

Excel Layout Specifications

The Pennsylvania New Hire Reporting Program

Col	Field Description	Data Type	Max Length	Lawful Status	Details
1	A Record Identifier	Numeric	2	Req	Enter the numbers 02 to identify the start of a each record row.
2	B Employer FEIN	Numeric	9	Req	The Federal Employer Identification Number. No dashes or spaces.
3	C Employer Name	Alpha	45	Req	The company name that is associated with the FEIN.
4	D Employer Address Line 1	Alpha Numeric	40	Req	Employer's address Line 1
5	E Employer Address Line 2	Alpha Numeric	40	Opt	If none, leave blank.
6	F Employer Address Line 3	Alpha Numeric	40	Opt	If none, leave blank.
7	G Employer City	Alpha	25	Req	Employer City
8	H Employer State	Alpha	2	Req	Use 2-character abbreviation. Example: PA
9	I Employer Zip Code - 1st 5 digits	Numeric	5	Req	U.S. 5-digit Zip Code. No dashes.
10	J Employer Zip Code - last 4 digits	Numeric	4	Opt	The +4 digits of the Zip Code. If none, leave blank.
11	K Employer Contact First name	Alpha	16	Req	Employer's representative authorized to answer questions about the new hire report.
12	L Employer Contact Last Name	Alpha	30	Req	This can be someone from the payroll company.
13	M Employer Contact Phone Number	Numeric	10	Req	No dashes, spaces or parenthesis. Must include the 3-digit area code. No dashes.
14	N Extension No. for Contact Person	Numeric	5	Opt	If none, leave blank.
15	O Employee Social Security Number	Numeric	9	Req	Must be a valid 9-digit SSN. No dashes, spaces or parenthesis.
16	P Employee First Name	Alpha	16	Req	The Employee's Full Legal First Name as it appears on their Social Security Card.
17	Q Employee Middle Name	Alpha	16	Opt	Middle initials are acceptable. Do not use any punctuation.
18	R Employee Last Name	Alpha	30	Req	The Employee's Full Legal Last Name as it appears on their Social Security Card.
19	S Employee Date of Birth	Numeric	8	Opt	YYYYMMDD or MM/DD/YYYY are acceptable. Example: 19991231 or 12/31/1999
20	T Employee State of Hire	Alpha	2	Req	Use 2-character abbreviation. Example: PA
21	U Employee Date of Hire	Numeric	8	Req	YYYYMMDD or MM/DD/YYYY are acceptable. Example: 20141125 or 11/25/2014
22	V Employee Address Line 1	Alpha Numeric	40	Req	Employee's physical street address.
23	W Employee Address Line 2	Alpha Numeric	40	Opt	If none, leave blank.
24	X Employee Address Line 3	Alpha Numeric	40	Opt	If none, leave blank.
25	Y Employee City	Alpha	25	Opt	Employee City
26	Z Employee State	Alpha	2	Req	Use 2-character abbreviation. Example: PA
27	AA Employee Zip Code - 1st 5 digits	Numeric	5	Req	U.S. 5-digit Zip Code. No dashes.
28	AB Employee Zip Code - last 4 digits	Numeric	4	Opt	The +4 digits of the Zip Code. If none, leave blank.
29	AC Filler	Alpha Numeric	4	Req	Leave blank, reserved for future use.
30	AD Filler	Alpha Numeric	15	Req	Leave blank, reserved for future use.

Questions?

Call 1-888-PAHIRES (1-888-724-4737)
or email RA-LI-CWDS-NEWHIRE@pa.gov

Note:

Do not omit columns.
Do not place data across more than one (1) worksheet
Must have either the **.xls** or **.xlsx** file extension.