

## **Bulk Wage Filing Specifications – Paid Family and Medical Leave & WA Cares Fund**

**Last updated on 2/17/2022**

**This file may be adjusted due to changes in the law, by request of a third-party, or for any other reason by the Employment Security Department.**

The specifications for this file are based on the ICESA format but modified to meet Washington State's Paid Family and Medical Leave and WA Cares Fund reporting requirements. When reviewing the specifications, please remember that fields contents must follow RCW 50A.05, RCW 50B.04 and related WACs; and that they may not correspond with other programs managed by the WA Employment Security Department.

### **NEW FORMAT – REQUIRED APRIL 1, 2022**

Starting April 1, 2022, we will only accept the new file format. This includes reports and amendments for quarters in 2019-2021.

- Updated data fields are marked in yellow highlight. Field name changes are noted in blue text
- Test your file to make sure it's formatted correctly: <https://resources.paidleave.wa.gov/bulk-filing-form>

### **FILE LAYOUT**

A RECORD - Identifies the organization submitting the file. Must be the first data record on each file.

B RECORD - Identifies the type of equipment used to generate the data. It may optionally be included but will be ignored.

E RECORD - Identifies an employer whose tax and wage information is being reported.

S RECORD - Identifies the wage information of an individual employee.

T RECORD - The total tax and wage information for this employer, identified by the previous E record.

F RECORD - Indicates the end of the file and must be the last data record on each file for transmission.

Each record must be a uniform length of 275 characters. At the end of each record, (column 275) insert a carriage return and line feed (Hex: 0x0D 0x0A).

All files should use the ASCII encoding.

### **DATA TYPES**

**Alphanumeric** - Left justified. Space-filled.

**Numeric** - Right justified. Zero-filled. Whole numbers only. See detailed descriptions for rounding instructions.

**Money** - Right justified. Zero-filled. All values include cents in the 2 right-most characters. Do not include a decimal. Negative amounts are not allowed.

**Optional** - In all cases, values indicated as "Optional" may be left blank.

### **OTHER NOTES**

Do not report people who are not considered employees by law.

## Validations

Record	Result	Field	Validation
All	Error	All	All fields must correspond to the datatype and length as specified.
All	Error	All	If specific formatting instructions are provided, the fields must correspond to the formatting specified.
All	Error	All	Required fields must be provided.
A, E, S	Error	Reporting Year / Quarter	Must match throughout file (Note that there is no Quarter on the A Record)
A, E, S	Error	Reporting Year / Quarter	Must not be in the future (Note that there is no Quarter on the A Record)
E	Error	UBI	Must be unique within the scope of the file.
E	Error	Reporting Year	Must match that in the A record
E	Warning	No Payroll... Flag	Should match the number of records underneath the E record.
S	Error	SSN / ITIN	Must be unique with the scope of the employer.
S	Error	Employee Hours and Wages	Both Hours and Wages are zero.
S	Warning	Employee Hours and Wages	Hours is zero and Wages are non-zero.
S	Warning	Employee Hours and Wages	Hours are non-zero and Wages are zero.
T	Error	Total Number of Reportable Employees	Must match the sum of the 'S' records' corresponding field
T	Error	Total Gross Wages Paid	Must match the sum of the 'S' records' corresponding field
T	Warning	Paid Leave Premiums Withheld	Should not exceed the amount allowable per law (Total Wages * Current Employee Family and Medical Premium Rate)
T	Warning	WA Cares Premiums Withheld	Should not exceed the amount allowable per law (Total Wages * Current Premium Rate) <i>NEW for WA Cares.</i>

