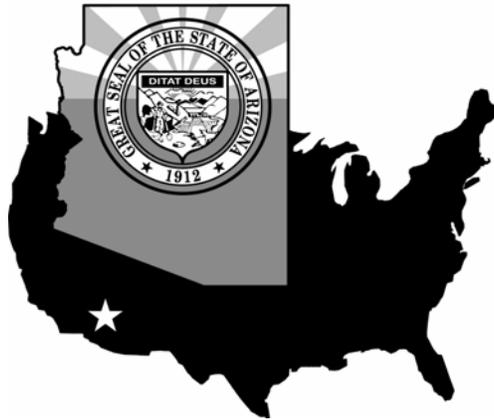


ARIZONA MAGNETIC MEDIA EMPLOYER FILING (MMREF-1)

**Specifications and Application Instructions
To File Employer Quarterly Wage Data**



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Unemployment Tax Section
P.O. Box 52027
Phoenix, Arizona 85072-2027
(602) 771-3689 • Fax (602) 532-5562**

ARIZONA MMREF-1 SPECIFICATIONS and APPLICATION INSTRUCTIONS

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MAGNETIC MEDIA REPORTING SPECIFICATIONS FOR ARIZONA INTRODUCTION

The Arizona Department of Economic Security (DES) encourages employers to file quarterly wage listings using either of the following methods:

INTERNET FILING – This is the preferred method for reporting up to 999 employees. We expect our online Tax and Wage Reporting System to accommodate the reporting of an unlimited number of employees via the Internet by the end of 2007. Log onto www.azui.com to complete your tax filing including wage detail. File upload is available as well as Electronic Funds Transfer (EFT). Only Automated Clearing House (ACH) EFT Payments are accepted, or choose the Paper Check payment option to print a payment voucher to mail in with your check. The format used to file on the Internet is not the same format covered in this booklet.

COMPACT DISK (CD) – Until programming enhancements to our online reporting system remove the limitation on the number of employees that can be reported via the Internet (see above) CD is the preferred method for reporting 1000 or more employees. Uncompressed or zipped compression are the only accepted file types. CDs must be formatted for IBM Compatible PCs and must be in the Social Security MMREF-1 format. Reformat used CDs prior to using them for wage reporting. CDs must be virus free, contain one file (not within a folder) for one quarter of wages only, and the CD cannot be locked.

Remember that when you submit your wage detail data by CD, you must also submit an Unemployment Tax and Wage Report (form UC-018) along with it. This form is used to report the total number of your full- and part-time covered workers, a summary of the total and taxable wages paid to them, and the tax due for the quarter.

ALL CDs **must** have an external label with the following information clearly printed:

- Employer(s) name(s)
- Arizona State Unemployment Insurance (SUI) account number(s)
- Specific year and quarter of the employee wages being reported
- Contact name (person who submitted magnetic media)
- Telephone number and extension of contact person
- Number of employee records on CD
- Number of CDs sent (e.g., 1 of 4); include an external label for all CDs sent.

Please refer to page 9 for more details on CDs.

The following alternative methods may also be used for wage reporting:

MAGNETIC MEDIA REPORTING SPECIFICATIONS FOR ARIZONA

INTERNET FILING – We prefer you to use this method for reporting up to 999 employees. Log onto www.azui.com and use our online Tax and Wage Reporting and Electronic Funds Transfer (EFT) System. (This system is expected to be able to accommodate the reporting of an unlimited number of employees by the end of 2007.)

PAPER SUBMISSION – Once you establish your state unemployment insurance account, you should automatically receive DES-generated **UNEMPLOYMENT TAX AND WAGE REPORT (UC-018)** forms quarterly, with pre-printed account, quarter, and barcode-specific information. This form is used to report the number of full- and part-time covered workers, a summary of their total and taxable wages, and the tax due for the quarter. If you do not receive your forms or need additional copies, contact the [Employer Accounting Unit](#) by phone, fax or email. To obtain the necessary forms on the Internet go to <http://www.azdes.gov/esa/uitax/taxform.asp>

Both the UC-018 and the wage detail must be received on the approved form by the due date. If either is untimely, a penalty will be assessed (0.10% of the total wages paid in the quarter; \$35 minimum penalty, \$200 maximum). Reports sent by mail are considered received as of the postmark date; reports sent by courier service (UPS, FedEx, etc.) are considered received as of the date sent.

All quarterly Unemployment Tax and Wage Reports are due as shown below, unless the due date falls on a weekend or State holiday, in which case the due date is extended to the next business day.

FILING SCHEDULE

For Wages Paid During	Calendar Qtr. Ends	Report Due By
Jan, Feb, Mar	March 31	April 30
Apr, May, Jun	June 30	July 31
Jul, Aug, Sep	September 30	October 31
Oct, Nov, Dec	December 31	January 31

NOTE - DES will continue to support all previous types of magnetic media and reporting formats for employers already filing by such media and formats. However, employers choosing to **BEGIN** filing by magnetic media or those desiring to **CHANGE** formats **MUST** use Compact Disk and the Magnetic Media Reporting Employer Format – 1 (MMREF-1) presented in this publication. If you are beginning to file by magnetic media or changing formats you **MUST** complete the Magnetic Media Reporting Application (*Appendix B, page 23*). If you are an agent filing on behalf of multiple employers you **MUST** complete the Multiple Employer Filing Report (*Appendix C, page 25*). Instructions are located on page 26. Send the application, report, and magnetic media to one of the addresses listed below.

