

APPENDIX A

EXPLANATION OF UI BENEFITS DATA FORMATS

There are five types of data formats referred to in Appendix A.

1. **Required.** These fields cannot be blank. They may be mandatory dates and dollar values.
2. **Text.** These fields have text values that must be entered, such as UI, partial, voluntary quit, etc. All of the allowable generic text values for each field are listed in the record layout. The generic text values must be followed by a dash and the corresponding state-specific value.
3. **Optional (these fields are gray in Appendix A).** The software does not look at these fields at all. Any values can be entered or they can be left blank.
4. **Must be blank.** These are text or date fields where the presence of data indicates an error. Therefore, they must be left blank (such as monetary date where the subpopulation is for a claim with no monetary determination or a UCFE amount for a UI only payment).
5. **Must be blank or 0.** These are numeric fields where the presence of data other than "0" indicates an error.

Some values are abbreviated in the record layouts (Appendix A) but are shown in the report validation specifications (Appendix A) in their entirety for informational purposes.

Notes:

For most steps referenced in Appendix A column headers, Rule 1 is the indicator in the state system. However, if a state does not maintain the indicator specified in Rule 1, then the state programmer must review the other rules in that step in order to develop the required validation logic.

Unique ID is required for populations 2, 4, 6, 7, 8, 9, 10, and 11 and optional for populations 5, 12, 13, and 14 because not all states maintain the indicators for these four populations. There is no unique ID field for populations 1 and 3.

Federal Wages are required in certain situations. In population 4, for Joint UI/Federal payments UCFE amount and/or UCX amount is required. In population 4 for UCFE or UCFE/UCX payments, UCX amount is only required for joint UCFE and UCX claims. In populations 12, 13 and 14 federal amount is required for UI overpayments when there are also federal wages.

BENEFITS RECORD LAYOUT FOR POPULATION 1

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UI Program Type is 01, then the data format would be UI-01.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	Claim Week-ending Date	Step 1A - Rule 2	The week-ending date of the week claimed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
3	SSN	Step 1A - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
6	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2 Interstate Filed From Agent State: Step 5D - Rules 1 and 2	Intrastate, Interstate received as liable state, or Interstate filed from agent state.	Text - Intrastate Interstate liable Interstate agent (Required)	CHAR (30)	NOT NULL
7	Date Week Claimed	Step 11 - Rule 1	The date the week was claimed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
8	Monetarily Eligible or Pending	Step 11 - Rule 2	Claimant is monetarily eligible for benefits when the week was claimed if: benefits have not been exhausted or monetary eligibility is pending, i.e. eligibility has not been finally determined.	Text - Eligible Pending (Optional)	CHAR (30)	
9	Earnings	Step 11 - Rule 3	Earnings for the week claimed except for interstate filed from agent state claims.	Number - 0000000.00 (Required except optional for Interstate filed from agent state claims)	DECIMAL (9,2)	
10	WBA	Step 11 - Rule 3	Weekly benefit allowance	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 2

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UCFE is 5, then the data format would be UCFE-5.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		Sequential number, start at 1. Provides for a unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1C - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Check Number Unique ID	Step 1C - Rule 2	The check number or other unique ID.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
6	MBA	Step 9A and 9B - Rule 1	The maximum benefit allowance.	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
7	WBA	Step 7 - Rules 1 and 2	The weekly benefit allowance.	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
8	Actual Weeks of Duration	Step 9A - Rules 1 and 2	The number of actual weeks of duration of the claim.	Number - 00 (Required except optional for UCFE and UCX claims)	INTEGER	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Maximum Weeks of Duration	Steps 9B and 9C - Rule 1	The number of actual weeks of duration at the maximum or not.	Text - Y N (Required except optional for UCFE and UCX claims)	CHAR (20)	
10	Mail Date of Final Payment	Step 10C - Rule 3	The mail date of the final payment.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
11	Balance	Step 10C - Rule 2	The balance left on the claim at the time of the final payment.	Number - 0000000.00(Required)	DECIMAL (9,2)	NOT NULL
12	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 3

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Transitional claim is T, then the data format would be TRANSITIONAL-5.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1B - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Date Claim Filed/IB-4 Sent	Step 3A - Rules 1 and 6 Step 3C - Rule 1	The date the claim was filed in person, by mail or telephone, or by other means.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
5	Type of Claim	New: Step 3A - Rule 2 Transitional: Step 3C - Rule 2 Entering Self-Employment: Step 3D - Rule 2 Additional: Step 3B - Rule 2 Reopened: Step 3B - Rule 7 New CWC claim: Step 3A - Rule 6 New CWC claim filed in prior quarter: Step 3A - Rule 7 New claim filed in prior quarter: Step 3A - Rule 5	New claim, Transitional claim, Entering self-employment, Additional claim, Reopened claim, New CWC claim, New CWC claim filed in a prior quarter, or New claim filed in a prior quarter.	Text - New Transitional Entering Self-Employment Additional Reopened CWC New Prior Qtr New CWC Prior Qtr New Claim (Required)	CHAR (30)	NOT NULL
6	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE or UCX.	Text - UI UCFE UCX (Required except optional for CWC and entering self-employment program claims)	CHAR (30)	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
7	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2 Interstate Taken as Agent State: Step 5C - Rules 1 and 2 Interstate Filed From Agent State: Step 5D - Rules 1 and 2 Intrastate CWC: Step 5E - Rules 1 and 2 Interstate CWC: Step 5F - Rules 1 through 4	Intrastate, Interstate received as liable, Interstate taken as agent, Interstate filed from agent state, Intrastate combined wage claim, or Interstate combined wage claim.	Text - Intrastate Interstate liable Interstate taken Interstate agent CWC Intrastate CWC Interstate (Required except optional for transitional claims, new claims filed during a prior quarter, and entering self-employment program claims)	CHAR (30)	
8	Date of Original Monetary	Step 6A - Rules 1 and 2 Step 6B - Rule 1	Date the original determination was made on whether the claimant has sufficient base- period wages and/or employment to establish a benefit year.	Date - MM/DD/YYYY (Required except must be blank for "No Monetary" claim and CWC claims with insufficient wages and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, and entering self-employment program claims)	DATE	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
9	Sufficient/ Insufficient/ Combined Wages	Sufficient Wages: New Benefit Year: Step 6C - Rules 1 and 2 Sufficient Wages - No New Benefit Year: Step 6C - Rule 3 Insufficient Wages: Step 6D - Rule 1 New CWC Wages: Step 6C - Rule 4 No New CWC Wages: Step 6D - Rules 2 and 3	The status of the new UI or CWC claim at the time the 218 report was run: Sufficient-new benefit year established; Sufficient-no new benefit year established; Insufficient; Sufficient-new CWC benefit year established.	Text - Insufficient Sufficient New BY Sufficient No BY Sufficient New CWC BY (Required except must be blank for "No Monetary" claim and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, and entering self- employment program claims)	CHAR (30)	
10	WBA	Step 7 - Rules 1 and 2	Weekly benefit allowance is the maximum or less than maximum.	Text - Maximum Less than Maximum (Required except must be blank for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self- employment program claims) (States should include the WBA after the dash which follows the generic federal value.)	CHAR (30)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
11	MBA	Steps 8A and 8B - Rule 1	Maximum benefit allowance	Number - 0000000.00 (Required except must be blank or 0 for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims)	DECIMAL (9,2)	
12	Potential Weeks of Duration	Step 8A - Rule 1	The number of full weeks of benefits for which a claimant is determined to be eligible within a benefit year.	Number - 00 (Required except must be blank or 0 for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims)	INTEGER	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
13	Potential Weeks Maximum Duration	Step 8B - Rules 1 and 2	The duration of the benefit year is or is not the maximum for the State.	Text - Y N (Required except must be blank for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims)	CHAR (20)	
14	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 3a