**A RECORD**      **Identifies the organization submitting the file.**

Record	Req	Field Name	Field Description	Column	Length	Type	Format
A	Y	Record Identifier	Constant "A"	1	1	Alpha	
A	Y	Reporting Year	The year for which the report is being prepared.	2-5	4	Numeric	4-digits in YYYY format.
A	Y	Transmitter's Federal EIN	The Federal ID number of the organization transmitting the file.	6-14	9	Numeric	9-digits. No hyphens or spaces.
A	Y	Taxing Entity Code	Constant "PLWC" <i>Updated for Paid Leave and WA Cares</i>	15-18	4	Alpha	
A		Blank	IGNORED	19-23	5	Blank	
A	Y	Transmitter Name	The name of the organization transmitting the file.	24-73	50	Alpha/ Numeric	
A		Transmitter Mailing Address	The address of the organization transmitting the file.	74-113	40	Alpha/ Numeric	
A		Transmitter City	The city of the organization transmitting the file.	114-138	25	Alpha	
A		Transmitter State	The state of the organization transmitting the file.	139-140	2	Alpha	Standard 2-character state postal abbreviation.
A		Blank	IGNORED	141-153	13	Blank	
A		Transmitter Zip Code	The zip code of the organization transmitting the file.	154-158	5	Alpha/ Numeric	5-digit zip code
A		Transmitter Zip Code Extension	The zip code extension of the organization transmitting the file, if applicable.	159-163	5	Numeric	4-digit zip code extension. Include hyphen in position 159. If none, space fill.
A		Transmitter Contact	The name of the individual to be contacted regarding questions on the file being transmitted.	164-193	30	Alpha	

A		Transmitter Contact Telephone Number	The telephone number of the contact person.	194-203	10	Numeric	3-digit area code and 7-digit telephone number. No hyphens, parenthesis, or any other formatting.
A		Transmitter Contact Telephone Extension	The phone number extension of the contact person, if needed.	204-207	4	Numeric	Up to 4 digits. If none, space fill.
A		Blank	IGNORED	208-242	35	Blank	
A	Y	File Creation Date	The date the file was created.	243-250	8	Numeric	2-digit month, 2-digit day and 4-digit year in MMDDYYYY format
A		Blank	IGNORED	251-275	25	Blank	

**E RECORD Identifies an employer whose tax and wage information is being reported.**

Record	Req.	Field Name	Field Description	Column	Length	Type	Format
E	Y	Record Identifier	Constant "E"	1	1	Alpha	
E	Y	Reporting Year	The year for which the report is being prepared.	2-5	4	Numeric	4-digits in YYYY format.
E		Employer Federal EIN	The Federal ID number of the employer whose tax and wage information is being reported.	6-14	9	Numeric	9-digits. No hyphens or spaces.
E		Blank	IGNORED	15-23	9	Blank	
E	Y	Employer Name	The name of the employer whose tax and wage information is being reported.	24-73	50	Alpha/ Numeric	
E	Y	Employer Mailing Address	The address of the employer whose tax and wage information is being reported.	74-113	40	Alpha/ Numeric	
E	Y	Employer City	The city of the employer whose tax and wage information is being reported. For a foreign address, show full country name and abbreviate city and state or province as necessary.	114-138	25	Alpha	
E	Y	Employer State	The state of the employer whose tax and wage information is being reported.	139-140	2	Alpha	Standard 2- character state postal abbreviation.
E		Blank	IGNORED	141-148	8	Blank	
E		Employer Zip Code Extension	The zip code extension of the employer whose tax and wage information is being reported.	149-153	5	Numeric	4-digit zip code extension. Include hyphen in position 149. If none or unknown, space fill.
E	Y	Employer Zip Code	The zip code of the employer whose tax and wage information is being reported, if applicable.	154-158	5	Alpha/ Numeric	5-digit zip code

E		Blank	IGNORED	159-166	8	Blank	
E	Y	Taxing Entity Code	Constant "PLWC" <i>Updated for Paid Leave and WA Cares</i>	167-170	4	Alpha	
E		Blank	IGNORED	171-187	17	Blank	
E	Y	Reporting Period	The last month of the calendar quarter to which the report applies.	188-189	2	Numeric	"03" = First quarter; "06" = Second quarter; "09" = Third quarter; "12" = Fourth quarter.
E	Y	No Payroll / No Workers / No Wages Flag	Indicate if the employer has no payroll, no workers or no wages.	190	1	Numeric	0 = E record <b>will not</b> be followed by 1 or more employee (S) record (No Payroll). 1 = record will be followed by 1 or more employee (S) record.
E		Blank	IGNORED	191-201	11	Blank	
E		Leave and Care Employer Customer ID Number	Leave and Care Employer Customer ID Number for this employer. <i>Field name updated for Paid Leave and WA Cares; Customer ID Numbers are not changed.</i>	202-211	10	Alpha/ Numeric	"C" followed by 9 digits, usually the UBI.
E		Blank	IGNORED	212-255	44	Blank	
E		Foreign Indicator	If employer address (positions 74-158) is for a foreign address, enter the letter "X", otherwise, space fill.	256	1	Alpha	
E		Blank	IGNORED	257	1	Blank	
E	Y	Employer Unified Business Identifier (UBI) Number	The UBI Number of the employer whose tax and wage information is being reported.	258-266	9	Numeric	9-digit UBI without hyphens.
E		Blank	IGNORED	267-275	9	Blank	

