STATE WAGE

INFORMATION

COLLECTION

AGENCY

(SWICA)

DEPARTMENT OF REVENUE AND TAXATION
GOVERNMENT OF GUAM
P.O. BOX 23607
GMF, GUAM 96921

This booklet is designed to provide information relating to the Sate Wage Information Collection Agency (SWICA) administered by the Department of Revenue and Taxation by authority of Executive Order 88-10, March 29, 1988 and Public Law 19-22, September 21, 1988. Certain information contained in this booklet has been abbreviated, accordingly, it may be necessary to contact the Department of Revenue and Taxation for a more detailed explanation of particular subject matter as it affects your particular reporting requirement. For additional information, please call (671) 475-1833

ARTEMIO B. ILAGAN

Director of Revenue and Taxation:
State Wage Information Collection Agency

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General Information

INSTRUCTIONS

Public Law 19-22 created the State Wage and Information Collection Agency (SWICA) and designated the Department of Revenue and Taxation as the Collection Agency. The purpose of the program is to reduce the possibility of fraud, abuse and incorrect payments in both federally and locally funded social service programs. The Department of Revenue and Taxation will assist the Department of Public Health and Social Services to accomplish this mission.

WHO MUST FILE

Every Sole Proprietorship, Partnership, Corporation or other Business Association which pays wages or pay compensation to an employee must file a report.

An employer must report information for a part-time employee, a casual employee as well as a full-time employee.

WHAT TO FILE

MAGNETIC MEDIA

Any employer who is required to file reports with respect to more than 50 employees for any calendar quarter, must file magnetic tape.

A waiver may be granted if such request would result in undue hardship and such waiver is filed within thirty (30) days prior to the close of a calendar quarter.

EMPLOYER'S QUARTERLY STATE WAGE REPORT (SW-2)

Form SW-2 will be provided by SWICA. The detail reporting requirements have been simplified for easier preparation.

    PINK COPY - File to Department of Revenue and Taxation.
    BLUE COPY - Employer's Records.

Employers may submit SW-2 report on computer stock paper (11 x 14 7/8 only).

WHEN TO FILE

The Employer Quarterly State Wage Report Form SW-2 must be filed to the Department of Revenue and Taxation on or before the last day of the month after the calendar quarter:

Calendar Quarter	Due Date
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - September 30	October 31
October 1 - December 31	January 31 (following year)

WHERE TO FILE

Reports or magnetic tapes are filed to the Department of Revenue and Taxation, First Floor, Income Tax Assistance and Processing Branch.

PENALTIES

A Failure to File on Time Penalty is imposed on the employer for not reporting on time. The penalty for failure to file on time is one hundred dollars ($100.00) for each employee for the first thirty (30) days after the prescribed due date and fifty dollars ($50.00) per employee for each additional thirty (30) days or a fraction thereof, thereafter.

An employer who furnishes a false, misleading or fraudulent statement or fails to furnish such statement in the manner required may be fined fifty dollars ($50.00) for each offense per month.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE REPORTING
MAGNETIC MEDIA

The Department of Revenue and Taxation encourages Employers to file wage information on Magnetic Media. By reporting on Magnetic Tape or Diskette, you will be making a direct contribution toward the reduction of cost in this Department. Reduction of data processing cost permits a more efficient use of tax monies. Magnetic Media expedites the entry of wage information and enables this Department to better meet schedules that affect the employers community.

Magnetic Media reporting of wages also offer benefits directly to the employers; It eliminates the requirement for employers to prepare on paper format; employers may furnish their own tape which will be returned after being processed, or upon request, a tape will be furnished by this department; this enables employers to keep wage detail more confidential.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
MAGNETIC TAPE RECORD FORMAT

File Name: Employer's Quarterly State Wage Information

Record Name: Code - Transmitter Record

Code A - Transmitter Record

The Code A record is used for all Employers Quarterly State Wage Information files. It is REQUIRED on every tape file. It appears only once on the entire report.