MAGNETIC MEDIA REPORTING SPECIFICATIONS FOR ARIZONA

If you send your media via the U.S. Postal Service, mail it to the address below.

Arizona Department of Economic Security
Unemployment Tax Section, 911B-1
P.O. Box 52027
Phoenix, AZ 85072-2027

If you send your media via a courier service (UPS, FedEx, etc.) and a physical address is required, or if you mail it via Certified Mail and a signature is required, send it to the address below.

Arizona Department of Economic Security
Unemployment Tax Section, 911B-1
4000 N. Central Ave., Ste. 500
Phoenix, AZ 85012-1976

TESTING MAGNETIC MEDIA

If you are filing for the first time, we recommend you submit a test CD. When submitting please mark the external label of your CD as follows:

- For “TEST” purposes only
- Employer name
- AZ SUI account number if available (*You do not need a valid account number to test, but you will need one to file actual quarterly wage data.*)
- Quarter/Year used for test purposes (*e.g. 032003*)
- Contact name (*person who submitted test media*)
- Telephone number and extension of contact person

We are testing for format and layout, but not for content. When submitting magnetic media for testing, please allow at least 30 days for the test results to be returned to you. Your media will be returned to you only if requested, but all records on returned media are erased prior to returning, in accordance with DES confidential information safeguard requirements. After you receive the test results from us, you can submit your actual quarterly wage data in accordance with the Filing Schedule (*see page 5*). If you submit your test magnetic media during a peak processing time (the week or so prior to and 2-3 weeks following quarterly report filing due dates), allow 45-60 days for results to be returned.

When submitting a magnetic media record containing quarterly wage data for more than one employer, only one Magnetic Media Reporting Application needs to be submitted. For identification purposes, the agent's name should appear on the application in the section shown for “**PERSON TO CONTACT REGARDING THIS APPLICATION**”.

If you have any questions regarding the use/preparation of the record format specifications, call the magnetic media representative at (602) 771-3689; if the magnetic media representative is not available, call (602) 542-5939.

FAQs FOR TESTING MAGNETIC MEDIA

Q. *Do you accept test CDs before submitting actual quarterly wage data?*

A. Yes, we recommend employers send test CDs prior to submitting actual quarterly wage data. This will help prevent any mistakes and delays in processing your actual quarterly wage data.

Q. *What should I include when submitting my test CD?*

A. Include a completed Magnetic Media Reporting Application. Print **TEST** on the external label of your CD. If you omit this information your CD may be processed

as actual quarterly wage data. If you use actual quarterly wage data, specify this on the CD's external label. Also include the quarter and year you are using for the test. See page 28 for labeling instructions on submitting actual quarterly wage data.

Q. *How long will it take to receive a reply about my test CD?*

- A.** Arizona usually will notify you of your test results within 30 days of receipt. During a peak processing time (a week or so prior to and 2-3 weeks following quarterly report filing due dates) it may take 45-60 days. We will inform you in writing whether the CD passed or failed our tests. If it failed, a detailed explanation will be sent to you.

SUBMITTER RECORD, COMPACT DISK FILING GUIDELINES

"RA" SUBMITTER RECORD

- This record is **OPTIONAL** and we would prefer that you omit it if possible. This information is not processed by Arizona and acts only as contact information.
- This record would be the first data record on the first file for the CD when a **third party** submits the information.
- Make the address entries specific enough to ensure proper delivery according to the specifications beginning on page 10.
- Be sure to provide the name, phone number, and e-mail address of the person drafting the magnetic media.
- There is only one RA or RE record per submission. If you have an RA record, you cannot have an RE record.

"RE" EMPLOYER RECORD

- This record is **OPTIONAL** and we would prefer that you omit it if possible. This information is not processed by Arizona and acts only as contact information.
- This record would be the first data record on the first file for the CD when an employer submits the information.
- If any of this information changes, update the appropriate field(s).
- Do not insert an RE record in the middle of a file. For filers of multiple CDs, only the first CD can have the RE record.
- There is only one RE or RA record per submission. If you have an RE record, you cannot have an RA record.

"RS" STATE/EMPLOYEE RECORD

- This record is **REQUIRED** for the State of Arizona.
- You may include multiple account numbers in Location 248-254 if you are a multiple filer (*see page 19*).
- Multiple filers must group the employees by employer number. List all employees for each employer account number before going to the next employer account number.

"RF" FINAL RECORD

- This record is **REQUIRED** for the State of Arizona.
- If you use multiple CDs to file, put an RF record at the end of each CD.

COMPACT DISK (CD)

- Data must be recorded in the American Standard Code for Information Interchange-1 (ASCII-1) character set.
- Make sure external label includes number of CDs filed for the quarter (e.g., "1 of 5", "2 of 5"). Include external labels on every CD sent.
- All individual records must end with a carriage return (Enter key) or line feed. This is needed for our software to recognize the end of each record.

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RA" RECORD TYPE: SUBMITTER RECORD

(This record is optional for Arizona reporting and we prefer it not be included in your media.)

When the phrase "MUST BE FILLED WITH BLANKS" is used we do not mean leave the locations empty. All 512 characters must be filled in for each record, so that means filling the remaining unused fields with blank characters (pressing spacebar) until you reach 512.