**S RECORD**      **Identifies the wage information of an individual employee.**

Record	Req.	Field Name	Field Description	Column	Length	Type	Format
S	Y	Record Identifier	Constant "S"	1	1	Alpha	
S	Y	Employee Social Security Number (SSN)	Employee's social security number (SSN) or individual tax identification number (ITIN); if not known enter the letter "I" in position 2 and blanks in positions 3-10.	2-10	9	Alpha/ Numeric	9-digits, No hyphens or spaces, otherwise the letter "I."
S	Y	Employee Last Name	The last name of the employee whose wage information is being reported.	11-30	20	Alpha/ Special	Only alphabetical characters, spaces, hyphens, and apostrophes are allowed. Truncate names which exceed the maximum length.
S	Y	Employee First Name	The first name of the employee whose wage information is being reported.	31-42	12	Alpha/ Special	Only alphabetical characters, spaces, hyphens, and apostrophes are allowed. Truncate names which exceed the maximum length.
S		Employee Middle Initial	The middle initial of the employee whose wage information is being reported.	43	1	Alpha	
S		Blank	IGNORED	44-63	20	Blank	
S	Y	Employee's Reportable <b>Total Gross Wages</b> Paid this Quarter	Paid Leave and WA Cares total gross wages paid to this employee this quarter. Do not include tips. <i>Field name updated for Paid Leave and WA Cares; Definition of wages is not changed.</i>	64-77	14	Money	
S		Blank	IGNORED	78-131	54	Blank	

S	Y	Employee Hours	The number of hours worked as defined by Paid Leave and WA Cares law. Do not leave this column blank. If the reported hours exceeds "2208", enter "2208" (total wage / state minimum wage). <i>Field name updated for Paid Leave and WA Cares; Definition of hours worked is not changed.</i>	132-135	4	Numeric	Fractional hours should be rounded to the next higher whole number. If unknown, zero fill – do not space fill.
S		Blank	IGNORED	136-141	6	Blank	
S		WA Cares Exempt Employee	Has employee provided WA Cares Exemption approval letter? <i>NEW for WA Cares.</i>	142	1	Alpha	Y = Employee has provided WA Cares Exemption approval letter. N = Employee has not provided proof of exemption. Blank = Employee has not provided proof of exemption.
S	Y	Taxing Entity Code	Constant "PLWC" <i>Updated for Paid Leave and WA Cares.</i>	143-146	4	Alpha	
S		Blank	IGNORED	147-214	68	Blank	
S	Y	Reporting Period Month and Year	The last month and year for the calendar quarter for which this report applies, e.g., "032003" for Jan-Mar of 2003.	215-220	6	Numeric	2-digit month and 4-digit year in MMYYYY format
S		Blank	IGNORED	221-275	55	Blank	



**T RECORD    The total tax and wage information for this employer, identified by the previous E record.**

Record	Req.	Field Name	Field Description	Column	Length	Type	Format
T	Y	Record Identifier	Constant "T"	1	1	Alpha	
T	Y	Total Number of Reportable Employees	The total number of individual employee "S" records for this employer.	2-8	7	Numeric	
T	Y	Taxing Entity Code	Constant "PLWC" <i>Updated for Paid Leave and WA Cares.</i>	9-12	4	Alpha	
T		Blank	IGNORED	13-26	14	Blank	
T	Y	<b>Total Gross Wages</b> Paid this Quarter for this Employer	The total amount of gross wages for each individual employee "S" record for this employer. <i>Field name updated for Paid Leave and WA Cares; Definition of wages is not changed.</i>	27-40	14	Money	
T		Blank	IGNORED	41-68	28	Blank	
T		Blank	IGNORED <i>Paid Leave Employee Premiums Withheld moved to position 201-213.</i>	69-82	14	Blank	
T		Blank	IGNORED	83-200	193	Blank	
T	Y	Total Paid Leave Employee Premiums Withheld	The total amount of Paid Leave premiums withheld from employee paychecks. Any portion that is covered by the employer should not be included. <i>Updated for Paid Leave and WA Cares; Field moved from position 69-82.</i>	201-213	13	Money	
T	Y	Total WA Cares Employee Premiums Withheld	The total amount of WA Cares premiums withheld from employee paychecks. <i>NEW for WA Cares.</i>	214-226	13	Money	
T		Blank	IGNORED	227-275	193	Blank	