The Code A record identifies the organization submitting the tape report, either as an employer transmitting information for his own employees and possibly for other employers, not for the agent. The Code A record must be the first data record on the first reel of a tape file. Subsequent reels in a multi-reel file MUST NOT contain a Code A record.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION

LOCATION FIELD		LENGTH	DESCRIPTION AND REMARKS
1	Record Identifier	1	Constant 'A'. This record must be the first data record of the reel of a tape file.
2 - 5	Payment Year	4	Enter the year for which this report is being prepared.
6 - 14	Transmitter's Local EIN	9	Local Employer Identification Number assigned by the Internal Revenue Service (numeric only).
15	Transmitter/Employer Code	1	Enter numeric "1" if data for the transmitter's employees are included on tape. Enter numeric "2" if the transmitter's employees are not included on the tape.
16	Type of Organization	1	"S" = Service Bureau "P" = Parent Company "O" = Other
17 - 23	Blanks	7	Blanks. Reserved for DRT use.
24 - 73	Transmitter Name	50	Left justify and fill with blanks (Truncate if necessary).
74 - 113	Street Name	40	Left justify and fill with blanks.
114 - 138	City	25	Left justify and fill with blanks.
139 - 140	U.S. Possession	2	Use Standard Postal Abbreviation (GU).
141 - 148	Blanks	8	Blanks. Reserved for DRT use.
149 - 153	Foreign Postal	5	If not applicable, enter blanks.
154 - 158	ZIP Code	5	For locations in the U.S. only. Use as overflow for "Foreign Postal Code" if necessary.
159 - 275	Blanks	117	Blanks. Reserved for DRT use.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
MAGNETIC TAPE RECORD FORMATS

File Name: Employers Quarterly State Wage Information

Record Name: Code B - Technical Information Record

Code B - Authorization Record

This record is mandatory. It identifies: **1.** the type of equipment used to generate the tape; **2.** tape turnaround copy information; and **3.** tape return information. The Code B record must be the second record on the file, and must appear only once.

LOCATION FIELD		LENGTH	DESCRIPTION AND REMARKS
1	Record Identifier	1	Constant 'B'. This record must be the second data record on a file.
2 - 5	Payment Year	4	Enter the year for which this report is prepared.
6 - 14	Transmitter's Local EIN	9	Enter only NUMERIC characters.
15 - 22	Computer	8	Name of the manufacturer of your main frame, e.g., UNIVAC.
23 - 24	Internal Labeling	2	"SL" = Standard Label; "NS" = Non Standard; "NL" = No Label
25	Parity	1	"O" = Odd; "E" = Even
26 - 27	Density	2	"05" = 0556 bpi; "08" = 0800 bpi; "16" = 1600 bpi; "62" = 6250 bpi
28 - 30	Recording Code (Character Set)	3	"EBC" = EBCDIC; "ASC" = ASCII: Others "BCD", or first 3 characters of character set used.
31	Number of Tracks Channels	1	Enter "9".
32	Blank	1	Leave Blank.
33 - 34	Blank	2	Leave Blank.
35 - 78	Copy Return Name	44	Organization name to receive DRT prepared copy requested in position 35; left justify and fill with blanks.
79 - 113	Copy Return Address	35	Address for mailing copy requested in position 79; left justify and fill with blanks.
114 - 133	Copy Return City	20	Left justify and fill with blanks.
134 - 135	Copy Return State	2	Use Standard Postal Abbreviation (GU).

136 - 140	Foreign Postal Code	5	If not applicable, enter blanks.
141 - 145	Copy Return ZIP Code	5	Numeric ZIP Code.
146	Blank	1	Leave Blank.
147 - 190	Tape Return Name	44	Organization to whom tape should be returned; left justify and fill with blanks.
191 - 225	Tape Return Address	35	Address where tape should be returned. Left justify and fill with blanks.
226 - 245	Tape Return City	20	City where tape should be returned. Left justify and fill with blanks.
246 - 247	Tape Return State	2	Use Standard Postal Abbreviation (GU).
248 - 252	Tape Return Postal Code	5	If not applicable, enter blanks.
253 - 257	Tape Return ZIP Code	5	Numeric ZIP Code.
258 - 275	Blanks.	18	Blank. Reserved for DRT use.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
MAGNETIC TAPE RECORD FORMAT

File Name: Employer's Quarterly State Wage Information

Record Name: Code W - Wage Record

This record must be generated for each employee of an employer. The employee wage records may be in any desired sequence but DRT suggests they be in either SSN or alphabetically by surname order. All segments of the name including initials must be separated, preferably by blanks.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
MAGNETIC TAPE RECORD FORMAT

