

**OW2 Interface Record Layout (PPP600)
R2288 11/20/2017**

Header Record

Position	Length/ Format	Field Description	Data Element #	Comments
1-2	2	Record Type		Value "XR"
3-6	4	File Format		Value "X6", left justify, fill with blanks
7-14	8	File Format Version		Value "1", left justify, fill with blanks
15-2672	2658	Filler		Fill with blanks

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Employee Detail Record**

Position	Length/ Format	Field Description	Data Element #	Comments
Employer Detail Record Section				
1 – 2	2	Record Type		Value "DR"
3	1	Filler		Value spaces
4 – 12	9	Employer ID		
13 – 18	6	Filler		Value "0"
19 – 27	9	Filler		Value spaces
28	1	Filler		Value "0"
29 – 42	14	Filler		Value spaces
43 – 99	57	Employer Name		Campus name; left justify and fill with blanks (location specific)
100 – 139	40	Employer Address – Extra		Value spaces
140 – 179	40	Employer Address – 2		Value spaces
180 – 219	40	Employer Address – 1		Campus address used for W-2 print; left justify and fill with blanks (location specific)
220 – 244	25	Employer City		Campus city, left justify and fill with blanks (location specific)
245 – 246	2	Employer State		Ca
247 – 251	5	Employer ZIP Code		Campus zip code (location specific)
252	1	Filler		Value spaces
253 – 256	4	Employer ZIP Code – Extra		Campus 4 digit extension of zip code; if not applicable, fill with blanks (location specific)
257 – 337	81	Filler		Value spaces
338	1	Employment Type		Value "R"
339 – 352	14	Filler		Value space
353	1	Filler		Value "0"
354 – 398	45	Filler		Value spaces
Employee Detail Record Section				
399 – 407	9	Employee SSN	EDB0111	Employee's SSN; if invalid do not fill with zeros; if no SSN enter all zeroes
408 – 422	15	Employee Name	EDB0250	Employee's first name; left justify and fill with blanks; if no first name, fill with blanks
423 – 437	15	Employee Middle Name	EDB0251	If applicable, enter employee middle name or initial; left justify and fill with blanks; otherwise fill with blanks
438 – 457	20	Employee Last Name	EDB0252	Employee's last name; left

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Position	Length/ Format	Field Description	Data Element #	Comments
				justify and fill with blanks
458 – 467	10	Filler		Value spaces
468 – 471	4	Employee Suffix	EDB0106	
472 – 511	40	Employee Address – Line 2	EDB0205	Employee's permanent address – line 2; left justify and fill with blanks
512 – 551	40	Employee Address – Line 1	EDB0204	Employee's permanent address – line 1; left justify and fill with blanks
552 – 576	25	Employee Address – City	EDB0206	Employee's address – permanent city; left justify and fill with blanks
577 – 578	2	Employee Address – State	EDB0207	Employee's address – permanent – state; if foreign address code = F, fill with blanks
579 – 583	5	Employee Address – ZIP Code	EDB0208	Employee's address – permanent zip; if foreign address code = F, fill with blanks
584 – 588	5	Filler		Value spaces
589 – 611	23	Employee Foreign Address - Province	EDB1120	If Foreign Address Indicator = "F", otherwise fill with blanks
612 – 626	15	Employee Foreign Address – Postal Code	EDB1119	If Foreign Address Indicator = "F", otherwise fill with blanks
627 – 666	40	Employee Foreign Address – Country Name		Obtained from FCT Table
667 – 668	2	Employee Foreign Address – Country Code	EDB1118	If Foreign Address Indicator = "F", otherwise fill with blanks
669 – 670	2	Filler		Value spaces
671	1	Additional W-2 Record		"A", if additional DR record required, otherwise fill with blank
672	1	Employee Foreign Address Indicator	EDB0291	If Foreign Address Indicator = "F", fill with "2", otherwise fill with blanks
673 – 674	2	Filler		Value spaces
675 – 685	11 9(09)v99	Employee Federal Withholding Wages	EDB5502	FWT gross year-to-date (YTD); right justify and zero fill
686	1	Filler		Value spaces
687 – 697	11 9(09)v99	Employee Federal Withholding Tax	GTN014Y	Federal tax withheld; right justify and zero fill
698	1	Filler		Value spaces
699 – 709	11 9(09)v99	Employee OASDI Wages	EDB5503	OASDI gross; right justify and zero fill
710	1	Filler		Value spaces