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Additional Claim is A, then the data format would be ADDITIONAL-A.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1B - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Date Claim Filed	Step 3B - Rule 1	The date the claim was filed in person, by mail or telephone.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Type of Claim	Additional: Step 3B - Rule 2	Additional claim.	Text - Additional (Required)	CHAR (20)	NOT NULL
6	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	Program type is UI, UCFE or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
7	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2	Claim is intrastate, or interstate received as liable.	Text - Intrastate Interstate liable (Required)	CHAR (30)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
8	Unclaimed Week	Step 3B - Rule 3	The week-ending date of the unclaimed week prior to the additional claim.	Date - MM/DD/YYYY (Optional)	DATE	
9	Separation Date	Step 3B - Rule 4	The date of separation from an employer since the last claim was filed.	Date - MM/DD/YYYY(Required)	DATE	NOT NULL
10	Last Employer	Step 3B - Rule 5	The name of the separating employer.	Text (Required)	CHAR (50)	NOT NULL
11	Separation Reason	Step 3B - Rule 6	The reason for separation.	Text (Required)	CHAR (30)	NOT NULL
12	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 4

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Adjustment payment is 13, then the data format would be ADJUSTMENT-13.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1C - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Check Number Unique ID	Step 1C - Rule 2	The check number ID or other unique check ID. For offsets assign a unique ID number.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX Only: Step 4C - Rule 1 UI/Federal: Step 4D - Rule 1 Self-Employment: Step 4E - Rule 1	Type of Program is UI only, UCFE, UCFE/UCX, UCX only, Joint UI/Federal, or Self-Employment.	Text - UI Only UCFE Only UCFE/UCX UCX Only Joint UI/Federal Self-employ (Required except optional for CWC payments)	CHAR (30)	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Intrastate/ Interstate	Intrastate: Step 5A - Rule 1 Interstate Received as Liable State: Step 5B - Rule 1 Intrastate CWC: Step 5E - Rule 1 Interstate CWC: Step 5F - Rule 1	Intrastate, Interstate, Intrastate CWC, or Interstate CWC claim.	Text - InterstateIntrastateIntrastate CWC Interstate CWC(Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments)	CHAR (30)	
7	Type of Compensation	First: Step 10A - Rule 1 Continued: Step 10B - Rule 1 Adjustment: Step 10F - Rule 1 Prior Weeks Compensated: Step 10G - Rule 1	First Payment, Continued Payment, Adjustment, Self-Employment, Prior Weeks Compensated.	Text - First Payment Continued Payment Adjustment Self-Employment Prior Weeks Compensated (Required)	CHAR (50)	NOT NULL
8	Partial/Total Weeks of Unemployment	Partial: Step 10D - Rule 1 Total: Step 10E - Rule 1	Week of partial or total unemployment.	Text - Partial Total (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments, and for self-employment and CWC payments)	CHAR (20)	
9	Earnings	Step 10D - Rule 2 Step 10E - Rule 2	The earnings for the week claimed.	Number - 0000000.00 (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments, and self-employment and CWC payments)	DECIMAL (9,2)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
10	WBA	Step 10D - Rule 3 Step 10E - Rule 3	The weekly benefit allowance.	Number - 0000000.00 (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments, and self-employment and CWC payments)	DECIMAL (9,2)	
11	UI Amount	Step 12A - Rule 1	The amount of benefits paid from State Unemployment Funds.	Number - 0000000.00 (Required except must be blank or 0 for UCFE only, UCFE/UCX, UCX only, self-employment, and CWC payments)	DECIMAL (9,2)	
12	UCFE Amount	Step 12B - Rule 1	The amount of benefits paid from Federal Funds.	Number - 0000000.00 (Required for UCFE only, Joint UI/Federal, and UCFE/UCX payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	
13	UCX Amount	Step 12C - Rule 1	The amount of benefits paid from military funds.	Number - 0000000.00 (Required for UCX only, Joint UI/Federal, and UCFE/UCX payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
14	CWC Amount	Step 12D - Rule 1	The amount of benefits paid for a combined wage claim payment.	Number - 0000000.00 (Required for all CWC payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	
15	Self-Employ Amount	Step 12E - Rule 1	The total dollars paid under the SEA program.	Number - 0000000.00 (Required for self-employment payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	
16	Week End Date	Step 13 - Rule 1	The week-ending date of the week compensated.	Date - MM/DD/YYYY (Required except optional for adjustment, self-employment, and all CWC payments with the exception of CWC first payments)	DATE	
17	Mail Date	Step 14 - Rule 1	The date on which the payment is actually mailed to the claimant.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
18	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 5

