

# Federal Format Layout

## RS Record Specifications

RS Position	Field Name	Max Field Length	Specifications
1-2	Record Identifier	2	Constant "RS".
3-4	State Code	2	Follow MMREF.
5-9	Taxing Entity Code	5	
10-18	SSN	9	If no SSN is available enter zeros.
19-33	Employee First Name	15	
34-48	Employee Middle Name of Initial	15	
49-68	Employee Last Name	20	
69-72	Suffix	4	
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 (street address). Cannot be blank. Left justify.
117-138	City	22	
139-140	State Abbreviation	2	For Foreign address, fill with blank.
141-145	Zip Code	5	For Foreign address, fill with blank
146-149	Zip Code Extension	4	**If not applicable, fill with blanks*
150-154	Blank	5	Fill with blanks.
155-177	Foreign State/Province	23	Follow MMREF.
178-192	Foreign Postal Code	15	Follow MMREF.
193-194	Country Code	2	Follow MMREF.
195-196	Optional Code	2	Fill with blanks.
197-202	Reporting Period	6	Fill with blanks.
203-213	State Quarterly Unemployment Insurance Total Wages	11	Fill with blanks.
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Fill with blanks.
225-226	Number of weeks worked	2	Fill with blanks.
227-234	Date first employed	8	Fill with blanks.
235-242	Date of separation	8	Fill with blanks.
243-247	Blank	5	Fill with blanks.
248-267	State Employer Account Number	20	Fill with blanks
268-273	Blank	6	Fill with blanks
274-275	State Code	2	Numeric Code.
276-286	State Taxable Wages	11	
287-297	State Income Tax Withheld	11	
298-307	Other State Data- <b>Period End Date</b>	10	Mm/dd/yyyy (last day of tax year
308	Tax Type Code	1	Follow MMREF
301-319	Local Taxable Wages	11	Fill with blanks.
320-330	Local Income Tax Withheld	11	Fill with blanks.
331-339	State Control Number- <b>Withholding Number</b>	9	No hyphen and include alpha character
340-396	Employer's Name	57	

397-418	Employer's Location Address	22	Enter the employer's location address (Attention, Suite, Room Number, etc) Left justify and fill with blanks.
419-440	Employer's Delivery Address	22	Enter the employer's delivery address (Attention, Suite, Room Number, etc) Left justify and fill with blanks.
441-462	Employer's City	22	
463-464	Employer's State Abbreviation	2	
465-469	Employer's Zip Code	5	
470-473	Employer's Zip Code Extension	4	**If applicable, fill with blanks*
474-482	Employer's FEIN	9	
483-487	Blank	5	
488-512	Blank	25	Fill with blanks-reserved for SSA use

NOTE: The Georgia Department of Revenue requires the end of line character in position 513 of each line.

# Federal Format Layout

## 1099 Record Specifications

<b>B Record Position</b>	<b>Field Name</b>	<b>Max Field Length</b>	<b>Specifications</b>
663-671	GA Withholding ID	9	
723-734	GA Withholding Amount	12	