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711 – 721	11 9(09)v99	Employee OASDI Tax	GTN013Y	OASDI tax withheld; right justify and zero fill
722	1	Filler		Value spaces
723 – 733	11 9(09)v99	Employee Medicare Wages	EDB5510	Medicare gross (YTD); right justify and zero fill
734	1	Filler		Value spaces
735 – 745	11 9(09)v99	Employee Medicare Tax	GTN009Y	Medicare tax withheld (YTD); right justify and zero fill
746	1	Filler		Value spaces
747 – 757	11 9(09)v99	Employee TIP Income	EDB5556	TIP Income, right justify, zero fill
758 – 770	13	Filler		Value spaces
771 – 781	11 9(09)v99	Employee Depcare Amount	GTN227Y	Employee Depcare YTD balance; right justify and zero fill
782	1	Filler		Value spaces
783 – 793	11 9(09)v99	Filler		Value "O"
794	1	Filler		Value spaces
795 – 805	11 9(09)v99	Filler		Value "O"
806	1	Filler		Value spaces
807 – 817	11 9(09)v99	Employee Defined Compensation – 403(b)	GTN Set Ind = 1	Employee 403(b) contributions YTD balance; right justify and zero fill
818	1	Filler		Value spaces
819 – 829	11 9(09)v99	Filler		Value "O"
830	1	Filler		Value spaces
831 – 841	11 9(09)v99	Employee Define Compensation – 457(b)	GTN Set Ind = 6 and/or 7	Employee 457(b) contributions YTD balance; right justify and zero fill
842	1	Filler		Value spaces
843 – 853	11 9(09)v99	Filler		Value "O"
854 – 866	13	Filler		Value spaces
867 – 877	11 9(09)v99	Employee Non-Qualified Plans (W-2 Box 11)	EDB5558	Employee Non-Qualified Plans, right justify, zero fill
878	1	Filler		Value spaces
879 – 889	11 9(09)v99	Non-qualified plan Section 457 distributions or contributions	EDB5557	No negative amounts. Right justify and zero fill.
890	1	Filler		Value spaces
891 – 901	11 9(09)v99	Filler		Value "O"
902	1	Filler		Value spaces
903 – 913	11 9(09)v99	Employer cost of premiums for group term life insurance over	EDB5518	Executive life insurance imputed income-YTD right

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Position	Length/ Format	Field Description	Data Element #	Comments
		\$50,000		justify and zero fill
914	1	Filler		Value spaces
915 – 925	11 9(09)v99	Filler		Value "O"
926 – 927	2	Box 12 Code Line 1	<p>EDB5518</p> <p>GTN Set Ind = 1</p> <p>GTN Set Ind = 6 and/or 7</p> <p>EDB5546</p> <p>EDB5559</p> <p>EDB5560</p> <p>GTN6612Y and GTN6613Y</p>	<p>C" = Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5). *****</p> <p>"E" = Elective deferrals under a section 403(b) salary reduction agreement. *****</p> <p>"G" = Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan. *****</p> <p>"P" = Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5). *****</p> <p>"Y" = Deferrals under an IRC 409A Plan *****</p> <p>"Z" = Income under an IRC 409A Plan</p> <p>"DD" = Employer Sponsored Health Insurance Cost *****</p> <p>"W" = Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).</p>
928 – 938	11 9(09)v99	Box 12 Amount Line 1		The amount that is represented by the code in Line 1
939 – 940	2	Box 12 Code Line 2		E, G, P, Y, Z, DD or W if present
941 – 951	11 9(09)v99	Box 12 Amount Line 2		The amount that is represented by the code in

