. Record types other than those indicated should not be submitted.

Record Name: Employer Summary Record – Identifier Code “T”

Position	Character Type	Field	Length	Remarks
1	A	Record Identifier Code	1	Constant “T”
2-13	N	Quarterly Wages*	12	Total Wages Paid During Quarter
14-25	N	Wage Record Total*	12	Sum of all wages on “W” records
26-34	A	Magnetic Tape Reporter Code	9	Constant “CDFILEWGR” See below
35-43	X	Blank	9	
44-53	N	RI Employer Account No. Do not use Federal ID #	10	
54-75	X	Blank	22	
76-77	N	Year Being Reported	2	Last 2 digits
78	N	Quarter Being Reported	1	1=Jan-Mar 2=Apr-Jun 3=Jul-Sep 4=Oct-Dec
79-89	A	Employer Name	11	
90-276	X	Blank	187	

Record Name: Employer Detail Record – Identifier Code “W”

Position	Character Type	Field	Length	Remarks
1	A	Record Identifier Code	1	Constant “W”
2-25	X	Blank	24	
26-34	A	Microfilm Index Number	9	Constant “CDFILEWGR” See below
35-43	N	Social Security Number	9	If not available, zero fill

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44-53	N	Employer Registration No	10	Same as item 6 in "T"
54-62	A	Employee Last Name	9	
63	A	Employee First Initial	1	
64-75	N	Wages Reported for the Quarter	12	"0" wage detail is not recognized and will not be processed. May cause file to fail
76-77	N	Year Being Reported	2	
78	N	Quarter Being Reported	1	
79-89	A	Employer Name	11	
90-91	N	Number of Weeks Worked	2	
92-95	N	Number of Hours Worked	4	
96-276	X	Blank	181	

Record Name

Detailed Wage Information Record – Identifier Code TW

Magnetic tape reporter code (position 26-34) for the "T" record and the "W" record:

CD filer's use: -----"CDFILEWGR"

Internet filer's use: -----"INTERNWGR"

All wage items must be reported as dollars and cents with no decimals.

TYPE KEY: A=Alphabetic N=Numeric X=Character

Unreadable Input Device

Any media submitted to the Employer Tax Unit that is unreadable will be returned. Unreadable media includes incorrect reporting specifications. It is the responsibility of each employer to ensure that the submissions are completed accurately and timely prior to the reporting deadline. With that in mind it may be best for the wage record to be submitted immediately following the quarter close date. Penalties will be assessed for reports that are not received timely and accurately.

Amending Information Already Reported

Amendments to data already provided to the agency must be submitted in writing with a letter explaining the reason for adjusting the reported data. All amendments can be sent to the address below.

There are two ways to submit an amended report to the department.

1. [Quarterly Tax and Wage Report \(TX-17\)](#) - Amendments of 20 or fewer employees can be submitted using this form. If the amendment is for both the tax report and the wage record, both portions of the TX-17 report must be completed. If a remittance is due

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include a check payable to RIET. When completing both the tax and wage report enter "0" where no wages are reported for that quarter.

If only the wage report is being amended, only complete the identifying employer information and lower portion of the TX-17. The Tax report is not required if the adjustment only affects the wage record. However, if taxes are being adjusted the tax report would be required.

When Amendments are submitted a letter of explanation needs to accompany the report. This letter needs to detail the reasons for all changes contained therein.

All individual quarters must be submitted separately and mailed to the Employer Tax address listed at the top of the form.

2. *CD*- If you are reporting an amendment containing 20 or more employees the data can be submitted using CD format. CDs must contain all employer records, not just the records being adjusted because the updated data will overwrite data previously reported.

Each quarter must be submitted separately. Employers submitting CDs must also send a letter explaining the reason for all records being amended.

ADDITIONAL INFORMATION

For additional information about amendments and CD reporting contact the department at:

Rhode Island Department of Labor & Training

Employer Tax Unit - Wage Record

1511 Pontiac Avenue

Cranston, Rhode Island 02920 - 0942

Phone: (401) 574-8136

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***APPLICATION FOR 1st TIME QUARTERLY WAGE REPORTING ON CD**

Name of Requesting Firm: _____

R.I. Employer Acct. No.: _____

Address:

Estimated Number of Employees to be reported: _____

Contact Person (Title and Phone No.) _____

Return Address for Tape: _____

First Quarter CD Will Be Submitted For: _____

Special Handling Requests:

Signature and Title: _____ Date: _____

SEND QUARTERLY WAGE INPUT DEVICE TO:

Rhode Island Department of Labor & Training

Employer Tax Unit -Wage Record Unit

1511 Pontiac Avenue, Cranston, Rhode Island 02920-5402

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*****RHODE ISLAND DEPARTMENT OF LABOR & TRAINING - EMPLOYER TAX UNIT
MULTIPLE EMPLOYER APPLICATION FOR QUARTERLY WAGE REPORTING ON AN
ELECTRONIC DEVICE**

Name of Submitting Firm:

Address:

Estimated number of R.I. employers to be reported:

List all R.I. employers listed in the attached device:

If necessary additional documents can contain the following:

- Employer Name
- R.I. Registration No.
- No. Of Employees

Print Name: _____

Signature and Title: _____

Date: _____

RETURN THIS FORM WITH COMPLETED DET-730 AND OTHER REQUIRED

MATERIAL TO:

Rhode Island Department of Labor & Training - Employer Tax Unit

Attn: Wage Record Unit

1511 Pontiac Avenue, Cranston, Rhode Island 02920-5402