

Format for Electronic Reporting

This page presents the submission requirements for those employers who submit form electronically. It also delineates the minimum required for submission using either hard copy or electronic medium. Note that employers who wish to submit reports electronically may contact the New Hire Reporting Program at 1-888-866-0327, for the Helena area, and outside Montana, employers may call 1-406-444-9290 to obtain additional information about format.

CD: Reports submitted on CD must be in ASCII listing format. Include employer's name and FEIN on the CD cover and write (with CD marker pen) FEIN and NHR on the CD

The 9's in the data format represent character data. All data should be in character format, left justified and blank filled.

The two-character state code must adhere to the United States Postal Services acceptable abbreviations for U.S. states and territories (*example: Montana = MT*).

- * The Foreign Address and Foreign Postal Code are only required if the employer or employee have foreign addresses.
- ** The changed Employer Address Flag and Changed Employer Address fields are only required when the employer wants to report a change in address.
- *** The Employee Residential Address field requirements are only applicable if the employee has an address different from the mailing address.

Header Record Layout	Columns			Data Format	Required Entry
	Start	End	Length		
Record Type	1	1	1	1=Header Record	Yes
Employer Process Date	2	9	8	YYYYMMDD	Yes
Record Count	10	18	9		Yes
Filler 19		868	850		Yes
Data Record Layout	1	868	868		Yes
Record Type	1	1	1	2=Data Record	Yes
Business Name	2	41	40		Yes
Federal ID Number (FEIN)	42	50	9	999999999	Yes
State ID Number	51	56	6	999999	Yes
Address Line 1	57	96	40		Yes
Address Line 2	97	136	40		No
City	137	161	25		Yes
State	162	163	2		Yes
Zip	164	168	5	99999	Yes
Zip+4	169	172	4	9999	No
Foreign Country Name	173	202	30		*Yes
Foreign Country Postal Code	203	217	15		*Yes

Header Record Layout	Columns			Data Format	Required Entry
	Start	End	Length		
Contact Name	218	257	40		No
Voice Phone Number	258	267	10	9999999999	No
Voice Phone Extension	268	272	5	99999	No
Facsimile Number	273	282	10	9999999999	No
Changed Address Flag	283	283	1	Y or Blank	**Yes
Changed Address Line 1	284	323	40		**Yes
Changed Address Line 2	324	363	40		**No
Changed Address City	364	388	25		**Yes
Changed Address State	389	390	2		**Yes
Changed Address Zip	391	395	5	99999	**Yes
Changed Address Zip+4	396	399	4	9999	**No
Changed Address Foreign Country	400	429	30		*Yes
Changed Address Foreign Postal Code	430	444	15		*Yes
Date of Hire	445	452	8	YYYYMMDD	Yes
SSN	453	461	9	999999999	Yes
Last Name	462	481	20		Yes
First Name	482	501	20		Yes
Middle Initial	502	502	1		No
Mailing Address Line 1	503	542	40		Yes
Mailing Address Line 2	543	582	40		No
Mailing Address City	583	607	25		Yes
Mailing Address State	608	609	2		Yes
Mailing Address Zip	610	614	5	99999	Yes
Mailing Address Zip+4	615	618	4	9999	No
Mailing Address Foreign Country	619	648	30		*Yes
Mailing Address Foreign Postal Code	619	663	15		*Yes
Residential Address Line 1	664	703	40		***Yes
Residential Address Line 2	704	743	40		No
Residential Address City	744	768	25		Yes
Residential Address State	769	770	2		Yes
Residential Address Zip	771	775	5	99999	Yes
Residential Address Zip+4	776	779	4	9999	No
Residential Address Foreign Country	780	809	30		*Yes
Residential Address Foreign Postal Code	810	824	15		*Yes
Home Phone Number	825	834	10	9999999999	No
Work Phone Number	835	844	10	9999999999	No
Work Phone Extension	845	849	5	99999	No
Date of Birth	850	857	8	YYYYMMDD	No
State of Hire	858	859	2		No
Health Insurance Available Indicator	860	859	1	Y or Blank	No
Health Insurance Available Date	861	868	8	YYYYMMDD	No