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Position	Length/ Format	Field Description	Data Element #	Comments
				Line 2
952 – 953	2	Box 12 Code Line 3		G, P, Y, Z, DD or W if present
954 – 964	11 9(09)v99	Box 12 Amount Line 3		The amount that is represented by the code in Line 3
965 – 966	2	Box 12 Code Line 4		P, Y, Z, DD or W if present
967 – 977	11 9(09)v99	Box 12 Amount Line 4		The amount that is represented by the code in Line 4
978 – 979	2	Box 12 Code Line 5		Y, Z, DD or W if present
980 – 990	11 9(09)v99	Box 12 Amount Line 5		The amount that is represented by the code in Line 5
991 – 1010	20	Box 14 Title Line 1	See below ¹ GTN724 GTN6734Y GTN6733Y GTN735Y EDB5519 EDB5504 EDB5535 EDB5561	“UCRP” = UCRP Employee Contribution “DC CHOICE” = DC Choice “DCP-CAS” = DCP Casual ***** “DCP-REG” = DCP Regular ***** “OTHER INCOME” ***** “INTEREST” = Interest Income ***** “FRINGES” = Fringe Income ***** “HFSA” – Unsubstantiated Claims
1011 – 1021	11 9(09)v99	Box 14 Amount Line 1		The amount that is represented by the title in Line 1
1022 – 1041	20	Box 14 Title Line 2		One of the 8 titles listed above
1042 – 1052	11 9(09)v99	Box 14 Amount Line 2		The amount that is represented by the title in Line 2
1053 – 1072	20	Box 14 Title Line 3		One of the 8 titles listed above
1073 – 1083	11 9(09)v99	Box 14 Amount Line 3		The amount that is represented by the title in Line 3
1084 – 1103	20	Box 14 Title Line 4		One of the 8 titles listed above
1104 – 1114	11	Box 14 Amount Line 4		The amount that is

¹ UCRP GTNs include 005, 006, 041, 351, 352, 353, 354, 355, 722, 728 and 748.

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Position	Length/ Format	Field Description	Data Element #	Comments
	9(09)v99			represented by the title in Line 4
1115	1	Filler		Value spaces
1116	1	Filler		Value "O"
1117	1	Retirement Plan Indicator		Derived
1118	1	Filler		Value "O"
Employee State and Local Taxes - 1				
1119 – 1133	15	Filler		Value spaces
1134 – 1135	2	State Code – 1		Numeric representation of state
1136 – 1139	4	Filler		Value spaces
1140 – 1145	6	Filler		Value "O"
1146	1	Filler		Value spaces
1147 – 1157	11 9(09)v99	Filler		Value "O"
1158	1	Filler		Value spaces
1159 – 1169	11 9(09)v99	Filler		Value "O"
1170 – 1171	2	Filler		Value spaces
1172 – 1179	8	Filler		Value "O"
1180 – 1187	8	Filler		Value "O"
1188 – 1192	5	Filler		Value spaces
1193 – 1207	15	Employer State ID – 1		Campus specific
1208	1	Filler		Value spaces
1209 – 1219	11 9(09)v99	Employee SWT Wages – 1	One of the following: EDB5506 EDB5512 EDB5540 EDB5541	CA Gross Wages Other State – 1 Gross Wages Other State – 2 Gross Wages Other State – 3 Gross Wages
1220	1	Filler		Value spaces
1221 - 1231	11 9(09)v99	Employee SWT Taxes – 1	One of the following: GTN12Y GTN OS-1 GTN OS-2 GTN OS-3	CA SWT Taxes Other State – 1 SWT Taxes Other State – 2 SWT Taxes Other State – 3 SWT Taxes