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	RECORD IDENTIFIER	2	MUST BE AN "RA"
3-11	SUBMITTER'S FEIN	9	FEDERAL EMPLOYER IDENTIFICATION NUMBER. THIS FEIN SHOULD MATCH THE FEIN ON THE FILE'S EXTERNAL LABEL (FORMAT 123456789)
12-28	PERSONAL IDENTIFICATION NUMBER (PIN)	17	ENTER YOUR ASSIGNED PIN. LEFT JUSTIFY AND ZERO FILL. (CONTACT SSA FOR PIN REGISTRATION)
29	RESUBMIT INDICATOR	1	ENTER A "1" IF THIS FILE IS BEING RESUBMITTED. OTHERWISE, ENTER A "0"
30-35	RESUBMIT TLCN	6	IF YOU ENTERED A "1" IN POSITION 29, ENTER THE TAPE LIBRARY CONTROL NUMBER (TLCN) DISPLAYED ON THE NOTICE FROM SSA. OTHERWISE, FILL WITH BLANKS
36-37	SOFTWARE CODE	2	ENTER ONE OF THE FOLLOWING SOFTWARE CODES USED TO CREATE YOUR FILE: 98 IN-HOUSE PROGRAM 99 OTHER
38-94	COMPANY NAME	57	ENTER THE NAME OF THE COMPANY. LEFT JUSTIFY AND FILL WITH BLANKS
95-116	LOCATION ADDRESS	22	ENTER THE LOCATION ADDRESS. LEFT JUSTIFY AND FILL WITH BLANKS

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RA" RECORD TYPE: SUBMITTER RECORD

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
117-138	DELIVERY ADDRESS	22	ENTER THE DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFY AND FILL WITH BLANKS
139-160	DELIVERY CITY	22	ENTER THE DELIVERY CITY. LEFT JUSTIFY AND FILL WITH BLANKS
161-162	STATE	2	USE STANDARD POSTAL ABBREVIATION (SEE PAGE 20)
163-167	ZIP CODE	5	ENTER POSTAL ZIP CODE
168-171	ZIP CODE EXTENSION	4	USE THIS FIELD FOR THE FOUR-DIGIT EXTENSION OF THE ZIP CODE, OTHERWISE FILL WITH BLANKS
172-176	BLANK	5	MUST BE FILLED WITH BLANKS
177-199	BLANK	23	MUST BE FILLED WITH BLANKS
200-214	BLANK	15	MUST BE FILLED WITH BLANKS
215-216	BLANK	2	MUST BE FILLED WITH BLANKS
217-273	SUBMITTER NAME	57	ENTER THE NAME. LEFT JUSTIFY AND FILL WITH BLANKS
274-295	LOCATION ADDRESS	22	ENTER THE LOCATION ADDRESS, LEFT JUSTIFY AND FILL WITH BLANKS
296-317	DELIVERY ADDRESS	22	ENTER THE DELIVERY ADDRESS (STREET OR POST OFFICE BOX), LEFT JUSTIFY AND FILL WITH BLANKS
340-341	STATE	2	USE STANDARD POSTAL ABBREVIATION (SEE PAGE 20)

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RA" RECORD TYPE: SUBMITTER RECORD

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
318-339	DELIVERY CITY	22	ENTER THE DELIVERY CITY. LEFT JUSTIFY AND FILL WITH BLANKS
342-346	ZIP CODE	5	ENTER POSTAL ZIP CODE
347-350	ZIP CODE EXTENSION	4	ENTER THE FOUR DIGIT EXTENSION OF THE ZIP CODE, LEFT JUSTIFY AND FILL WITH BLANKS, OTHERWISE FILL WITH BLANKS
351-355	BLANK	5	MUST BE FILLED WITH BLANKS
356-378	BLANK	23	MUST BE FILLED WITH BLANKS
379-393	BLANK	15	MUST BE FILLED WITH BLANKS
394-395	BLANK	2	MUST BE FILLED WITH BLANKS
396-422	CONTACT NAME	27	ENTER THE NAME OF THE PERSON TO BE CONTACTED CONCERNING PROBLEMS IN PROCESSING YOUR SUBMISSION. LEFT JUSTIFY AND FILL WITH BLANKS
423-437	CONTACT PHONE NUMBER	15	ENTER THE TELEPHONE NUMBER (INCLUDING THE AREA CODE) WITHOUT PARENTHESES OR DASHES, (FORMAT: 9999999999) LEFT JUSTIFY AND FILL WITH BLANKS
438-442	CONTACT PHONE EXTENSION	5	ENTER THE TELEPHONE EXTENSION, LEFT JUSTIFY AND FILL WITH BLANKS. IF NONE, FILL WITH BLANKS

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RA" RECORD TYPE: SUBMITTER RECORD

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
443-445	BLANK	3	MUST BE FILLED WITH BLANKS
446-485	CONTACT E-MAIL/INTERNET	40	ENTER YOUR ELECTRONIC MAIL ADDRESS, LEFT JUSTIFY AND FILL WITH BLANKS. IF NONE, FILL WITH BLANKS
486-488	BLANK	3	MUST BE FILLED WITH BLANKS
489-498	CONTACT FAX	10	ENTER THE FAX NUMBER (INCLUDING THE AREA CODE) WITHOUT PARENTHESES OR DASHES (FORMAT: 9999999999). LEFT JUSTIFY AND FILL WITH BLANKS. IF NONE, FILL WITH BLANKS
499	BLANK	1	MUST BE FILLED WITH BLANKS
500	BLANK	1	MUST BE FILLED WITH BLANKS
501-512	BLANK	12	MUST BE FILLED WITH BLANKS

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RE" RECORD TYPE: EMPLOYER RECORD

(This record is optional for Arizona reporting and we prefer it not be included in your media.)