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UI Program Type is 01, then the data format would be UI-01

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1D - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Issue Number (Unique ID)	Step 1D - Rule 2	The unique issue number or other unique number assigned to the nonmonetary determination.	Number - 000000 (Required if State maintains a unique ID)	CHAR (50)	
4	Type of UI Program	Regular UI: Step 2A - Rule 1 Workshare: Step 2B - Rule 1	Regular UI claim or Workshare claim.	Text - Regular UI Workshare (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required except optional for multi-claimants)	CHAR (30)	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Intrastate/ Interstate	Intrastate: Step 5A - Rule 1 Interstate Received as Liable State: Step 5B - Rule 1	Intrastate or interstate.	Text - Intrastate Interstate (Required except optional for multi-claimants)	CHAR (30)	
7	Determination/ Redetermination	Step 16A - Rule 1Step 16B - Rule 1	The decision made by the authority on an issue was a determination or redetermination.	Text - Determination Redetermination (Required)	CHAR (30)	NOT NULL
8	Type of Determination	Step 17A - Rules 1 and 2 Step 17B - Rule 1	The determination was based upon facts related to an individual situation or to groups of similarly situated individuals.	Text - Single Multi (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Issue Types	VL: Step 18A - Rule 1 MC: Step 18B - Rule 1 Sep/Other: Step 18C - Rule 1 A & A: Step 18D - Rule 1 Ded. Income: Step 18E - Rule 1 Suitable Work: Step 18F - Rule 1 Reporting: Step 18G - Rule 1 Profiling: Step 18H - Rule 1 Other/Nonsep: Step 18I - Rule 1 Labor Dispute: Step 18J - Rule 1 Other Multiclaimgaint Issues: Step 18K - Rule 1	The separating issue was voluntary leaving, misconduct, or other separation issue. The nonseparation issue was able and available for work, deductible income, suitable work refusal, reporting requirements, profiling, other nonseparation issue, or labor dispute or other multi-claimant issue.	Text - VL MC Sep/Other A & A Ded. Income Suitable Work Reporting Profiling Other Nonsep Labor Dispute Other Multiclaimgaint (Required)	CHAR (50)	NOT NULL
10	First Week Affected	Step 19 - Rules 1 and 2	The week-ending date of the first week in a claim series to which a notice of nonmonetary determination applies.	Date - MM/DD/YYYY (Required except optional for redeterminations)	DATE	
11	Detection Date	Step 20 - Rule 1	The earliest date that the agency is in possession of information indicating the existence of a nonmonetary issue.	Date - MM/DD/YYYY (Required except optional for redeterminations)	DATE	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
12	Notice Date	Step 21 - Rule 1	The date the determination notice is mailed or, if no notice is required, the date payment is authorized, waiting week credit is given, or an offset is applied.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
13	Allow or Deny	Step 23A - Rules 1 and 2 Step 23B - Rules 1 and 2	The outcome of the nonmonetary determination was an allow or a deny.	Text - Allow Deny (Required)	CHAR (20)	NOT NULL
14	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 6

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Single Claimant is N, then the data format would be S-N.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1E - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1E - Rule 2	The Docket Number of the lower authority appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24A - Rule 1	The appeal type was a lower authority appeal.	Text - Lower (Required)	CHAR (20)	NOT NULL
5	Type of Appeal (Single or Multiclaimgant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule 1	The appeals case involves one or more than one claimant.	Text - S M (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Number of Claimants	Step 25B - Rules 3 and 5	The number of claimants in a multclaimant appeal.If the State stores a single record for a multi-claimant appeal with a field for the number of claimants, insert the number in this field. If the State stores a record for each claimant involved in a multi-claimant appeal, include all of the records in the file and insert a '1' in this field.	Number => 1(Required for mutiple claimant appeals; optional for single claimant appeals)	INTEGER	
7	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 7

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Higher Authority Appeal is B, then the data format would be Higher-B.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1F - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1F - Rule 2	The Docket Number of the higher authority appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24B - Rule 1	The appeal type was a higher authority appeal.	Text - Higher (Required)	CHAR (20)	NOT NULL
5	Type of Appeal (Single or Multiclient)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule 1	The appeals case involves one or more than one claimant.	Text - S M (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Number of Claimants	Step 25B - Rules 3 and 5	The number of claimants in a multclaimant appeal. If the State stores a single record for a multi-claimant appeal with a field for the number of claimants, insert the number in this field. If the State stores a record for each claimant involved in a multi-claimant appeal, include all of the records in the file and insert a '1' in this field.	Number => 1(Required for multiple claimant appeals; optional for single claimant appeals)	INTEGER	
7	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 8