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Position	Length/ Format	Field Description	Data Element #	Comments
1232 – 1256	25	Filler		Value spaces
1257 – 1267	11 9(09)v99	Employee Local Wages – 1	One of the following: EDB5512 EDB5540 EDB5541	Note: Wages are the same as state Other State – 1 Gross Wages Other State – 2 Gross Wages Other State – 3 Gross Wages
1268	1	Filler		Value spaces
1269 - 1279	11 9(09)v99	Employee Local Taxes – 1	One of the following: GTN OS-1 GTN OS-2 GTN OS-3	Other State – 1 Local Taxes Other State – 2 Local Taxes Other State – 3 Local Taxes
1280 – 1295	16	Employee Locality Name – 1	One of the following: GTN OS-1 GTN OS-2 GTN OS-3	Note: The description on it is the locality name.
Employee State and Local Taxes - 2				
1296 – 1310	15	Filler		Value spaces
1311 – 1312	2	State Code – 2		Note: See State-1
1313 – 1316	4	Filler		Value spaces
1317 – 1322	6	Filler		Value "O"
1323	1	Filler		Value spaces
1324 – 1334	11 9(09)v99	Filler		Value "O"
1335	1	Filler		Value spaces
1336 – 1346	11 9(09)v99	Filler		Value "O"
1347 – 1348	2	Filler		Value spaces
1349 – 1356	8	Filler		Value "O"
1357 – 1364	8	Filler		Value "O"
1365 – 1369	5	Filler		Value spaces
1370 – 1384	15	Employer State ID – 2		Note: See State-1
1385	1	Filler		Value spaces
1386 – 1396	11 9(09)v99	Employee SWT Wages – 2		Note: See State-1
1397	1	Filler		Value spaces

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Position	Length/ Format	Field Description	Data Element #	Comments
1398 – 1408	11 9(09)v99	Employee SWT Tax – 2		Note: See State-1
1409 – 1433	25	Filler		Value spaces
1434 – 1444	11 9(09)v99	Employee Local Wages – 2		Note: See State-1
1445	1	Filler		Value spaces
1446 – 1456	11 9(09)v99	Employee Local Tax – 2		Note: See State-1
1457 – 1472	16	Employee Locality Name – 2		Note: See State-1
1473	1	Filler		Value spaces
1474 – 1484	11 9(09)v99	Filler		Value "O"
1485	1	Filler		Value spaces
1486 – 1496	11 9(09)v99	Filler		Value "O"
1497	1	Filler		Value spaces
1498 – 1508	11 9(09)v99	Filler		Value "O"
1509	1	Filler		Value spaces
1510 – 1520	11 9(09)v99	Filler		Value "O"
1521	1	Filler		Value spaces
1522 – 1532	11 9(09)v99	Filler		Value "O"
1533	1	Filler		Value spaces
1534 – 1544	11 9(09)v99	Filler		Value "O"
1545	1	Filler		Value spaces
1546 – 1556	11 9(09)v99	Filler		Value "O"
1557 – 1559	1	Filler		Value spaces
1560 – 1568	11 9(09)v99	Filler		Value "O"
1569	1	Filler		Value spaces
1570 – 1580	11 9(09)v99	Filler		Value "O"
1581	1	Filler		Value spaces
1582 – 1592	11 9(09)v99	Filler		Value "O"
1593	1	Filler		Value spaces
1594 – 1604	11 9(09)v99	Filler		Value "O"
1605	1	Filler		Value spaces
1606 – 1616	11 9(09)v99	Filler		Value "O"
1617	1	Filler		Value spaces

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Position	Length/ Format	Field Description	Data Element #	Comments
1618 – 1628	11 9(09)v99	Filler		Value "O"
1629	1	Filler		Value spaces
1630 – 1640	11 9(09)v99	Filler		Value "O"
1641	1	Filler		Value spaces
1642 – 1652	11 9(09)v99	Filler		Value "O"
1653	1	Filler		Value spaces
1654 – 1664	11 9(09)v99	Filler		Value "O"
1665	1	Filler		Value spaces
1666 – 1676	11 9(09)v99	Filler		Value "O"
1677 – 2005	329	Filler		Value spaces
2006 – 2010	5	OW2 Employer Code		Value spaces, no longer used
2011 – 2018	8	OW2 Employer PIN		Value spaces, no longer used
2019 – 2441	423	Filler		Value spaces
2442 – 2449	8	Filler		Value spaces
2450 – 2513	64	Employee ID		EDB employee ID
2514 – 2561	48	Filler		Value spaces
2562 – 2572	11	Filler		Value "O"
2573	1	Filler		Value spaces
2574 – 2584	11	Filler		Value "O"
2585	1	Filler		Value spaces
2586 – 2596	11	Filler		Value "O"
2597	1	Filler		Value spaces
2598 – 2608	11	Filler		Value "O"
2609	1	Filler		Value spaces
2610 – 2620	11	Filler		Value "O"
2621	1	Filler		Value spaces
2622 – 2632	11	Filler		Value "O"
2633 – 2672	40	Filler		Value spaces