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	RECORD IDENTIFIER	2	MUST BE AN "RE"
3-6	TAX YEAR	4	ENTER THE YEAR FOR WHICH THIS REPORT IS BEING PREPARED, UPDATE EACH YEAR
7	AGENT INDICATOR NUMBER	1	ENTER ONE OF THE FOLLOWING CODES. OTHERWISE, FILL WITH BLANKS "1" 2678 AGENT "2" COMMON PAYMASTER "3" OTHER NOTE: IF MORE THAN ONE CODE APPLIES, USE THE ONE THAT BEST DESCRIBES YOUR STATUS AS AN AGENT
8-16	FEIN	9	IF YOU ENTERED A CODE IN THE AGENT INDICATOR CODE FIELD, (POSITION 7) ENTER YOUR AGENT FEIN (FORMAT: 123456789)
17-25	AGENT FOR FEIN	9	IF YOU ENTERED A CODE IN THE AGENT INDICATOR CODE FIELD, (POSITION 7) ENTER THE EMPLOYER'S FEIN FOR WHICH YOU ARE AN AGENT (FORMAT: 123456789). OTHERWISE, FILL WITH BLANKS
26	TERMINATING BUSINESS INDICATOR	1	ENTER A "1" IF YOU HAVE TERMINATED YOUR BUSINESS DURING THIS TAX YEAR, OTHERWISE ENTER A "0"

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
27-30	ESTABLISHMENT NUMBER	4	THIS MAY CONTAIN ANY COMBINATION OF BLANKS, NUMBERS OR LETTERS. OTHERWISE, FILL WITH BLANKS
31-39	OTHER FEIN	9	IF YOU USED A DIFFERENT FEIN AND SUBMITTED A 943 TO THE IRS OR W-2 DATA TO SSA FOR THE SAME TAX YEAR ENTER OTHER FEIN HERE (FORMAT 123456789). IF NONE, FILL WITH BLANKS
40-96	EMPLOYER NAME	57	ENTER THE EMPLOYER'S NAME. LEFT JUSTIFY AND FILL WITH BLANKS
97-118	LOCATION ADDRESS	22	ENTER THE LOCATION ADDRESS. LEFT JUSTIFY AND FILL WITH BLANKS
119-140	DELIVERY ADDRESS	22	ENTER THE EMPLOYER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFY AND FILL WITH BLANKS
141-162	DELIVERY CITY	22	ENTER THE EMPLOYER'S DELIVERY CITY. LEFT JUSTIFY AND FILL WITH BLANKS
163-164	STATE	2	USE STANDARD POSTAL ABBREVIATION (SEE PAGE 20)
165-169	ZIP CODE	5	ENTER POSTAL ZIP CODE

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RE" RECORD TYPE: EMPLOYER RECORD

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
170-173	ZIP CODE EXTENSION	4	USE THIS FIELD FOR THE FOUR-DIGIT EXTENSION OF THE ZIP CODE OTHERWISE, FILL WITH BLANKS
174-178	BLANK	5	MUST BE FILLED WITH BLANKS
179-201	BLANK	23	MUST BE FILLED WITH BLANKS
202-216	BLANK	15	MUST BE FILLED WITH BLANKS
217-218	BLANK	2	MUST BE FILLED WITH BLANKS
219	BLANK	1	MUST BE FILLED WITH BLANKS
220	BLANK	1	MUST BE FILLED WITH BLANKS
221-512	BLANK	292	MUST BE FILLED WITH BLANKS

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RS" RECORD TYPE: STATE/EMPLOYEE RECORD

(This record is required for Arizona reporting.)

When the phrase "MUST BE FILLED WITH BLANKS" is used we do not mean leave the locations empty. All 512 characters must be filled in for each record, so that means filling the remaining unused fields with blank characters (pressing spacebar) until you reach 512.

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	RECORD IDENTIFIER	2	MUST BE AN "RS"
3-4	STATE CODE	2	MUST BE "04" FOR ARIZONA WAGES (NUMERIC ONLY)
5-9	UI TAX RECORD IDENTIFIER	5	MUST CONTAIN THE LETTERS "UITAX"
10-18	SOCIAL SECURITY NUMBER (SSN)	9	ENTER WITHOUT HYPHENS OR DASHES (FORMAT 123456789). IF NOT AVAILABLE, ENTER "1" IN POSITION 10 AND FILL POSITIONS 11-18 WITH ZEROS.
19-33	EMPLOYEE FIRST NAME	15	ENTER THE FIRST NAME OF THE EMPLOYEE EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD LEFT JUSTIFY AND FILL WITH BLANKS
34-48	EMPLOYEE MIDDLE NAME OR INITIAL	15	ENTER THE EMPLOYEE'S MIDDLE NAME OR INITIAL EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS. IF NONE, FILL WITH BLANKS.
49-68	EMPLOYEE LAST NAME	20	ENTER THE LAST NAME OF THE EMPLOYEE EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS
69-72	SUFFIX	4	ENTER AN ALPHABETIC SUFFIX, LEFT JUSTIFY AND FILL WITH BLANKS. OTHERWISE, FILL WITH BLANKS

