Georgia
State Directory of New Hires

# Tab-Delimited File Layout & Instructions

- All fields listed below must be included in the order provided.
- Optional fields must be included but if no data is available, no value or a space needs to be provided to represent this element.
- Provide one line per record followed by a carriage return and line feed (CRLF).

| Field | Type | Status | Comments |
|---|---|---|---|
| Employee Social Security Number | Numeric | Required | Must be 9 digits. All zeros will be rejected; any SSN starting with '9' will also be rejected |
| Employee Last Name | Char | Required | Left justify. At least two characters, no special characters except hyphen. |
| Employee First Name | Char | Required | Left justify. At least two characters, no special characters. |
| Employee Middle Initial | Char | Required | Left justify |
| Employee Address Line 1 | Char | Required | Left justify |
| Employee Address Line 2 | Char | Optional | Left justify. Spaces if unused |
| Employee Address Line 3 | Char | Optional | Left justify. Spaces if unused |
| Employee City | Char | Required | Left justify |
| Employee State | Char | Required | Required if domestic address. Spaces if international address. |
| Employee Zip Code 1 | Numeric | Required | Required if domestic address. Spaces if international address. |
| Employee Zip+4 | Numeric | Optional | If unknown, leave blank |
| Employee Foreign Country Code | Char | Optional | M for foreign address. Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995) |
| Employee Foreign Country Name | Char | Optional | Required if international address. Left justify. Spaces if domestic address. Do not report "USA" or "US" |
| Employee Foreign Zip Code | Char | Optional | Required if international address. Left justify. Spaces if domestic address. |
| Employee Date of Birth | Numeric | Optional | YYYYMMDD. Must be a valid date. |
| Employee Date of Hire | Numeric | Required | YYYYMMDD. Must be a valid date. Employee's first day of work |
| Employee State of Hire | Char | Required | Required if domestic address. Spaces if international address. |
| Employer FEIN | Numeric | Required | Federal Employer Identification Number. Must be 9 digits; include leading zeroes. |
| Employer SEIN | Numeric | Optional | If present must include no punctuation. If less than 12 characters, left justify. |

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| | | | |
|---|---|---|---|
| Employer Name | Char | Required | Left justify |
| Employer Street Address Line 1 | Char | Required | Left justify |
| Employer Street Address Line 2 | Char | Optional | Left justify if present. Spaces if unused. |
| Employer Street Address Line 3 | Char | Optional | Left justify if present. Spaces if unused. |
| Employer City | Char | Required | Left justify |
| Employer State | Char | Required | Required if domestic address. Spaces if international address. |
| Employer Zip Code 1 | Numeric | Required | Required if domestic address. Spaces if international address. |
| Employer Zip+4 | Numeric | Optional | If present, must be 4-digits. Spaces if unknown or international address. |
| Employer Foreign Country Code | Char | Optional | Required if international address. Left justify. Spaces if domestic address. Do not report "USA" or "US" |
| Employer Foreign Zip Code | Numeric | Optional | Required if international address. Left justify. Spaces if domestic address. |
| Employer Optional Street Address Line 1 | Char | Optional | Left justify |
| Employer Optional Street Address Line 2 | Char | Optional | Left justify if present. Spaces if unused. |
| Employer Optional Street Address Line 3 | Char | Optional | Left justify if present. Spaces if unused. |
| Employer Optional City | Char | Optional | Left justify |
| Employer Optional State | Char | Optional | Required if domestic address. Spaces if international address. |
| Employer Optional Zip Code 1 | Numeric | Optional | Required if domestic address. Spaces if international address. |
| Employer Optional Zip+4 | Numeric | Optional | If present, must be 4-digits. Spaces if unknown or international address. |
| Employer Optional Foreign Country Code | Char | Optional | Required if international address. Left justify. Spaces if domestic address. Do not report "USA" or "US" |
| Employer Optional Foreign Zip Code | Numeric | Optional | Required if international address. Left justify. Spaces if domestic address. |
| Medical Insurance | Char | Optional | “Y” for Yes or “N” for No depending on insurance availability from the employer. |
| Employer Phone | Char | Optional | Required if domestic address. Spaces if international address. |
| Employer Multi-State | Char | Optional | “Y” for Yes, reporting as a multistate employer to GA or “N” for No. |
| Name of Medical Insurance Company | Char | Optional | Provide the name of Medical Insurance Company, if medical insurance is available to the Employee. |


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