

**DELAWARE Employer File Submission Layout - Create file
using FIXED-WIDTH ASCII TEXT FORMAT.**

Field	Type	Length	Start Position	End Position	Status	Comments
Record Type	Character	1	1	1	Required	=2
Employee's Last Name	Character	15	2	16	Required	
Employee's First Name	Character	15	17	31	Required	
Employee's Middle Initial	Character	1	32	32	Required	
Employee's Address Line 1	Character	30	33	62	Required	
Employee's Address Line 2	Character	30	63	92	Optional	
Employee's City	Character	15	93	107	Required	
Employee's State	Character	2	108	109	Required	Valid 2 letter state code
Employee's Zip Code	Character	9	110	118	Required	First 5 digits are mandatory
Employee's SSN	Character	9	119	127	Required	All zeros will be rejected
Employee's Date of Hire	Character	8	128	135	Required	CCYYMMDD = Employee's actual start date for pay
Employee Left During Reporting Period	Character	1	136	136	Optional	Y, N or U for Unknown
Employee's Date of Birth	Character	8	137	144	Optional	CCYYMMDD, if unknown enter 00000000
Employee's Sex Code	Character	1	145	145	Optional	M, F or U for Unknown
Employee's Work State Code	Character	2	146	147	Optional	Valid 2 letter state code
Employer's Name	Character	30	148	177	Required	

Employer's Payroll Address Line 1	Character	30	178	207	Required	
Employer's Payroll Address Line 2	Character	30	208	237	Required	
Employer's Payroll City	Character	15	238	252	Required	
Employer's Payroll State	Character	2	253	254	Required	Valid 2 letter state code
Employer's Payroll Zip Code	Character	9	255	263	Required	First 5 digits are mandatory
Employer's Federal EIN	Character	9	264	272	Required	Remove special characters
Filler	Character	28	273	300	Required	Fill with spaces only

All characters should be entered in upper case.

If entering data via Notepad, Wordpad, Excel, and etc., format as TEXT.