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
73-94	LOCATION ADDRESS	22	ENTER THE LOCATION ADDRESS FOR THE EMPLOYEE NAME, LEFT JUSTIFY AND FILL WITH BLANKS
95-116	DELIVERY ADDRESS	22	ENTER THE EMPLOYEE'S DELIVERY ADDRESS, LEFT JUSTIFY AND FILL WITH BLANKS
117-138	DELIVERY CITY	22	ENTER THE EMPLOYEE'S DELIVERY CITY, LEFT JUSTIFY AND FILL WITH BLANKS
139-140	STATE	2	USE NUMERIC CODE LISTED IN APPENDIX A (SEE PAGE 20)
141-145	ZIP CODE	5	ENTER POSTAL ZIP CODE
146-149	ZIP CODE EXTENSION	4	USE THIS FIELD FOR THE FOUR-DIGIT EXTENSION OF THE ZIP CODE. OTHERWISE, FILL WITH BLANKS
150-154	BLANK	5	MUST BE FILLED WITH BLANKS
155-177	BLANK	23	MUST BE FILLED WITH BLANKS
178-192	BLANK	15	MUST BE FILLED WITH BLANKS
193-194	BLANK	2	MUST BE FILLED WITH BLANKS
195-196	BLANK	2	MUST BE FILLED WITH BLANKS
197-202	REPORTING PERIOD	6	ENTER THE LAST MONTH AND FOUR-DIGIT YEAR FOR THE CALENDAR QUARTER FOR WHICH THIS REPORT APPLIES; (e.g., "032002" FOR JANUARY-MARCH OF 2002, "122002" FOR OCTOBER-DECEMBER OF 2002) UPDATE EACH QUARTER

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
203-213	QUARTERLY TOTAL WAGES	11	RIGHT JUSTIFY AND ZERO FILL FROM THE LEFT. \$1,234,567.89 IS ENTERED AS "00123456789" TOTAL WAGES PAID, INCLUDING TIPS. DO NOT DEFINE THIS FIELD AS A SIGNED DATA FIELD
214-224	QUARTERLY TAXABLE WAGES	11	RIGHT JUSTIFY AND ZERO FILL FROM THE LEFT \$1,234,567.89 IS ENTERED AS "00123456789" TAXABLE WAGES PAID, INCLUDING TIPS. DO NOT DEFINE THIS FIELD AS A SIGNED DATA FIELD
225-226	BLANK	2	MUST BE FILLED WITH BLANKS
227-234	BLANK	8	MUST BE FILLED WITH BLANKS
235-242	BLANK	8	MUST BE FILLED WITH BLANKS
243-247	BLANK	5	MUST BE FILLED WITH BLANKS
248-254	ARIZONA STATE UI TAX EMPLOYER NUMBER	7	ENTER THE SEVEN-DIGIT EMPLOYER ACCOUNT NUMBER THAT WAS ASSIGNED BY THE UI TAX SECTION. DO NOT ENTER THE CHECK DIGIT. DO NOT ENTER "APPLIED", DO NOT USE THE FIRST 7 DIGITS OF YOUR FEIN
255-257	BRANCH NUMBER	3	MUST BE A UI TAX-APPROVED BRANCH NUMBER. RIGHT JUSTIFY AND FILL WITH ZEROS . IF THERE IS NO BRANCH NUMBER, FILL WITH ZEROS

SUBMITTER RECORD FILING GUIDELINES

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LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
258-267	BLANK	10	MUST BE FILLED WITH BLANKS
268-273	BLANK	6	MUST BE FILLED WITH BLANKS
274-337	BLANK	64	MUST BE FILLED WITH BLANKS
338-412	BLANK	75	MUST BE FILLED WITH BLANKS
413-487	BLANK	75	MUST BE FILLED WITH BLANKS
488-512	BLANK	25	MUST BE FILLED WITH BLANKS

SUBMITTER RECORD FILING GUIDELINES

MAGNETIC MEDIA FILING SPECIFICATIONS FOR ARIZONA

SOCIAL SECURITY MMREF-1 FORMAT

"RF" RECORD TYPE: FINAL RECORD

(This record is required for Arizona reporting.)

When the phrase "MUST BE FILLED WITH BLANKS" is used we do not mean leave the locations empty. All 512 characters must be filled in for each record, so that means filling the remaining unused fields with blank characters (pressing spacebar) until you reach 512.