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UI Program Type is 01, then the data format would be UI-01.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1E - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1E - Rule 2	The Docket Number or other unique ID assigned to the appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1 Workshare: Step 2B - Rule 1	Regular UI claim or Workshare claim.	Text - Regular UI Workshare (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (20)	NOT NULL
6	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2	Intrastate or Interstate.	Text - Intrastate Interstate (Required)	CHAR (30)	NOT NULL
7	Appeal Level	Step 24A - Rule 1	The appeal type is a lower authority appeal.	Text - Lower (Required)	CHAR (20)	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
8	Type of Appeal (Single or Multiclaimant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule 1	The determination is based upon facts related to an individual situation or to groups of similarly situated individuals. States which maintain a single record for multi-claimant appeals with a field for the number of claimants involved should insert a text prefix of 'M-1' for a multi-claimant appeal with only one record for the whole appeal. States which maintain multiple records (one for each claimant) for a multi-claimant appeal should designate one of the records as the lead claimant. States should insert a text prefix of 'M-Lead' in this field for the lead claimant record. Both of these types of records will be assigned to subpopulations 8.45 to 8.52 (lower) or 9.13 to 9.20 (higher). States which maintain multiple records should insert a prefix of 'M-Nonlead' in the multi-claimant field for the non-lead claimants. These records will be assigned to subpopulations 8.53 (lower) or 9.21 (higher).	Text - S M-1 M-Lead M-Nonlead (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Number of Claimants in Multiclaimgant Appeal	Step 25B - Rules 3 and 5	The number of claimants involved in a multiclaimgant appeal (could be one if separate records are provided for each participating claimant)	Number => 1 (Required for multiple claimant appeals; must be blank or 0 for single claimant appeals)	INTEGER	
10	Appellant	Claimant: Step 26A - Rule 1 Employer: Step 26B - Rule 1 Other: Step 26C - Rule 1	The appellant is the claimant, employer, or other than claimant or employer.	Text - Claimant Employer Other (Required except optional for UCFE, UCX, and non-lead multi-claimant claims)	CHAR (20)	
11	In Favor of Appellant	In Favor: Step 27A - Rule 1 Not in Favor: Step 27B - Rule 1	The decision was or was not in favor of the appellant.	Text - Y N (Required except optional for UCFE, UCX, and non-lead multi-claimant claims)	CHAR (20)	
12	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
13	Decision Date	Step 28 - Rule 1	The date the decision was mailed to the interested parties concerned.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
14	Disposed of by Decision	By Decision: Step 30A - Rule 1 Not by Decision: Step 30B - Rule 1	The appeals case was disposed of by a written ruling.	Text - Y N (Optional)	CHAR (20)	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
15	Issue Code	VL: Step 31A - Rule 1 MC: Step 31B - Rule 1 Suit: Step 31C - Rule 1 A&A: Step 31D - Rule 1 Other: Step 31E - Rule 1 Labor Disp: Step 31F - Rule 1	The issue code of the appeal was voluntary leaving, misconduct, refusal of suitable work, able and available to work, other issues, or labor dispute.	Text - VL MC Suit A & A Other Labor Disp (Required except optional for UCFE and UCX claims)	CHAR (30)	
16	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 9

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for In Favor Of is F, then the data format would be Y-F.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1F - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1F - Rule 2	The Docket ID or other unique number assigned to the appeal.	Number - 0000000000 (Required)	CHAR(30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1 Workshare: Step 2B - Rule 1	Regular UI claim or Workshare claim.	Text - Regular UI Workshare (Required)	CHAR(20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (20)	NOT NULL
6	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2	Intrastate or interstate.	Text - Intrastate Interstate (Required except optional for non-lead claimant multi-claimant appeals)	CHAR (20)	
7	Appeal Level	Step 24B - Rule 1	The appeal is a higher authority appeal.	Text - Higher (Required)	CHAR (20)	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
8	Type of Appeal (Single or Multiclaimgant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule1	The determination is based upon facts related to an individual situation or to groups of similarly situated individuals. States which maintain a single record for multi-claimant appeals with a field for the number of claimants involved should insert a text prefix of 'M-1' for a multi-claimant appeal with only one record for the whole appeal. States which maintain multiple records (one for each claimant) for a multi-claimant appeal should designate one of the records as the lead claimant. States should insert a text prefix of 'M-Lead' in this field for the lead claimant record. Both of these types of records will be assigned to subpopulations 8.45 to 8.52 (lower) or 9.13 to 9.20 (higher). States which maintain multiple records should insert a prefix of 'M-Nonlead' in the multi-claimant field for the non-lead claimants. These records will be assigned to subpopulations 8.53 (lower) or 9.21 (higher).	Text - SM-1M-LeadM-Nonlead (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Number of Claimants in Multiclaimgant Appeal	Step 25B - Rules 3 and 5	The number of claimants involved in a multiclaimgant appeal (could be one if separate records are provided for each participating claimant)	Number => 1 (Required for multiple claimant appeals; must be blank or 0 for single claimant appeals)	INTEGER	
10	Appellant	Claimant: Step 26A - Rule 1 Employer: Step 26B - Rule 1 Other: Step 26C - Rule 1	The appellant is the claimant, employer, or other than claimant or employer.	Text - Claimant Employer Other (Required except optional for UCFE and UCX claims, and non-lead multi-claimant appeals)	CHAR (30)	
11	In Favor of Appellant	In Favor: Step 27A - Rule 1 Not in Favor: Step 27B - Rule 1	The decision was or was not in favor of the appellant.	Text - Y N (Required except optional for UCFE and UCX claims, and non-lead multi-claimant appeals)	CHAR (20)	
12	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
13	Decision Date	Step 28 - Rule 1	The date the decision was mailed to the interested parties concerned.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
14	Disposed of by Decision	By Decision: Step 30A - Rule 1 Not by Decision: Step 30B - Rule 1	The appeals case was disposed of by a written ruling.	Text - Y N (Optional)	CHAR (20)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
15	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 10

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Lower Authority Appeal is 100, then the data format would be LOWER-100.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1E - Rule1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1E - Rule 2	The Docket Number or other unique number assigned to the appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24A - Rule 1	The appeal was a lower authority appeal.	Text - Lower (Required)	CHAR (20)	NOT NULL
5	Appeal Pending	Step 30B - Rule 1	No decision has been made on an appeal.	Text - No Decision (Optional)	CHAR (30)	
6	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 11

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Higher Authority Appeal is 200, then the data format would be Higher-200.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1F - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1F - Rule 2	The Docket Number or other unique number assigned to the appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24B - Rule 1	The appeal was a higher authority appeal.	Text - Higher (Required)	CHAR (20)	NOT NULL
5	Appeal Pending	Step 30B - Rule 1	No decision has been made on an appeal.	Text - No Decision (Optional)	CHAR (30)	
6	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 12

