

**STATE OF RHODE ISLAND**



**DEPARTMENT OF REVENUE**

**DIVISION OF TAXATION - EMPLOYER TAX SECTION**

**EMPLOYERS GUIDE TO ELECTRONIC REPORTING**

**OF**

**QUARTERLY WAGE REPORTS**

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## **INTRODUCTION**

Beginning in 2009, employers with twenty-five (25) or more employees are required to file electronically. This applies to the summary portion and the wage record data. Electronic filing is by CD. Individual employers can also use our internet web site [www.uitax.ri.gov](http://www.uitax.ri.gov) to report both employment taxes and wages information. The purpose of this publication is to provide employers and their authorized representatives with the requirements for reporting quarterly wage information electronically.

The state format designed specifically for reporting Quarterly Wage information to this department is the only acceptable format as of the 4<sup>th</sup> Quarter of 2007 filing. A test MUST be submitted to this department to ensure compatibility with the department's computer system and compliance with this department's specifications using only one of the above-indicated input devices.

The **EMPLOYER'S GUIDE TO REPORTING** provides the detailed information necessary to prepare and submit quarterly wage information in the state format.

## **GENERAL INFORMATION**

### **THE APPROVAL PROCESS**

**Before this department accepts a CD, the APPLICATION FOR QUARTERLY WAGE REPORTING input device Form 730, and a test must be submitted to ensure processing compatibility.**

Service bureaus and payroll service companies must complete the APPLICATION FOR MULTIPLE EMPLOYER WAGE REPORTING Form 730-M.

This department will respond to the application and test the input device within 21 days of receipt. Reports may not be filed electronically with the department until this department grants written approval.

## **CD SPECIFICATION**

\* All CD's must be recorded in ASCII.

\* Internal Labels (standard 80 character records) are required unless Special Handling is requested and specifically agreed to by this department. Header and trailer records must be separated from the data records.

\* External labels must clearly state whether data on CD is blocked or unblocked, whether or not the CD has an internal label, the employee record count, the number of employers if more than one, and the type of format.

## **UNREADABLE INPUT DEVICE**

Any media submitted to this Department that does not meet the department's reporting specifications, or that cannot be read, will be returned. If the external label does not contain all the necessary information, it will be returned. Penalties will be assessed for reports that are not received timely and correct.

## **SENDING WAGE RECORDS TO THE DEPARTMENT**

The following material must be submitted with your input device each quarter:

- 1 Quarterly Contribution and Wage Report (TX-17) with the appropriate block checked for device used for reporting.
- 2 Your remittance check or your routing EFT code

## **CORRECTIONS TO INFORMATION REPORTED**

Corrections or amendments to data submitted must be submitted in writing.

## **ADDITIONAL INFORMATION**

Information and forms regarding magnetic tape reporting may be obtained by contacting:

Rhode Island Division of Taxation  
Employer Tax Section - Wage Reporting Unit  
One Capitol Hill Suite 36  
Providence, Rhode Island 02908 - 5829  
(401) 574-8136

## REPORTING SPECIFICATIONS - STATE FORMAT

The Rhode Island Division of Taxation, Wage Reporting Unit will accept quarterly wage input devices' submitted in accordance with the following specifications [AS OF THE 4<sup>TH</sup> QUARTER 2007.](#)

### GENERAL REQUIREMENTS

Record Size: 276 Characters

### DATA FORMAT

Wage fields may be signed or unsigned at the discretion of the submitter. All numeric fields must be right justified and zero filled. Any field cited as blank will not be used.

### 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" records 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	Char Type	Field	Len	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 <b>"CDFILEWGR" See below</b>
35-43	X	Blank	9	
44-53	N	Rhode Island Employer No.	10	
54-75	N	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	X	Employer Name	11	
90-276	X	Blank	187	

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier code	1	Constant "W"
2-25	X	Blank	24	
26-34	X	Microfilm Index number	9	Constant "CDFILEWRG" See below
35-43	N	Social Security Number	9	If not available, zero fill
44-53	N	Employer Registration No	10	Same as item 6 in "T"
54-62	N	Employee Last Name	9	
63	X	Employee First Initial	1	
64-75	N	Wages reported for the Qtr*	12	
76-77	N	Year being reported	2	
78	N	Quarter being reported	1	
79-89	X	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 AW@

Magnetic tape reporter code (position 24-34) 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

### CD TEST CHECK LIST

\_\_\_\_\_ Complete Application for Quarterly Wage Reporting on **CD**. Form DET-730

\_\_\_\_\_ If you are submitting information for more than one Rhode Island Employer Account Number, also complete Multiple Employer Application, Form DET -730-M

\_\_\_\_\_ Prepare a test **CD** of at least fifty records in the State Format.

\_\_\_\_\_ Complete and affix an external label to the Device that clearly identifies the **CD** as a TEST?

\_\_\_\_\_ **Mail all forms CD 's to:**

Rhode Island Division of Taxation Employer Tax Section- Wage  
Reporting Unit One Capitol Hill Suite 36 Providence, Rhode Island  
02908 - 5829

**RHODE ISLAND  
DIVISION OF TAXATION - EMPLOYER TAX SECTION  
WAGE RECORD UNIT**

**APPLICATION FOR 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 Division of Taxation Employer Tax Section Wage  
Record Unit One Capitol Hill Suite 36, Providence, Rhode Island  
02908-5829

**RHODE ISLAND  
DIVISION OF TAXATION - EMPLOYER TAX SECTION**

**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 TO

BE REPORTED ON ELECTRONIC DEVICE ATTACH

ADDITIONAL SHEETS IF NECESSARY

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

Signature and Title: \_\_\_\_\_ Date:

\_\_\_\_\_

RETURN THIS FORM WITH COMPLETED DET-730 AND OTHER REQUIRED



MATERIAL TO:

**Rhode Island Division of Taxation - Employer Tax Section Attn: Quarterly Wage**

**Reporting Unit One Capitol Hill Suite 36 Providence, Rhode Island 02908-5829**