LOCATION FIELD		LENGTH	DESCRIPTION AND REMARKS
1 - 1	Record Identifier	1	Constant 'W'. Create a Code W for each employee reported for a company and/or establishment.
2 - 10	Social Security Number	9	All numeric. If not available enter all zeros.
11 - 37	Employee Name	27	Left justify and fill with blanks.
38 - 77	Street Address	40	Left justify and fill with blanks.
78 - 112	City and State or U.S. Possession	35	If in a foreign country, include the name of the foreign country, truncate or abbreviate as necessary. Left justify and fill with blanks.
113 - 117	Foreign Postal Code	5	If not applicable, leave blank.
118 - 126	Zip Code	9	For locations in the U.S. only; if employee uses a foreign address, enter blanks.
127	Employment Status	1	A = Active T = Terminated C = Corrected
128 - 133	Date of Termination/ Resignation	6	MMDDYY
134	Quarter Reporting	1	1 = Jan 1 - Mar 31 2 = Apr 1 - June 30 3 = July 1 - Sept 30 4 = Oct 1 - Dec 31
135 - 136	Quarter Reporting Year	2	YY = Year
137 - 145	Quarterly Wages, Tips and other Compensation Subject to Federal Income Tax	9	Right Justify & Zero fill.
146 - 154	Quarterly Income Tax Withheld	9	Right Justify & Zero fill.
155 - 160	Date of Birth	6	MMDDYY
161 - 274	Blanks	114	Blanks. Reserved for DRT use.
275 - 275	Reporting Type	1	Constant 'S'. SWICA Reporting.

NOTE: *Providing correct taxpayer identifying numbers is the employer's responsibility within legal and reasonable limits.

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
MAGNETIC TAPE RECORD FORMAT

File Name: Employer's Quarterly State Wage Information

Record Name : Code T - Total Record

This record is required as the last record for a Federal EIN. The Code 'T' record contains the aggregate totals of all Code W Record submitted.

Total record fields should be right justified filled. All total fields must include dollars & cents.

LOCATION FIELD		LENGTH	DESCRIPTION AND REMARKS
1 - 1	Record Identifier	1	Constant 'T'. The Code T record must be generated at the end of every Federal EIN.
2 - 8	Number of Employees	7	Enter the total number of Code W records for the preceding Federal EIN.
9	Blank	1	Blank. Reserved for DRT use.
10 - 21	Total Quarterly Wages, Tips and other Compensation Subject to Federal Income Tax.	12	Enter the Total for all Code W records for the preceding Federal EIN.
22 - 33	Total Quarterly Income Tax Withheld	12	Enter the Total for all Code W records for the preceding Federal EIN.
34 - 274	Blanks	241	Blanks. Reserved for DRT use.
275 - 275	Reporting Type	1	Constant 'S'. SWICA Reporting.

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
MAGNETIC TAPE RECORD FORMAT

File Name: Employer's Quarterly Wage Report Information

Record Name: Code F - Final Record

This record appears only once in the report. It indicates the end of the tape file and MUST be the last record on tape.

LOCATION FIELD		LENGTH	DESCRIPTION AND REMARKS
1 - 1	Record Identifier	1	Constant 'F'. The Code F record must be the last data record of the entire tape file.
2 - 8	Number of Employees	7	Enter the total number of Code W records reported on the entire tape file.
9 - 274	Blank	266	Blank. Reserved for DRT use.
275	Reporting Type	1	Constant 'S'. SWICA reporting.

3 1/2-INCH DISKETTE SPECIFICATIONS

In order for the Department of Revenue & Taxation (Rev&Tax) to process the SWICA reports on diskette, the SWICA report file diskette must meet the following specifications:

- Stored on a 3 1/2-inch floppy diskette. The diskette must be DOS-format compatible. The diskette format size must be one of the following:

Diskette Type	Size
3 1/2	720 kb, 1.44 mb, or 2.88 mb

- An external label must be attached to the diskette and must contain the *company name, EIN, contact person name, contact phone number, and period filing.*
- SWICA data must be in **ASCII text format.** ASCII text is also known as unformatted text, but it is sometimes referred to as DOS text format.

The SWICA report file must meet the specification below and the specifications, describe in the following pages, for each record.