**F RECORD**      **Indicates the end of the file and must be the last data record on each file for transmission.**

Record	Req.	Field Name	Field Description	Column	Length	Type	Format
F	Y	Record Identifier	Constant "F"	1	1	Alpha	
F	Y	Total Number of Employees in file	The total number of individual employee "S" records for all employers in this file.	2-11	10	Numeric	
F	Y	Total Number of Employers in File	The total number of employer "E" records in this file.	12-21	10	Numeric	
F	Y	Taxing Entity Code	Constant "PLWC" <i>Updated for Paid Leave and WA Cares.</i>	22-25	4	Alpha	
F		Blank	IGNORED	26-40	15	Blank	
F	Y	Reportable Total Gross Wages Paid this Quarter for all Employers in this file	The total amount of wage dollars reported for each individual employee "S" record for all employers in this file.	41-55	15	Money	
F		Blank	IGNORED	56-275	220	Blank	

## Release History

12/27/2018	Initial release candidate
1/15/2019	Test wage filing release
	Remove "Release Candidate" status
	Allow spaces, hyphens, and apostrophes in Employee First and Last Names
	Clarify that truncation is allowed for Employee First and Last Names
	Clarify the "difference from UI" message for Employer "No Payroll..." flag
	Change quarterly employee hour cap from 9999 to 2208
	Add validation rules around Employee hour/wage combinations
	Change "PFML Reference Number" and FEIN to be optional
	UBI can no longer be unknown
	Remove ES Reference Number
2/11/2019	Add instructions to view other tabs for details.
	Remove validation: "If the PFML Reference number is C+[9 blanks] ("C "), then "EIN" must be provided." This is not necessary with UBI as the unique identifier for employers.
	Change uniqueness validation on "PFML Employer Reference Number" to be on "UBI" instead.
	Correct the formula hint on the "Total Employee Premiums Withheld" validation
	Correct misspellings of "alphabetical"
	Remove the "If unknown..." instructions for "PFML Employer Reference Number" on the E Record. This is not necessary because the field is optional.
	Clarify that dates may not be in the future.
3/7/2019	Change effective-position and character length of UBI on the E Record. <i>Explanation: In the WA ESD Unemployment Insurance (UI) specification which we used as the basis for the PFML version, the UBI field was defined as 12-digits with the 9-digit UBI being left-justified. This resulted in the effective-position of 258-266. In the original release of the PFML ICESA Specification, we had changed the data-type of this field from alphanumeric to numeric to highlight the lack of formatting. Unfortunately, this had the unintended side-effect of switching the field to be right-justified, making the effective-position of the 9-digit UBI to be 261-269. This field has been corrected to coincide with the original effective-positioning in the UI specification of 258-266. Additionally, the total length has been reduced from 12-digits to 9-digits.</i>
	Format for release as PDF
	Marked fields as required on F record
3/21/2019	Correct "Blank" character count on S Record from 52 to 54.
8/25/2021	Add fields for WA Cares reporting per RCW 50B.04; Adjust field names throughout to reflect that this report fulfills the reporting requirements for both Paid Family and Medical Leave and WA Cares.
	Change constant "PFML" on "Taxing Entity Code" to "PLWC"
	Change name of "PFML Employer Reference Number" to "Leave and Care Employer Customer ID Number"; Account numbers are have not changed.
	Add "WA Cares Exempt Employee"; Y = Indicates employee has provide WA Cares Exemption approval letter. N = Indicates employee has not provided proof of exemption. Blank = Indicates employee has not provided proof of exemption.
	Changed "Total Employee Premiums Withheld" to "Total Paid Leave Employee Premiums Withheld" and moved to co-locate with "Total WA Cares Premiums Withheld"
	Added "Total WA Cares Employee Premiums Withheld"
2/17/2022	Correct length of "Blank" in positions 69-82 on T Record.