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Fraud is F, then the data format would be FRAUD-F.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1 EB: Step 4F - Rule 1	Type of program is UI, UCFE, or UCX or EB.	Text - UI, UCFE, UCX, EB (Required)	CHAR (30)	NOT NULL
5	Type of Overpayment	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1 Penalty: Step 33C - Rule 1	The type of overpayment is Fraud, Nonfraud or Penalty.	Text - Fraud Nonfraud Penalty (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Cause of Overpayment	Multi Claimant Scheme: Step 34A - Rule 1 Single Claimant: Step 34H - Rule 1 Agency Employee Benefit Fraud: Step 34I - Rule 1 Reversal (JAVA): Step 34B - Rule 1 State Agency: Step 34C - Rule 1 Employer: Step 34D - Rule 1 Claimant: Step 34E - Rule 1 Other: Step 34F - Rule 1 and 3 Penalty: Step 34G - Rule 1	The cause of the overpayment was a fraud committed by Multi Claimant Scheme, Single Claimant, or Agency Employee; or a nonfraud by Reversals, State Agency Errors, Employer Errors, Claimant Errors, or Other cause.	Text - Multiclaimitant; Single Claimant; Agency Employee; Reversals; State Agency; Employer; Claimant; Other (Required except optional for penalties)	CHAR (30)	
7	Date Established	Step 36 - Rule 1	The date that the overpayment was established.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	UI Amount	Step 37A - Rule 1	The amount of benefits paid from State Unemployment Funds.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX or EB claims)	DECIMAL (9,2)	
9	Federal Amount	Step 37B - Rule 1	The amount of benefits paid from Federal Funds.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI or EB claims)	DECIMAL (9,2)	
10	EB Amount	Step 37C - Rule 1	The amount of benefits paid through the permanent Extended Benefits (EB) program.	Number - 000000000.00 (Required for EB claims; must be blank or 0 for UI or UCFE or UCX claims)	CHAR (100)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
11	Accumulated UI Amount	Step 45A	The UI fraud or nonfraud overpayment amount that the UI claim has accumulated from previous quarters and that is used to calculate a High Dollar Overpayment. If in the previous quarter the claim was classified as a High Dollar Overpayment, then the accumulated amount is reset to 0.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX or EB claims)	DECIMAL (9.2)	
12	Accumulated Federal Amount	Step 45B	The Federal fraud or nonfraud overpayment amount that the UCFE, UCX or joint claim has accumulated from previous quarters and that is used to calculate a High Dollar Overpayment. If in previous quarter the claim was classified as a High Dollar Overpayment, then the accumulated amount is reset to 0.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI or EB claims)	DECIMAL (9.2)	NOT NULL
13	Accumulated EB Amount	Step 45C	The EB fraud or nonfraud overpayment amount that the EB claim has accumulated from previous quarters and that is used to calculate a High Dollar Overpayment. If in previous quarter the claim was classified as a High Dollar Overpayment, then the accumulated amount is reset to 0.	Number - 000000000.00 (Required for EB claims; must be blank or 0 for UI or UCFE or UCX claims)	DECIMAL (9,2)	
14	Date of Original Monetary	Step 6A - Rules 1 and 3 Step 6B - Rule 1	Date the original determination was made on whether the claimant has sufficient base-period wages and/or employment to establish a benefit year.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
15	User		User defined field. Can be used for any additional data element. Not mandatory.	CHAR (100) Text (Optional)		

BENEFITS RECORD LAYOUT FOR POPULATION 13

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Recovered Cash is C, then the data format would be CASH-C.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1H - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1H - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1 EB: Step 4F - Rule 1	The program type is UI, UCFE, UCX or EB.	Text - UI UCFE UCX EB (Required)	CHAR (30)	NOT NULL
5	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud.	Text - Fraud Nonfraud (Required)	CHAR (20)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Type of Reconciliation Activity	Recovered Cash: Step 38A - Rule 1 Recovered Offset: Step 38B - Rule 1 State Income Tax Offset: Step 38C - Rule 1 By Other State: Step 38D - Rule 1 Write-Off: Step 38G - Rule 1 Waived: Step 38F - Rule 1 Additions: Step 38H - Rule 1 Subtractions: Step 38I - Rule 1 Other: Step 38E - Rule 1 Federal Income Tax Offset: Step 38J - Rule 1	The reconciliation activity was cash, benefit offset, state income tax offset, Federal Income tax offset, other states, write-off, waived addition, or subtraction.	Text - Cash Benefit Offset State Tax Offset Federal Tax Offset By Other State Write-off Waived Addition Subtraction Other (Required)	CHAR (30)	NOT NULL
7	Date of Reconciliation Activity	Step 39 - Rule 1	Indicate the date of the Overpayment Activity.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	UI Reconciliation Amount	Step 40A - Rule 1	The reconciled amount of State Unemployment Funds.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX claims)	DECIMAL (9,2)	
9	Federal Reconciliation Amount	Step 40B - Rule 1	The reconciled amount of Federal Funds.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
10	EB Reconciliation Amount	Step 40C - Rule 1	The reconciled amount of Extended benefits funds.	Number - 0000000.00 (Required for EB)	DECIMAL (9.2)	
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 14

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Nonfraud is NF, then the data format would be NONFRUAD-NF.

