

Earnings Tax Magnetic Media Specifications

ALL W-2 SUBMITTALS ARE DUE ON FEBRUARY 28

We can accept the Social Security Administration magnetic media format. **The MMREF is now the ERW2!** The Social Security Administration has changed the name of its publication from *Magnetic Media Reporting and Electronic Filing of W2 Information (MMREF-1) and Magnetic Media Reporting* to *Specifications for Filing Forms W2 Electronically (ERW2)*. The MMREF format has been replaced by the EFW2. The EFW2 filing formats can be found at <http://www.socialsecurity.gov/employer/pub.htm>. The City of Kansas City does not have electronic filing at this time so the following records are needed so that magnetic media will be in compliance with our format:

- RE - All fields one for each company in file followed by RW and RS records**
- RW- Name/address wages and Medicare wages**
- RS- Name/address and state wages, local wages and tax information**
- RT - Final record**

For those who opt to use the KCMO specifications, please review the instructions below. **CHOOSE WHICH SPECIFICATIONS YOU WILL USE -- DO NOT MIX THE TWO TYPES.**

ALL MEDIA MUST BE LABELED WITH THE FOLLOWING INFORMATION:

- Name of Company
- Address
- Federal EIN
- Contact Person's Name
- Telephone Number

ON THE OUTSIDE OF EACH TYPE OF MEDIA (ie CD, CARTRIDGE, FLOPPY DISKETTE):

- Specify Block Size
- Record Length
- Data Type
- Density
- Label Type

I. CARTRIDGE MAGNETIC TAPE

- Density: IBM 3480 and IBM 3590 cartridge compatible
- Mode: IBM 3480 18-track cartridge tape
- Labels: Standard or nonstandard; please specify
- Record: Must be fixed length of 275 bytes—for KCMO special format (see record format) or 512 bytes for ERW2
- Block: May be 1 through 100 records; please specify

II. MINI/MICRO DISKETTE OR CD ROOM

1. Diskette must be 3-1/2" and created using MS DOS or PC DOS.
2. Data must be recorded in standard ASCII code.
3. Records must be fixed length of 275 bytes; see record format below or 512 bytes for ERW2
4. **Delimiter character commas (,) may not be used.**
5. File name must be KCMOTAX. If a file consists of more than one diskette, the file name KCMOTAX must contain a 3-digit numeric extension to indicate the sequence of the diskettes within the file (i.e., first diskette must be named KCMOTAX.001, the second diskette must be named KCMOTAX.002, etc.)

III. KCMO SPECIAL FORMAT IS A 275 BYTE RECORD FORMAT (Applicable to both tape and diskette)

1. Deviations from these prescribed formats will not be accepted.
2. All money fields must be dollars and cents with leading zeros and no alpha characters such as +, -, c, D, F, comma, or period.
3. An Employer "Code E" record must be the first record in the file. If multiple employers exist in the file, each must have its own "E" record followed by its employees.
4. W2 tape following the record format in step 5 can be submitted.
5. The city requires the following format for each "Code S" data record:

All magnetic media must have both a Code E (Employer) Record and Code S (Employee) Record.

KCMO SPECIAL FORMAT

CODE E – EMPLOYER RECORD

LOCATION	FIELD	LENGTH	REQUIREMENTS
1	Record identifier	1	Constant "E"
2-5	Payment Year	4	Enter the year for which this report is being prepared. Enter NUMERIC characters only. UPDATE EACH YEAR. NOTE: All Code E records within a file must be for the same payment year. Example 2002
6-14	Employers Identification Number (EIN)	9	Enter only NUMERIC characters. Omit all hyphens, prefixes and suffixes
15-23	***SKIP***	9	Leave blank. Reserved for SSA use.
24-73	Employer Name	50	Left justify, fill with blanks
74-113	Street Address	40	Left justify, fill with blanks
114-138	City	25	Left justify, fill with blanks
139-140	State	2	Use a standard postal abbreviation
141-148	***SKIP***	8	Leave blank. Reserved
149-153	Zip+4	5	Leave blank or ZIP + 4; Ex: -1234
154-158	Zip Code/Foreign Postal Code	5	Enter a valid Zip
159-275	***SKIP***		Blank

CODE S – EMPLOYEE RECORD

LOCATION	FIELD	LENGTH	REQUIREMENTS
1	Record identifier	1	Constant "S"
2—10	Social security number	9	If not available, enter "I" in position 2 and blanks in positions 3 through 10.
11—37	Employee name	27	Left justify, fill w/blanks
	Employee Name	Position	Length
	Last name	11	16
	First name	27	10
	Middle initial	37	1
38—77	Street address	40	Left justify, fill w/blanks
78—102	City	25	Left justify, fill w/blanks
103—112	State	10	Left justify, fill w/blanks
113—117	***SKIP***	5	Blank or employer use
118—122	Zip code	5	If not available, fill w/blanks
123—190	***SKIP***	68	Blank or employer use
191—199	Gross annual wages	9	See item 2 above
200—208	Medicare wages and tips	9	See item 2 above
209—223	***SKIP***	15	Blank or employer use
224—232	Kansas City wages	9	See item 2 above
233—239	City earnings tax withheld	7	See item 2 above
240—275	***SKIP***	36	Blank or employers use