

### CODE RS – STATE RECORD

NOTE: Record 'RS' is required by the City of Kettering to report employee municipal information. The 'RS' record must follow its related 'RW' record. If there are multiple municipal withholdings for an employee, include each municipality as a separate 'RS' record.

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
1-2	Record Identifier	2	Constant "RS"
3-4	State Code	2	Enter the appropriate postal NUMERIC Code (see Appendix F of SSA EFW2).
5-9	Tax Entity Code	5	KETTE = City of Kettering code.
10-18	Social Security Number (SSN)	9	Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. If no SSN is available, enter zeros.
19-33	Employee First Name	15	Enter the employee's first name as shown on the SSN Card. 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. Left justify and fill with blanks. Otherwise, fill with blanks.
49-68	Employee Last Name	20	Enter the employee's last name as shown on the SSN card. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, JR Left justify and fill with blanks. Otherwise, fill with blanks.
73-94	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.
95-116	Delivery Address	22	Enter the employee's delivery address. Left justify and fill with blanks.
117-138	City	22	Enter the employee's city. Left justify and fill with blanks.
139-140	State Abbreviation	2	Enter the employee's State or commonwealth/territory. Use a postal abbreviation as shown in Appendix F of SSA EFW2. For a foreign address, fill with blanks.
141-145	ZIP Code	5	Enter the employee's ZIP code. For Foreign address, fill with blanks.

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
146-149	ZIP Code Extension	4	Enter the employee's four-digit extension of the ZIP code. 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. Left justify and fill with blanks. Otherwise, fill with blanks.
178-192	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code. Left justify and fill with blanks. 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 of SSA EFW2).
<b><i>Field Positions 195 to 267 apply to unemployment reporting</i></b>			
195-196	Optional Code	2	Defined by State/local agency.
197-202	Reporting Period	6	Enter the last month and four-digit year for the calendar quarter for which this report applies; e.g., "032010" for January through March of 2010
203 -213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill.
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill.
225-226	Number of Weeks Worked	2	Defined by State/local agency.
227-234	Date First Employed	8	Enter the month, day and four-digit year; e.g., "01312010"
235-242	Date of Separation	8	Enter the month, day and four-digit year; e.g., "01312010"
243-247	Blank	5	Fill with blanks. Reserved for SSA use.
248-267	State Employer Account Number	20	See Glossary, Appendix I of SSA EFW2.

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
<b><i>Field Positions 268 to 307 apply to wages earned in Ohio</i></b>			
268-273	Blank	6	Fill with blanks. Reserved for SSA use.
274-275	State Code	2	Enter the appropriate postal NUMERIC Code (see Appendix F of SSA EFW2).
276 - 286	State Taxable Wages	11	Right justify and zero fill.
287-297	State Income Tax Withheld	11	Right justify and zero fill.
298-307	Other State Data	10	Defined by State/local agency.
<b><i>Field Positions 308 to 337 apply to local income tax</i></b>			
308	Tax Type Code	1	Enter the appropriate code for entries in fields 309-330: <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>
309-319	Local Taxable Wages	11	Right justify and zero fill.
320-330	Local Income Tax Withheld	11	Right justify and zero fill.
331-337	State Control Number	7	Fill with blanks.
338 - 512	Blank	175	Fill with blanks.