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Date Established	Step 36 - Rule 1	The date the overpayment was established	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1 EB: Step 4F - Rule 1	The program type is UI, UCFE, UCX or EB.	Text - UI UCFE UCX EB (Required)	CHAR (30)	NOT NULL

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Active Collection	Yes or blank: Step 44A - Rule 1 No: Step 44B - Rule 1 Dropped: Step 44C - Rule 1	Indicate Y if overpayment is in process of recovery; use N if overpayment is no longer in process of recovery; use D if the established date is more than nine (9) quarters prior to the report quarter and the overpayment was in process of recovery in the quarter before the report quarter but recovery was dropped in the report quarter.	Text - Y; N; D (Required for overpayments with balances more than 450 days past due; optional for other overpayment balances)	CHAR (20)	
7	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud.	Text - Fraud Nonfraud (Required for overpayments with balances more than 8 quarters past due; optional for other overpayment balances)	CHAR (20)	
8	UI Balance at End of Qtr	Step 42A - Rule 1	The State Unemployment funds overpayment balance at the end of the quarter.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE and UCX claims)	DECIMAL (9,2)	
9	Federal Balance at the End of Qtr	Step 42B - Rule 1	The Federal funds overpayment balance at the end of the quarter.	Number - 0000000.00 (Required for UCFE, UCX, and joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
10	EB Balance at the End of Qtr	Step 42C - Rule 1	The EB funds overpayment balance at the end of the quarter.	Number - 000000000.00 (Required for EB; must be blank or 0 for UI, UCFE, UCX and joint claims)	DECIMAL (9.2)	
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 15

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Nonfraud is NF, then the data format would be NONFRUAD-NF.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud	Text - Fraud; Nonfraud Must be blank if investigation establishes no overpayment (Required)	CHAR (20)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
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5	Detection Method	Wage/Benefit Crossmatch: Step 35A - Rule 1 IB Crossmatch: Step 35B - Rule 1 National Directory of New Hires: Step 35H - Rule 1 State Directory of New Hires: Step 35C - Rule 1 Multi-Claimant Scheme Systems: Step 35D - Rule 1 Special Project: Step 35E - Rule 1 Other Controllable: Step 35F - Rule 1 Noncontrollable: Step 35G - Rule 1	The Detection Method used to establish the overpayment was Wage/Benefit Crossmatch, IB Crossmatch, National Directory of New Hires (NDNH), State Directory of New Hires (SDNH), Multi-Claimant Scheme Systems, Special Project, Other Controllable, and Noncontrollable activity.	Text - Wage Crossmatch; IB Crossmatch; NDNH; SDNH; Multi-Claimant; Special; Other Controllable; Noncontrollable (Required)	CHAR (30)	NOT NULL
6	Date Established	Step 36 - Rule 1	The date the investigation was concluded or overpayment was established.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	Overpayment Amount	Step 37A - Rule 1 Step 37B - Rule 1	The amount of benefits paid from State and Federal Unemployment Funds	Number - 000000000.00	DECIMAL (9.2)	
8	Overpayment Established by Investigation	Step 46 - Rule 1	Whether a completed investigation established an overpayment.	Text - Y, N (Optional for Other Controllable and Noncontrollable)	CHAR (20)	Conditionally Required
9	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

APPENDIX B

EXPLANATION OF UI TAX DATA FORMATS

There are 6 types of data formats referred to in Appendix B.

1. **Required.** These fields cannot be blank. They may be mandatory codes, dates or dollar values. Required cells in Appendix A tables indicate the required code, date, or dollar value parameters, or display the word “Required.”

Required text fields have code values that must be entered, such as A, C, R, etc. All of the allowable generic values for each field are listed in the Data Type/Format column on the record layout. The generic values must be followed by a dash and the corresponding state-specific value.

2. **Conditionally required.** Data are included in these fields if the data are present in the state’s system. Applies to date and wages fields.
3. **Optional.** These fields are gray in Appendix B and the word “Optional” is displayed. The software does not look at these fields at all. Any values can be entered or they can be left blank.
4. **Must be blank.** These are text or date fields where the presence of data indicates an error. Therefore, they must be left blank (such as population 4 transaction date for balance subpopulations 4.7, 4.8, 4.15, and 4.16).
5. **Must be blank or 0.** These are numeric fields where the presence of data other than 0 indicates an error. In tax these are primarily wages fields in populations 4 and 5.
6. **System generated.** These fields are generated by the DV software and data should not be placed in these fields in the extract files. These fields are primarily time lapse and age fields.

Notes:

For most steps referenced in Appendix B column headers, Rule 1 is the indicator in the state system. However, if a state does not maintain the indicator specified in Rule 1, then the state programmer must review the other rules in that step in order to develop the required validation logic.

The extract file type is ASCII, comma delimited. Data must be in the order listed in the record layouts.

TAX RECORD LAYOUT FOR POPULATION 1

The record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for an Active Employer is 01, then the data format would be A-01.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		Assign to each record. Use sequential numbers starting at 1.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	EAN	Step 1A	Employer Account Number	Number - 000000000 (Required)	CHAR (20)	NOT NULL
3	Employer Status Indicator	Step 3A	Indicate that the employer is an active employer.	Text - A (Required)	CHAR (20)	NOT NULL
4	Employer Type	Step 2A Step 2B	Indicate whether the employer type is contributory or reimbursable.	Text - C R (Required)	CHAR (20)	NOT NULL
5	Liability Date (Met Threshold)	Step 14	Indicate the most recent date on which the employing unit met the State law definition of a newly established or successor employer.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
6	Reactivation Processing Date	Step 16	Indicate the date on which an employer account was updated on the State's system to reflect the reactivation of a previously inactivated or terminated employer.	Date - MM/DD/YYYY	DATE	
7	Inactive/Terminated "as of" Date	Step 5	Indicate the effective date for the termination or inactivation status of the employer.	Date - MM/DD/YYYY	DATE	
8	Activation Processing Date	Step 15	Indicate the date on which an account was established on the State's system for an 'employer,' under the State unemployment compensation law.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
9	Number of Liable Quarters	Step 7B	Indicate the number of consecutive quarters between the date the employer was activated or reactivated on the State's system and the quarter prior to the report quarter being validated. If the number of liable quarters is eight or more, the value should be reported as eight. If the employer was activated or reactivated during the report quarter, then the number of liable quarters is zero.	Number - 0 1 2 3 4 5 6 7 8 (Required)	INTEGER	NOT NULL
10	Wages in Quarter 1	Step 7A	Total wages for the employer in the quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number- 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	
11	Wages in Quarter 2	Step 7A	Total wages for the employer in the second quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number- 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
12	Wages in Quarter 3	Step 7A	Total wages for the employer in the third quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number - 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	
13	Wages in Quarter 4	Step 7A	Total wages for the employer in the fourth quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number - 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	
14	Wages in Quarter 5	Step 7A	Total wages for the employer in the fifth quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number - 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	
15	Wages in Quarter 6	Step 7A	Total wages for the employer in the sixth quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number - 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
16	Wages in Quarter 7	Step 7A	Total wages for the employer in the seventh quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number - 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	
17	Wages in Quarter 8	Step 7A	Total wages for the employer in the eighth quarter prior to the report quarter. Enter 0.00 for either zero wage reports or reports that weren't filed.	Number - 0000000000000.00 (Conditionally Required)	DECIMAL (15,2)	
18	User Field		User defined field. Can be used for any additional data element.	Text (Optional)	CHAR (100)	