LOCATION	FIELD	LENGTH	DESCRIPTION AND REMARKS
1-2	RECORD IDENTIFIER	2	MUST BE AN "RF"
3-7	BLANK	5	MUST BE FILLED WITH BLANKS
8-16	BLANK	9	MUST BE FILLED WITH BLANKS
17-512	BLANK	496	MUST BE FILLED WITH BLANKS

APPENDIX A

POSTAL ABBREVIATIONS AND NUMERIC CODES

***Note: Use numeric codes ONLY on RS State records.**

State	Postal Code	Numeric Code*
Alabama	AL	01
Alaska	AK	02
Arizona	AZ	04
Arkansas	AR	05
California	CA	06
Colorado	CO	08
Connecticut	CT	09
Delaware	DE	10
District of Columbia	DC	11
Florida	FL	12
Georgia	GA	13
Hawaii	HI	15
Idaho	ID	16
Illinois	IL	17
Indiana	IN	18
Iowa	IA	19
Kansas	KS	20
Kentucky	KY	21
Louisiana	LA	22
Maine	ME	23
Maryland	MD	24
Massachusetts	MA	25
Michigan	MI	26
Minnesota	MN	27
Mississippi	MS	28
Missouri	MO	29

State	Postal Code	Numeric Code*
Montana	MT	30
Nebraska	NE	31
Nevada	NV	32
New Hampshire	NH	33
New Jersey	NJ	34
New Mexico	NM	35
New York	NY	36
North Carolina	NC	37
North Dakota	ND	38
Ohio	OH	39
Oklahoma	OK	40
Oregon	OR	41
Pennsylvania	PA	42
Rhode Island	RI	44
South Carolina	SC	45
South Dakota	SD	46
Tennessee	TN	47
Texas	TX	48
Utah	UT	49
Vermont	VT	50
Virginia	VA	51
Washington	WA	53
West Virginia	WV	54
Wisconsin	WI	55
Wyoming	WY	56

Territories and Possessions	Abbreviation
American Samoa	AS
Guam	GU
Puerto Rico	PR
Virgin Islands	VI
Northern Mariana Islands	MP

Military Post Offices	Abbreviation
Canada, Europe, Africa and Middle East	AE
Central and South America	AA
Alaska and the Pacific	AP
Contingency Operations	AC

APPENDIX B

ARIZONA MAGNETIC MEDIA REPORTING APPLICATION

Arizona Department of Economic Security
Unemployment Tax Section, 911B-1
P.O. Box 52027*
Phoenix, Arizona 85072-2027

EMPLOYER/AGENT INFORMATION		
EMPLOYER'S/AGENT'S NAME**	UI TAX ACCOUNT NO.	
ADDRESS (No., Street)		
CITY	STATE	ZIP
APPROXIMATE NUMBER OF EMPLOYEES REPORTED PER QUARTER		

COMMENTS

PERSON TO CONTACT REGARDING THIS APPLICATION	
NAME	
TITLE	PHONE NO. (include area code) () -

By signing this application our company requests DES to acknowledge and approve our request to file wage information on magnetic media. The test magnetic media, clearly marked **“TEST,”** is included with this application.

SIGNATURE	TITLE	DATE
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* For overnight delivery see page 5.

**Agents filing on behalf of multiple employers must complete and attach APPENDIX C (see page 25).

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HOW TO COMPLETE THE MULTIPLE EMPLOYER FILING REPORT

This report will help speed up processing your magnetic media and help identify any problems that may occur. This form should be used by anyone filing for multiple employers. You may make copies of this form if more space is needed. If you prefer to generate your own report (via Excel, Quickbooks, etc.) make sure it includes all necessary information. Include all employers on whose behalf you will be filing. Any time an employer account number changes you must list the new account number.

INSTRUCTIONS

- 1. NAME:** Insert the name of the individual who is creating the magnetic media and who can make any corrections or answer questions regarding the magnetic media.
- 2. TITLE:** This is the title of the person named above.
- 3. PHONE NO.:** A direct phone number to the individual named above including area code and extension (if applicable).
- 4. ADDRESS:** Should be the complete address for the person named above.
- 5. EMPLOYER ACCOUNT NUMBER:** Insert the state Unemployment Insurance account number for the company/companies on whose behalf you will be filing. Make sure that it is the correct seven-digit number (do not include the eighth “check” digit) and not the nine-digit Federal Employer Identification Number (FEIN) or the eight-digit number plus single letter that used to be issued for State withholding tax before the FEIN started being used for that purpose. Enter one account number on each line.
- 6. TOTAL RECORDS:** Insert the total number of employee records for each company on whose behalf you will be filing. Each company should have its own record total. Do not put the total number of records on the CD in this position.
- 7. TOTAL RECORDS ON CD:** Insert the total number of records contained on the CD. This will be the total of all the companies' employee records contained on the CD.

FREQUENTLY ASKED QUESTIONS

Q. *What type of magnetic media is accepted by Arizona?*

A. Arizona accepts compact disks that are IBM PC compatible. For more detailed information please refer to the Compact Disk Filing section on page 9.

Q. *Does Arizona accept compressed, or zipped files?*

A. Yes. Due to employers' requests we accept CDs that are either uncompressed or which contain zipped compression. If your CD contains zipped compression, please indicate on the CD the file name.zip.

Q. *What formats are acceptable for Magnetic Media filing in Arizona?*

A. We accept the Social Security MMREF-1 format. The logical record length for this format is 512 characters. For more detailed information please refer to pages 10 through 21. The MMREF-1 format that Arizona uses is not identical to the MMREF-1 format used in other states or by the federal government. Please be aware of any difference or changes if you are filing for multiple states.

Q. *I have been filing in a magnetic medium other than compact disk and/or a format other than MMREF-1. Will Arizona still accept my submittal?*

A. Yes, you may continue to file in that medium and/or format. However, if you are a new filer, or want to change media and/or formats, then you are **REQUIRED** to use compact disk and the MMREF-1 format.