**OW2 Interface Record Layout (PPP600)
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Trailer Record**

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 2	2	Trailer Record Code		Value "TR"
3 – 9	7	Employee Record Count		Number of employees on the file.
10 – 24	15 9(13)v99	FWT Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
25 – 39	15 9(13)v99	FWT Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
40 – 54	15 9(13)v99	OASDI Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
55 – 69	15 9(13)v99	OASDI Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
70 – 84	15 9(13)v99	Medicare Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
85 – 99	15 9(13)v99	Medicare Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
100 – 114	15 9(13)v99	DC Choice		Enter total dollar amount for all DR employee records, right justify and zero fill
115 – 129	15 9(13)v99	Depcare		Enter total dollar amount for all DR employee records, right justify and zero fill
130 – 144	15 9(13)v99	State Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
145 – 159	15 9(13)v99	State Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
160 – 174	15 9(13)v99	Local Wages		Enter total dollar amount for all DR employee records, right justify and zero fill
175 – 189	15 9(13)v99	Local Tax		Enter total dollar amount for all DR employee records, right justify and zero fill
190 – 204	15 9(13)v99	Exec Life Income		Enter total dollar amount for all DR employee records, right justify and zero fill
205 – 219	15 9(13)v99	Interest Income		Enter total dollar amount for all DR employee records, right justify and zero fill
220 – 234	15 9(13)v99	Deferred Compensation – 403b		Enter total dollar amount for all DR employee records,

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Position	Length/ Format	Field Description	Data Element #	Comments
				right justify and zero fill
235 – 249	15 9(13)v99	Deferred Compensation – 457		Enter total dollar amount for all DR employee records, right justify and zero fill
250 – 264	15 9(13)v99	NQ Plans – W2 Box 11		Enter total dollar amount for all DR employee records, right justify and zero fill
265 – 279	15 9(13)v99	NQ 457 DIS CON		Enter total dollar amount for all DR employee records, right justify and zero fill
280 – 294	15 9(13)v99	Move EXP Income		Enter total dollar amount for all DR employee records, right justify and zero fill
295 – 309	15 9(13)v99	DCP Casual		Enter total dollar amount for all DR employee records, right justify and zero fill
310 – 324	15 9(13)v99	DCP Regular		Enter total dollar amount for all DR employee records, right justify and zero fill
325 – 339	15 9(13)v99	Other Income		Enter total dollar amount for all DR employee records, right justify and zero fill
340 – 354	15 9(13)v99	Non-Cash – Fringe		Enter total dollar amount for all DR employee records, right justify and zero fill
355 - 369	15 9(13)v99	409A - Deferred		Enter total dollar amount for all DR employee records, right justify and zero fill
370 – 384	15 9(13)v99	409A - Income		Enter total dollar amount for all DR employee records, right justify and zero fill
385 - 399	15 9(13)v99	HFSA - Income		Enter total dollar amount for all DR employee records, right justify and zero fill
400 – 414	15 9(13)v99	UCRP		Enter total dollar amount for all DR employee records, right justify and zero fill
415 - 429	15 9(13)v99	Employer Sponsored Health Insurance Cost		Enter total dollar amount for all DR employee records, right justify and zero fill
430 - 444	15 9(13)v99	Employer Contributions to a Health Savings Account		Enter total dollar amount for all DR employee records, right justify and zero fill
445 – 2672	2228	Filler		Value Spaces