TAX RECORD LAYOUT FOR POPULATION 2

The record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Contributory Employer Type is A, then the data format would be C-A.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		Sequential number, start at 1	Number - 00000000 (Required)	INTEGER	NOT NULL
2	EAN	Step 1B	Employer Account Number	Number - 000000000 (Required)	CHAR (20)	NOT NULL
3	Employer Report Quarter (ERQ)	Step 1B	Indicate the calendar quarter of business activity covered by an employer's contributions report.	Number - YYYYQQ (Required)	CHAR (6)	NOT NULL
4	Employer Type	Step 2A Step 2B	Indicate whether the employer type is contributory or reimbursable.	Text - C R (Required)	CHAR (20)	NOT NULL
5	Received Date	Step 9	Indicate the date of receipt by the agency of the contributions report from a subject employer.	Date - MM/DD/YYYY (Conditionally Required)	DATE	
6	Final Assessment Date	Step 10	Indicate the date a final assessment becomes legally due and collectible.	Date - MM/DD/YYYY (Conditionally Required)	DATE	

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<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
7	Liability Date (Initial or Reopen)	Step 4A Step 4B	Indicate the date on which an employing unit meets the State's legal definition of an employer and is registered and required to file reports.	Date - MM/DD/YYYY (Conditionally Required)	DATE	
8	Liability Date (Met Threshold)	Step 14	Indicate the most recent date on which the employing unit met the State law definition of a newly established or successor employer.	Date - MM/DD/YYYY (Conditionally Required)	DATE	
9	Inactive/ Terminated "as of" Date	Step 5	Indicate the effective date for termination or inactivation status of the employer.	Date - MM/DD/YYYY (Conditionally Required)	DATE	
10	Suspended "as of" Quarter	Step 5	Indicate the specific ERQ for which the State has suspended the employer's report filing requirement.	Number - YYYYQQ	CHAR (6)	
11	Inactivation /Termination Processing Date	Step 6A Step 6B Step 6C	Indicate the processing date for the inactivation or termination status of the employer.	Date - MM/DD/YYYY (Conditionally Required)	DATE	
12	User Field		User defined field. Can be used for any additional data element.	Text (Optional)	CHAR (100)	

TAX RECORD LAYOUT FOR POPULATION 3

The record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for New Status Determination is NEW, then the data format would be N-NEW.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		Sequential number, start at 1	Number - 00000000 (Required)	INTEGER	NOT NULL
2	EAN	Step 1C	Employer Account Number	Number - 000000000 (Required)	CHAR (20)	NOT NULL
3	Employer Type	Step 2A Step 2B	Indicate whether the employer type is contributory or reimbursable.	Text - C R (Required)	CHAR (20)	NOT NULL
4	Status Determination Type Indicator	Step 11A Step 11B Step 11C Step 11D	Indicate status determination type by New, Successor, Inactivation or Termination.	Text - N S I T (Required)	CHAR (10)	NOT NULL
5	Time Lapse	Step 12	Place a zero (0) in this field. (Software generates the time lapse)	Number - 0	INTEGER	

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No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Status Determination Date	Step 13	Indicate the date of any recorded administrative action that establishes, modifies, changes, inactivates, or terminates an employing unit's liability as an employer.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	Liability Date (Met Threshold)	Step 14	Indicate the most recent date on which the employing unit met the State law definition of a newly established or successor employer.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	End of Liable Quarter	Step 14	Indicate the last day of the quarter in which the employing unit met the State law definition of a newly established or successor employer. States that do not have this should leave the field blank; the value will then be calculated by the software.	Date - MM/DD/YYYY (Conditionally Required)	DATE	

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No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Activation Processing Date	Step 15	Indicate the date on which an account was established on the State's system for an 'employer,' under the State unemployment compensation law.	Date - MM/DD/YYYY	DATE	
10	Reactivation Processing Date	Step 16	Indicate the date on which an employer account was updated on the State's system to reflect the reactivation of a previously inactivated or terminated employer.	Date - MM/DD/YYYY	DATE	
11	Successorship Processing Date	Step 17	Indicate the date on which an employer account was established or updated to reflect an acquisition by the employer which met the State law definition of successorship.	Date - MM/DD/YYYY	DATE	
12	Predecessor Account Number	Step 18	Indicate the account number for an employing unit that has been acquired by another employer.	Number - 000000000	CHAR (20)	
13	Inactivation Processing Date	Step 6A or Step 6B	Indicate the processing date for the inactivation status of the employer.	Date - MM/DD/YYYY	DATE	

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No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
14	Termination Processing Date	Step 6A or Step 6C	Indicate the processing date for the termination status of the employer.	Date - MM/DD/YYYY	DATE	
15	User Field		User defined field. Can be used for any additional data element.	Text (Optional)	CHAR (100)	

[Type here]

TAX RECORD LAYOUT FOR POPULATION 4

The record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Receivables Established is R, then the data format would be E-R.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		Sequential number, start at 1	Number - 00000000 (Required)	INTEGER	NOT NULL
2	EAN	Step 1D	Employer Account Number	Number - 000000000 (Required)	CHAR (20)	NOT NULL
3	Employer Type	Step 2A Step 2B	Indicate whether the employer type is contributory or reimbursable.	Text - C R (Required)	CHAR (20)	NOT NULL
4	Transaction Date	Step 19A	Indicate the date that a transaction was entered into the system.	Date - MM/DD/YYYY	DATE	
5	Established Q/Date	Step 19B	Indicate the date that a past due contribution was entered into the system.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
6	Employer Report Quarter (ERQ)	Step 1D	Indicate the calendar quarter of business activity covered by an employer's contributions report.	Number - YYYYQQ	CHAR (6)	

