



**REQUIREMENTS FOR MAGNETIC MEDIA REPORTING  
of  
QUARTERLY PAYROLL REPORT**

- 1. Conform to all technical specifications (see Appendix A). Also refer to specifications outlined in the U.S. Department of Health and Human Services publication Magnetic Media Reporting.**
- 2. If this is your first magnetic filing, submit a hard copy of your wage data with your tape or cartridge. If the tape or cartridge is correct, it will be processed. If it is rejected, the hard copy will be processed and we will notify you of the problems. After you receive notification that you are an approved magnetic media reporter, it is no longer necessary to provide a hard copy.**
- 3. Include a copy of a completed Transmitter Report with each tape or cartridge. (see Appendix B).**
- 4. Place an external label on each tape or cartridge that includes all necessary information. (see Appendix C).**
- 5. Please give each tape or cartridge an external catalogue number or some other identification number (any length).**
- 6. Send the magnetic media to the following address:**  
**Delaware Department of Labor  
Div. of Unemployment Insurance  
P. O. Box 9953  
Wilmington, DE 19809**
- 7. Send the Quarterly Tax Report (DE form UC-8) and Quarterly Payroll Report (DE form UC-8A) with the notation Afiled by magnetic media to:**  
**Delaware Department of Labor  
Div. of Unemployment Insurance  
P. O. Box 41785  
Philadelphia, PA 19101-1785**
- 8. Direct questions to Accounts Management at (302) 761-8482 or at the Delaware address above.**

# Appendix A

## Technical Specifications

1. **Media forms Accepted:** Tapes and 3480, non-compressed Cartridges.  
3.5" diskettes are not accepted
  
2. **Sequence of Records:** First: 'E' record which details Employer information (see Appendix D)  
Second: 'S' record which details Employee information (see Appendix E)
  
3. **General Format:** Use the booklet, TIB-4, October 1988 Social Security Administration Publication No. 42-007 for general format instructions when reporting *Employee* wage information. However, Delaware requires formatting of the employee name field as specified on the attached record layout type 'S'.
  
4. **Record Length:** 275  
**Blocking Factor:** 25 (6875)
  
5. **Internal Label:** Standard OS/VS on a 9 track (1600 or 6250 BPI) tape.



**Appendix C  
MAGNETIC MEDIA  
EXTERNAL LABEL**

<b>1. NAME OF COMPANY</b>		<b>2. ACCOUNT NUMBER</b>		<b>3. TYPE OF DOCUMENT</b>	
<b>4. TAX PERIOD</b>	<b>5. CREATE DATE</b>		<b>6. MACHINE</b>		<b>7. BLOCKING FACTOR</b>
<b>8. NO. OF RECORDS</b>			<b>9. CONTACT</b>		<b>10. PHONE NO.</b>

- 1. Name of Company**
- 2. Account Number**
- 3. Type of Document (QPR-1)**
- 4. Tax Period – Enter Year-Quarter of the records on tape**
- 5. Create Date – Date this tape was created**
- 6. Machine – Name of Manufacturer**
- 7. Blocking Factor**
- 8. Number of Records on Tape**
- 9. Contact –0**
- 10. Phone Number**

**PLEASE BE SURE TO INCLUDE A SIMILAR LABEL**

## Appendix D

### TAPE/CARTRIDGE RECORD FORMAT RECORD 'E'

**FIELD CHARACTERISTICS:**

A - ALPHABETIC	RECORD NAME: WAGE TYPE 'E'	RECORD SOURCE: EMPLOYER
I - ALPHANUMERIC	SIZE: 275	MEDIUM: TAPE OR CARTRIDGE
N - NUMERIC (UNSIGNED)	FILE SEQUENCE:	DATE SUBMITTED:
NX - NUMERIC (UNSIGNED)	BEGIN LABEL: OS/V5 STANDARD	END LABEL: OS/V5 STANDARD
Z - ZONE	BLOCKING FACTOR: 25	PREPARED BY:
F - FILLER/SPACES	REVIEWED BY:	DATE:
		SUPERSEDES:

ITEM NO	FIELD POSITION	FIELD SIZE BYTES	FIELD SIZE CHAR	FIELD CHAR	NO OF DEC POS	P OR Z	I U S T	FIELD LABEL	FIELD DESCRIPTION
1	1	1		A					Type 'E' constant
2	2-5	4		N					Reporting Period (MMYY)
*	2-3	2		N					Reporting Month
*	4-5	2		N					Reporting Year
3	6-14	9		N					Federal Employer Identification Number (F.E.I.N.)
4	15-16	2		F					Blank
5	17-22	6		N					6 Digit State Account Number
6	23	1		F					Blank
7	24-73	50		X					Employer Name
8	74-160	87		F					Blank
9	161-162	2		N					Blocking Factor 25 constant
10	163-275	113		F					Blank

**REFER TO PAGES 19-20 IN THE MAGNETIC MEDIA REPORTING MANUAL  
SSA PUB NO.42-007 TIB(4) OCTOBER 1988**

