FIELD	LENGTH	DESCRIPTION & REMARKS
Note: All fields marked with an (*) are required. Required fields left blank will be rejected.		
Social Security Number/ITIN*	9	9-digit Social Security Number **or** Individual Taxpayer Identification Number
Week Ending Date*	10	End of payroll week for which benefit payment is requested (MM/DD/YYYY format - ex. 01/01/2020)
Employer Account Number*	10	10-digit UC account number
FEIN*	9	9-digit federal employer identification number
Claimant Name*	27	Claimant's name (LastName/FirstName format - ex. Doe/John)
Mailing Street Address*	30	Claimant's mailing street address
Mailing City*	20	Claimant's mailing city
Mailing State*	2	Claimant's mailing state
Mailing Zip Code*	5	Claimant's mailing zip code
Citizen*	1	Is the claimant a U.S. citizen:
		1 = Yes
		2 = No
Ethnicity*	1	Claimant's ethnicity
		1 = Non-Hispanic
		2 = Hispanic
		3 = Information not available
Race*	1	Claimant's race
		0 = Information not available
		1 = White
		2 = Black
		3 = Native Hawaiian / Other Paccific Islander
		4 = American Indian / Alaskan Native
		5 = Asian
Gender*	1	Claimant's gender
		1 = Male
		2 = Female
Handicap*	1	Is the claimant handicapped
		1 = Yes
		2 = No
Earnings*	8	Gross *actual* total earnings for the week for which payment is requested (99999.99 format - ex. 00388.12)
Holiday Pay*	8	Gross total holiday pay for the week for which payment is requested (99999.99 format - ex. 00388.12)
Vacation Pay*	8	Gross total vacation pay for the week for which payment is requested (99999.99 format - ex. 00388.12)
Other Pay*	8	Gross total wages with another employer during week for which payment is being requested (99999.99 format - ex. 00388.12)
Federal Withholdings*	1	Does the claimant wish to have federal taxes withheld
		1 = Yes
		2 = No
Last Date Worked*	10	Last day on which employee actually performed work (MM/DD/YYYY format - ex. 01/01/2020)
Telephone Number*	10	Claimant's 10-digit telephone number (include area code)

Date of Birth*	**10**	Claimant's date of birth (MM/DD/YYYY format - ex. 01/01/2020)
Veteran Status*	**1**	Is the claimant a veteran
		1 = Yes
		2 = No
Education*	**2**	Claimant's education
		1 thru 12 = Grade 1 thru 12
		13 = 1 year college
		14 = Associate Degree
		15 = 3 years college
		16 = Bachelors Degree
		17 = 1 year post-graduate
		18 = Masters Degree
		19 = PhD
Occupation	**35**	Job Title / Description, if available
Filler	**1**	2= N/A
Authorized Alien Number	**10**	Work Authorization Number required if **Citizen = 2** above