Q. *Am I required to file by magnetic media based on the number of employees I have?*

A. No, Arizona has no such requirement. We prefer that employers with up to 999 employees log on to www.azui.com and file via our Internet Tax and Wage Reporting System; we expect this system to accommodate the reporting of an unlimited number of employees by the end of 2007. Until then, the preferred filing method for reporting 1000 or more employees is via compact disk. If you must file by paper, you must use the UC-018 form issued to you quarterly by DES, with the account- and quarter-specific barcode printed on it, or you may use a non-DES-issued form that conforms to the DES format, including the barcode. (If you have not yet been issued an Arizona SUI account number, the barcode is not required.)

Q. *Do I have to notify Arizona if I want to start filing by magnetic media?*

A. Yes, you will be required to fill out the **Magnetic Media Reporting Application** (*Appendix B, page 23*) and submit a test CD. The application is only required the

FREQUENTLY ASKED QUESTIONS

first time you submit. Thereafter, you no longer need to include the application with your media.

Q. *Is there any paperwork that I will have to include when I submit my magnetic media.*

A. Yes, you must submit the Unemployment Tax and Wage Report (form UC-018) along with your media. This is the form on which you report your summary wage information and taxes. The UC-018 you submit must be the one issued to you quarterly by DES, with the account- and quarter-specific barcode printed on it, or you may use a non-DES-issued form that conforms to the DES format, including the barcode. Multiple-employer filers must include a UC-018 for each employer and the Multiple Employer Filing Report (*Appendix C, page 25*).

Q. *Do I have to notify Arizona if I want to discontinue filing by magnetic media and begin filing by paper?*

A. No, notification is not required prior to changing how you submit your media, but you cannot submit by magnetic media for a given quarter and also file by paper for the same quarter. If you do so, there is a risk of duplicating your data on our accounting system.

Q. *What information do I include on the external label of the CD?*

A. The following information is required on the label:

1. Employer(s) Name(s)
2. Arizona State Unemployment Insurance (SUI) account number
3. Specific year and quarter of the employee wages being reported
4. Contact name (person who submitted magnetic media)
5. Telephone number and extension of contact person
6. Number of employee records on CD
7. Number of CDs sent (e.g., "1 of 4"). Include an external label on all CDs sent.

Q. *Where should I send my magnetic media?*

A. Send your magnetic media to one of the addresses listed on page 5.

Q. *Is there a test software I can obtain to check the accuracy of my file?*

A. No, at this time we do not provide software for employers to test their own files. Arizona can test your software for you. For more information on how to submit a test file please refer to the **Testing Magnetic Media** section on page 6.

Q. *What should the record length be for MMREF-1?*

A. The record length for MMREF-1 is 512 characters.

Q. *Should I use upper or lowercase letters when generating my file?*

A. You should always use all uppercase (ALL CAPS) letters when generating your file.

Q. *What are the rules for the locations containing Quarterly Total Wages and Quarterly Taxable Wages?*

A. MMREF-1 requires that there not be any punctuation, such as a comma or a decimal point. You should not round to the nearest dollar, or enter a dollar sign (\$). Right justify the wages and zero fill to the left. For example, if the employee earned \$5500.99, it would be typed in as 00000550099.

Q. *What are the guidelines for inputting Social Security numbers?*

A. Only the numeric characters should be input into your file. Please do not use hyphens or dashes. If the Social Security number is 618-23-5412, input it as 618235412. If you do not know your employee's Social Security number please input it as 100000000. Please do not enter it as 111111111, 123456789, 999999999, or 000000000.

Q. *How should I enter my Unemployment Insurance Tax account number?*

A. The number must be a valid Arizona account number. It cannot be "Applied For" or your Federal Employer Identification Number (FEIN). Enter only the first seven digits of your account number. Do not include the eighth "check" digit, e.g., if your number is 1234567-1, only enter 1234567. If you have questions regarding your account number, please contact the [Employer Status Unit](#).

Q. *Who can I contact to see if I have a valid Arizona account number?*

A. Contact the [Employer Status Unit](#).

Q. *Can I submit my wages on magnetic media if I do not have an Arizona Unemployment Insurance account number on file with your agency?*

A. No. Arizona cannot accept magnetic media without a valid account number. If you have been informed by any agency within Arizona DES to submit with "APPLIED FOR" in lieu of a valid account number, do not file your wages by magnetic media. You can only submit them by paper.

FREQUENTLY ASKED QUESTIONS

Q. *What if I do not follow the instructions contained in this booklet?*

A. If you do not follow the instructions your magnetic media may be rejected. If this occurs your employees' wages will not be properly credited to your account and there may be a delay in unemployment insurance benefits if they file. In some cases a penalty may be assessed for late filing (0.10% of the total wages paid in the quarter; \$35 minimum penalty, \$200 maximum).

Q. *Will I be notified if my magnetic media has been processed successfully?*

A. No. If you do not hear from us then your wages were processed successfully. The only time we contact an employer is when there is a problem with their magnetic media submission, or to tell them the results of a test CD. If your magnetic media will not process, you will be notified of this, usually within 30 days, with an explanation of any problems or errors. It is then up to you to make the corrections and resubmit your corrected media.

Q. *Does Arizona return the magnetic media after processing?*

A. CDs are only returned at the employer's request. However, any media returned to you will have all records erased from it, in accordance with DES confidential information safeguard requirements.