- Records must be a fixed length of 275 characters.
- *Delimiter characters, such as commas (,) and decimal (.) characters must not be used to separate fields nor be used within any of the fields.*
- The filename of **SWICDAT** must be used to identify the SWICA report file. No other name will be accepted except in the following case:

  If the SWICA report file must be stored on more than one diskette, then a 3-digit extension name can be appended to the filename **SWICDAT.** *For example, if three diskettes are needed to store the SWICA information, the first diskette will contain the filename* **SWICDAT.001;** *the second diskette will contain the filename* **SWICDAT.002,** *and the third, the filename* **SWICDAT.003.**

NOTE:
1) Rev&Tax uses a IBM PS2 machines to process 3 1/2-inch diskette.
2) The method, chosen to create the SWICA report file, is left up to employer/company doing the reporting. **However, Rev&Tax requires that, whichever method is chosen to create the diskette file, the SWICA report file submitted on diskette must follow the specifications described within this document.**

Record Name: Code A - Transmitter Record

The Code A record is used for all Employers Quarterly State Wage Information Files. The Code A record identifies the organization submitting the diskette report, either as an employer transmitting information for his/her own employees and possibly for other employers, or as an agent transmitting information only for other employers, not for the agent. It is REQUIRED for every SWICA report.

The Code A record is the first data record in the report and appears only once in the whole report. In a multi-diskette SWICA report file, the Code A record is stored only on the first diskette of report.

Record Name: Code A - Transmitter Record Description

Character Position	Field Title	Field Length	Description and Remarks
1	Record Identifier	1	Contains the letter **A**.
2-5	Payment Year	4	Enter the year for which this report is being prepared.
6-14	Transmitter's Local	9	Local Employer Identification Number (EIN) assigned by the Internal Revenue Service. This is a **numeric** field.
15	Transmitter/ Employer Code	1	Enter the number **1** if data for the transmitter's employees are included on diskette. Enter number **2** if the transmitter's employees are not included on diskette.
16	Type of Organization	1	Enter **S** = Service Bureau, **P** = Parent Company, or **O** = Other.
17-23	Blank	7	Leave this field blank.
24-73	Transmitter Name	50	Left justify the information. *Truncate if the information exceeds the length of field, or fill any unused portions of the field with blanks.*
74-113	Street Name	40	Left justify the information. *Fill any unused portions of the field with blanks.*
114-138	City	25	Left justify the information. *Fill any unused portions of the field with blanks.*

Record Name: Code A - Transmitter Record Description

Character Position	Field Title	Field Length	Description and Remarks
139-140	U.S. State/Possession	2	*Use standard postal abbreviation.*
141-148	Blank	8	Leave this field blank.
149-153	Foreign Postal Code	5	*If not applicable, enter blanks.*
154-158	Zip Code	5	This is **numeric** field. *Use as an overflow field for "Foreign Postal Code" if necessary.*
159-275	Blank	117	Leave this field blank.

Record Name: Code B - Technical Information Record

The Code B record identifies the type of equipment being used to generate the SWICA report diskette, the turnaround copy information, and the diskette return information. The Code B record is a mandatory part of the SWICA report.

The Code B record is the second data record in the report and appears only once in the whole report. In a multi-diskette SWICA report file, the Code B record is stored only on the first diskette of the report.

Record Name: Code B - Technical Information Layout Description

Character Position	Field Title	Field Length	Description and Remarks
1	Record Identifier	1	Contains the letter **B**.
2-5	Payment Year	4	Enter the year for which this report is being prepared.
6-14	Transmitter's Local EIN	9	Local Employer Identification Number (EIN) assigned by the Internal Revenue Service. This is a **numeric** field.
15-22	Computer	8	Enter the name of the manufacturer of your computer - e.g. IBM, Apple, Compaq, etc.
23-27	Blank	5	Leave this field blank.
28-30	Recording Code	3	Enter **ASC**. ASC stands for ASCII format.
31-34	Blank	1	Leave this field blank.
35-78	Copy Return Name	44	Left justify the name of the organization to receive Rev&Tax prepared copy; *fill the rest of field with blanks, if necessary.*
79-113	Copy Return Address	35	Left justify the address to which the prepared copy will be mailed. *Fill any unused portions of the field with blanks.*
114-133	Copy Return City	20	Left justify name of return city. *Fill any unused portions of the field with blanks.*