[Type here]

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
7	Due Date	Step 20	Indicate the date after which the State imposes interest and penalty for late payment.	Date - MM/DD/YYYY	DATE	
8	Transaction Type/Indicator	Step 21A Step 21B Step 21C	Indicate the transaction type code for receivables established, liquidated, declared uncollectible or removed. Use a code of B for records of account balances at the end of the RQ.	Text - E L U R B (Required)	CHAR (20)	NOT NULL
9	Amount Established in RQ	Step 22	Indicate the amount of contributions or payments determined to be past due during the report quarter.	Number - 0000000000000.00	DECIMAL (15,2)	
10	Amount Liquidated	Step 23	Indicate the amount of receivables liquidated during the report quarter.	Number - 0000000000000.00	DECIMAL (15,2)	
11	Amount Uncollectible	Step 24	Indicate the amount of receivables declared uncollectible during the report quarter.	Number - 0000000000000.00	DECIMAL (15,2)	
12	Amount Removed	Step 25	Indicate the amount of receivables removed during the report quarter.	Number - 0000000000000.00	DECIMAL (15,2)	

[Type here]

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
13	Balance at End of RQ	Step 26	Indicate the total amount of past due contributions as of the last day of the report quarter being validated. For aging, States should capture a separate record for each employer report quarter that has a balance, rather than an aggregate balance.	Number - 0000000000000.00	DECIMAL (15,2)	
14	Age of Receivable	Step 27A Step 27B	Indicate the age of receivable in days for receivable balances at the end of the report quarter.	Number - 0000000000000 (Optional)	INTEGER	
15	User Field		User defined field. Can be used for any additional data element.	Text (Optional)	CHAR (100)	

[Type here]

TAX RECORD LAYOUT FOR POPULATION 5

The record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for a Large Employer is Y, then the data format would be L-Y.

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		Sequential number, start at 1	Number - 00000000 (Required)	INTEGER	NOT NULL
2	EAN	Step 1E	Employer Account Number	Number - 000000000 (Required)	CHAR (20)	NOT NULL
3	Audit ID #	Step 1E	Indicate the audit identification number.	Number - 00000000 (Required)	CHAR (20)	NOT NULL
4	Employer Size	Step 28A Step 28B	Indicate whether the employer size is large or small.	Text - L S (Required)	CHAR (20)	NOT NULL
5	Change Audit	Step 29A Step 29B	Indicate whether an audit resulted in a discovery of wages, contributions or employees not previously reported.	Text - Y N (If field is blank, software will determine if record has value not equal to 0 in any one of record layout fields 9, 10, 14, 15, 19, 20. Software will then place a Y-DVWS in field.)	CHAR (20)	
6	Audit Completion Date	Step 30	Indicate the date the audit was completed and recorded or posted as such.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	Total Wages Pre-Audit	Step 31A	Indicate the full amount of pre-audit total wages reported for quarters audited.	Number - 0000000000000.00 (Required)	DECIMAL (15,2)	NOT NULL

[Type here]

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
8	Total Wages Post-Audit	Step 31B	Indicate the full amount of total wages recorded in audit summaries for audited quarters.	Number - 0000000000000.00 (Required)	DECIMAL (15,2)	NOT NULL
9	Total Wages Under-Reported	Step 31C	Indicate the full amount of under reported total wages discovered as a result of the audit.	Number - 0000000000000.00	DECIMAL (15,2)	
10	Total Wages Over-Reported	Step 31D	Indicate the full amount of over reported total wages discovered as a result of the audit.	Number - 0000000000000.00	DECIMAL (15,2)	
11	Total Wages Reconciliation Amount	Step 31E	Place a zero (0) in this field. (Software generates amount)	Number - 0	DECIMAL (15,2)	
12	Taxable Wages Pre-Audit	Step 32A	Indicate the full amount of pre-audit taxable wages reported for quarters audited.	Number - 0000000000000.00 (Optional)	DECIMAL (15,2)	
13	Taxable Wages Post-Audit	Step 32B	Indicate the full amount of post-audit taxable wages for quarters audited.	Number - 0000000000000.00 (Optional)	DECIMAL (15,2)	
14	Taxable Wages Under-Reported	Step 32C	Indicate the full amount of under reported taxable wages discovered as a result of the audit.	Number - 0000000000000.00	DECIMAL (15,2)	
15	Taxable Wages Over-Reported	Step 32D	Indicate the full amount of over reported taxable wages discovered as a result of the audit.	Number - 0000000000000.00	DECIMAL (15,2)	
16	Taxable Wages Reconciliation Amount	Step 32E	Place a zero (0) in this field. (Software generates amount)	Number - 0	DECIMAL (15,2)	

[Type here]

<i>No.</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
17	Contributions Pre-Audit	Step 33A	Indicate the full amount of pre-audit contributions reported for quarters audited.	Number - 0000000000000.00 (Optional)	DECIMAL (15,2)	
18	Contributions Post-Audit	Step 33B	Indicate the full amount of post-audit contributions reported for quarters audited.	Number - 0000000000000.00 (Optional)	DECIMAL (15,2)	
19	Contributions Under-Reported	Step 33C	Indicate the full amount of under reported contributions discovered as a result of the audit.	Number - 0000000000000.00	DECIMAL (15,2)	
20	Contributions Over-Reported	Step 33D	Indicate the full amount of over reported contributions discovered as a result of the audit.	Number - 0000000000000.00	DECIMAL (15,2)	
21	Contributions Reconciliation Amount	Step 33E	Place a zero (0) in this field. (Software generates amount)	Number - 0	DECIMAL (15,2)	
22	User Field		User defined field. Can be used for any additional data element.	Text (Optional)	CHAR (100)	