Q. *Do I need to keep a copy of magnetic media submitted to Arizona?*

A. Yes, it is advisable that you keep a copy for yourself. Corrections will have to be made in the event of an error with your magnetic media. If you request that we return your media, we will do so, but DES confidential information safeguard rules require that all records on it be erased prior to returning it to you.

Q. *I have been filing with Arizona by magnetic media in the past, but I have been assessed a penalty for not filing my wages. Who do I contact about this penalty?*

A. Contact the [Collections Unit](#). This is the only department that can explain these penalties to you.

Q. *How can I avoid being assessed a penalty by Arizona?*

A. The best way to avoid penalties is to make sure your magnetic media conforms to all Arizona requirements. The test CD you submit with your **Magnetic Media Reporting Application** is intended to ensure your files will process correctly and timely. Also, make sure you submit both your magnetic media and your Unemployment Tax and Wage Report (form UC-018) on or before the quarterly due date(s).

FREQUENTLY ASKED QUESTIONS

- Q. *If I use a third party payroll service to submit my magnetic media, am I responsible for the accuracy and timeliness of the media?***
- A.** Yes, the employer is **ALWAYS** responsible for the accuracy and timeliness of the information sent on their behalf. You must inform the payroll service of your correct Arizona SUI account number and tax rate, and make sure they are correctly serving you. Arizona takes no responsibility for inaccurate accounts due to third party involvement.
- Q. *How can I correct inaccurate information given to your agency?***
- A.** Once the media has been loaded onto our system the only way to correct inaccuracies is by filing an Adjustment Report (UC-522 form). Log on to <http://www.azdes.gov/esa/uitax/taxform.asp> to access this form. Contact the [Accounting Unit](#) if you have any questions about completing the form.
- Q. *Will I automatically receive an updated Magnetic Media Booklet upon publication?***
- A.** No, the most recent version is available on our website at <http://www.azdes.gov/esa/uitax/publication.asp>

GLOSSARY OF TERMS

ACH (Automated Clearing House):

ACH is a secure payment transfer system that connects all U.S. financial institutions. The ACH network acts as the central clearing facility for all Electronic Funds Transfer transactions that occur nationwide.

ASCII:

The **American Standard Code for Information Interchange** is a standard seven-bit code that was proposed by the **American National Standards Institute (ANSI)** in 1963, and finalized in 1968.

Blocking Factor:

The number of records in a block. *Note:* The blocking factor is calculated by dividing the block length by the length of each record contained in the block. If the records are not of the same length, the average record length may be used to compute the blocking factor.

Compact Disk (CD):

A compact disk is a small and portable medium for electronically recording, storing, and playing back audio, video, text, and other information in digital form.

Compressed:

Using "zip" software to reduce the size of a file, reducing the time it takes to download. Compression software uses complex mathematical equations to scan a file for repeating patterns in the data. It replaces the data with smaller codes that take up less room.

DES:

Arizona Department of Economic Security. This is the state agency that processes your Unemployment Insurance taxes.

EBCDIC:

Extended Binary Coded Decimal Interchange Code. EBCDIC is a binary code for alphabetic and numeric characters that IBM developed for larger operating systems.

EFT (Electronic Funds Transfer):

This is a system of transferring money from one bank account directly to another without any paper money changing hands. EFT refers to any transfer of funds initiated through an electronic terminal.

FAQ:

Stands for frequently asked questions.

Logical Record Length:

Specific number of bytes that must be included in each record. For MMREEF-1, this is 512 bytes.

Magnetic Media:

Magnetic media consists of diskettes, CDs, and/or cartridges.

MMREF-1:

Acronym for **M**agnetic **M**edia **R**eporting and **E**lectronic **F**iling. This is the standard set up by the Social Security Administration to submit tax information on magnetic media.

RA:

Submitter Record. This record is **OPTIONAL** and we would prefer it not be included in your magnetic media. This record is used by an agent or third-party submitter.

RE:

Employer Record. This record is **OPTIONAL** and we would prefer it not be included in your magnetic media. Employers filing for themselves use this record.

RS:

State/Employee Record. This record is **REQUIRED** for the State of Arizona. Employee wages are reported on this record.

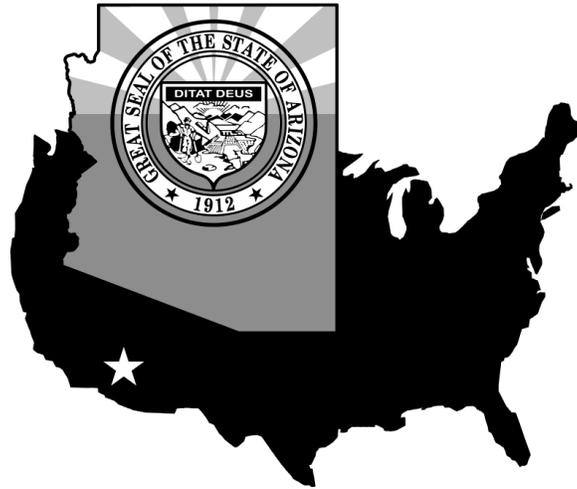
RF:

Final Record. This record is **REQUIRED** for the State of Arizona. This is the final record and needs to be at the end of your diskette (every diskette filed must end with an RF record).

SUI:

State Unemployment Insurance.

NOTES



Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-5939; TTY/TDD Services: 7-1-1.