Record Name: Code B - Technical Information Layout Description

Character Position	Field Title	Field Length	Description and Remarks
134-135	U.S. State/Possession	2	*Use standard postal abbreviation.*
136-140	Foreign Postal Code	5	*If not applicable, enter blanks into field.*
141-145	Copy Return ZIP Code	5	This is a **numeric** field. *Use as a overflow for "Foreign Postal Code", if necessary.*
146	Blank	1	Leave this field blank.
147-190	Diskette Return Name	44	Left justify the name of the organization to which the diskette will be returned. *Fill any unused portions of the field with blanks.*
191-225	Diskette Return Address	35	Left justify the address to where the diskette will be returned. *Fill any unused portions of the field with blanks.*
226-245	Diskette Return City	20	Left justify the name of the return city. *Fill any unused portions of the field with blanks.*
246-247	U.S. State/Possession	2	Use standard postal abbreviation.
248-257	Foreign Postal Code	5	*If not applicable, enter blanks.*
253-257	Diskette Return ZIP Code	5	This is a **numeric** field. *Use as an overflow for "Foreign Postal Code", if necessary.*
258-275	Blank	18	Leave this field blank.

Record Name: Code W - Wage Record

The Code W record contains information about each employee being reported, the wages paid to the employee, and any tax withheld from the employee's income and reported by the employer.

One Code W record must be generated for each employee being reported by an employer/company. *The employee wage records may be in any desired sequence but Rev&Tax suggests that the Code W records be ordered numerically be social security number (SSN) or alphabetically by surname. All segments of the name, including initials, must be separated by blanks.*

Record Name: Code W - Wage Record Description

Character Position	Field Title	Field Length	Description and Remarks
1	Record Identifier	1	Contains the letter **W**.
2-10	Social Security Number (SSN)	9	This is a numeric field. *If one is not available, fill the field with zeros.*
11-37	Employee Name	27	Left justify the information. *Fill any unused portions of the field with blanks.*
38-77	Employee's Address	40	Left justify the information. *Fill any unused portions of the field with blanks.*
78-112	City and State	35	Left justify the information. *If address is in a U.S. Possession or foreign country, replace state with the name of the possession or country. Truncate if the information exceeds the length of field, or fill any unused portions of the field with blanks.*
113-117	Foreign Postal Code	5	*If not applicable, enter blanks*
118-126	Zip Code	9	This is a **numeric** field. *If employee uses a foreign address, fill field with blanks.*
127	Employment Status	1	Enter **A** = Active, **T** = Terminated, or **C** = Corrected.

Record Name: Code W - Wage Record Description

Character Position	Field Title	Field Length	Description and Remarks
128-133	Date of Termination	6	This a **numeric** field. *Use MMDDYY format for date. If employment status is A or C, fill field with zeros.* (e.g. enter 12/31/89 for December 31, 1989)
134	Quarter Reporting	1	Enter **1** = Jan 1 through Mar 31, **2** = Apr 1 through June 30, **3** = July through Sept 30, or **4** = Oct 1 through Dec 31.
135-136	Quarter Reporting Year	2	This is a **numeric** field. *Use **YY** format for year.* (e.g. enter 90 for 1990)
137-145	Quarterly Wages, Tips and Other Compensation Subject to Federal Income Tax	9	These are **numeric** fields. Right justify the information for the fields. *Include dollars and cents in these fields.* *Do not use commas (,) or periods (.) in your figures. The two right-most digits are for cents; the remaining seven digits to me left are for the dollar amounts. If no wagers were paid out, fill the fields with zeros. Pad the fields with leading zeros and trailing zeros when necessary.*
146-154	Quarterly Income Tax Withheld	9	
155-160	Date of Birth	6	This is a **numeric** field. *Use **MMDDYY** format for date. **THE INFORMATION FOR THIS FIELD IS OPTIONAL.** If date of birth is not to be given, fill field with zeros.*
161-274	Blank	114	Leave this field blank.
275	Reporting Type	1	Contains the letter **S.**

NOTE: Providing correct taxpayer identifying numbers is the employer's responsibility with legal and reasonable limits.

Record Name: Code T - Total Record

The Code T record contains the aggregate totals of all Code W record being reported.

The Code T record is required as the last record for a Federal EIN. In a multi-diskette SWICA report file, the Code T record is stored only on the last diskette of the report.

