

RS Record Specifications

Line	Location	Field Name	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 zero:
	19-33	Employee First Name	15	
	34-48	Employee Middle Name or 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 Qtrly Unemployment Ins Total Wages	11	Fill with blanks
	214-224	State Qtrly Unemployment Ins 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 -Period End Date	10	mm/dd/yyyy (last day of tax year)
	308	Tax Type Code	1	Follow MMREF
	309-319	Local Taxable Wages	11	Fill with blanks
	320-330	Local Income Tax Withheld	11	Fill with blanks
	331-339	State Control Number -Withholding Number	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 (street address). Cannot be blank. Left justify
	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 not 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 State of Georgia Department of Revenue requires the end of line character in position 513 of each line.