Record Name: Code T - Total Record Description

Character Position	Field Title	Field Length	Description and Remarks
1	Record Identifier	1	Contains the letter **T**.
2-8	Number of Employees	7	This is a **numeric** field. Right justify the information. *Enter the total number of Code W record for the preceding Federal EIN. Pad the field with leading zeros.*
9	Blank	1	Leave this field blank.
10-21	Total Quarterly Wages, Tips and other Compensation Subject of Federal Income Tax	12	These are **numeric** fields. Right justify the information. *Enter the total for all Code W records for the preceding Federal EIN. Include dollars and cents in these fields.* *Do not use commas (,) or periods (.) in your figures. The two right-most digits are for cents; the remaining seven digits to the left are for the dollar amounts. If no wages were paid out, fill the fields with zeros. Pad the fields with leading zeros and trailing zeros when necessary.*
22-33	Total Quarterly Income Tax Withheld	12	
34-274	Blank	241	Leave this field blank.
275	Reporting Type	1	Contains the letter S.

Record Name: Code F - Final Record

The Code F record is required to indicate the end of the report file.

The Code F record appears only once in the report and is the last record in the report. In a multidiskette SWICA report file, the Code F record is stored only on the last diskette of the report.

Record Name: Code F - Final Record Description

Character Position	Field Title	Field Length	Description and Remarks
1	Record Identifier	1	Contains the letter **F**.
2-8	Number of Employees	7	This is a **numeric** field. Right justify the information. *Enter the total number of Code W record for the preceding Federal EIN. Pad the field with leading zeros.*
9-274	Blank	266	Leave this field blank.
275	Reporting Type	1	Contains the letter **S**.

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DEPARTMENT OF REVENUE AND TAXATION
EMPLOYER'S QUARTERLY STATE WAGE REPORT

EMPLOYER'S EIN: _____

STREET ADDRESS: _____

ZIP CODE: _____

NO. OF EMPLOYEES REPORTED: _____

QUARTER ENDING: _____

CITY/STATE: _____

NAME CODE: _____

TOTAL WAGES REPORTED: $ _____

EMPLOYERS NAME: _____

FOREIGN ZIP CODE: _____

TYPE OF EMP.: _____

TOTAL TAX WITHHELD REPORTED: $ _____

EMPLOYEE SSN	EMPLOYEE NAME/ STREET ADDRESS	DATE OF BIRTH/ CITY - STATE	ZIP	EMPLOYMENT STATUS	QUARTERLY WAGES	QUARTERLY TAX WITHHELD
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						

Employer's Signature: _____   Title _____   Date: _____

DEPARTMENT OF REVENUE AND TAXATION
EMPLOYER'S QUARTERLY STATE WAGE REPORT

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EMPLOYEE NAME/ STREET ADDRESS	DATE OF BIRTH/ CITY - STATE	EMPLOYMENT STATUS	ZIP	EMPLOYEE SSN	QUARTERLY WAGES	TAX WITHHELD
40)						
41)						
42)						
43)						
44)						
45)						
46)						
47)						
49)						
50)						

Employer's Signature: _____   Title _____   Date: _____

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EMPLOYER'S QUARTERLY STATE WAGE REPORT

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EMPLOYEE SSN	EMPLOYEE NAME/ STREET ADDRESS	DATE OF BIRTH/ CITY - STATE	ZIP	EMPLOYMENT STATUS	QUARTERLY WAGES	TAX WITHHELD
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
21)						
22)						
23)						
24)						
25)						

Employer's Signature: _____   Title _____   Date: _____

DEPARTMENT OF REVENUE AND TAXATION

EMPLOYER'S QUARTERLY STATE WAGE INFORMATION
COMPUTER PAPER / SW2 FORMAT

	FIELD DESCRIPTION	FIELD SIZE	
1)	Employer's EIN	9	
2)	Quarter Ending Date	6	(mm/dd/yy)
3)	Employees Name	27	
4)	Street Address	40	
5)	City/State	5	(if not applicable leave blank)
6)	Foreign Zip Code	9	
7)	Zip Code	9	
8)	Name Code	(1)	S = Surname appears first F = First name appears first
9)	Type of Employment	(1)	A = Agriculture B = Corporation G - Government H = Household P = Partnership R = Other
10)	No. of Employees Reported	7	
11)	Total Wages Reported	12	(show $,.)
12)	Total Tax Withheld Reported	12	(show $,.) Income Tax Withheld Only
13)	Employee SSN	9	
14)	Employee Name	27	
15)	Street Address	40	
16)	Date of Birth	6	(mm/dd/yy)
17)	City - State	35	
18)	Zip Code	9	
19)	Employment Status	1	A = Active C = Corrected T = Terminated
20)	Wages	9	Show ($,.)
21)	Tax Withhheld	9	Show ($,.) Income Tax Withheld Only

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NOTES: