

**Quarterly UI File to EDD (PPP600)
As of release 1961 – 12/10/10**

RE Record Identifier – Employer Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 2	2	Record identifier		RE
3 – 39	37	Filler		Blank fill. Not applicable to California reporting needs.
40 – 96	57	Employer name		Campus name. Enter the employer's name exactly as the employer is registered with the State EDD. Left justify and fill with blanks
97-118	22	Employer location address		Campus address (attention, suite, room no., etc.); left justify and fill with blanks (location specific)
119-140	22	Employer delivery address		Campus street address; left justify and fill with blanks (location specific)
141-162	22	Employer city		Campus city; left justify and fill with blanks (location specific)
163-164	2	Employer state abbreviation		CA
165-169	5	Zip code		Campus zip code (location specific)
170-173	4	Zip code extension		Campus zip code extension; if not applicable, fill with blanks (location specific)
174- 512	339	Filler		Fill with blanks, Not applicable to California reporting needs.

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RS Record Identifier – State Supplemental Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 2	2	Record identifier		RS
3 – 4	2	State Code		Enter the State Federal Information Processing Standard (FIPS) postal number code for the state to which wages are being reported. Constant 06 for California. Do not use State Code of employee's residence when they work in California.
5 - 9	5	Filler		Blank. Not applicable to California Reporting Needs.
10-18	9	Social Security Number		Enter the employee's Social Security Number. If not available, enter the letter "I" (eye) in Position 10 and blank fill.
19-33	15	Employee First Name		Enter the employee's FULL first name. Left justify and blank fill.
34 – 48	15	Employee Middle Name or Initial		Enter the employee's middle name or initial. If none, blank fill.
49 - 68	20	Employee Last Name		Enter the employee's last name. Left justify and blank fill.
69-194	126	Filler		Fill with blanks. Not applicable to California Reporting Needs.
195	1	Wage Plan Code		ALPHA CHARACTERS ONLY. Enter appropriate Wage Plan Code. DO NOT LEAVE BLANK.
196	1	Filler		Fill with blanks. Not applicable to California Reporting Needs.
197-202	6	Reporting Period		NUMERIC CHARACTERS ONLY. Enter the last month and the four digit year of the calendar quarter.
203-213	11	State Quarter Unemployment Insurance Total Wages		NUMERIC CHARACTERS ONLY. Enter the amount of employee's quarterly wages subject to UI/SDI taxes. Taxable limitations do not apply. For example, Employee A makes \$40,000 a year, \$10,000 a quarter. 00001000000 should be entered in this field each quarter. Right justify and zero fill.
214 - 247	34	Filler		Blank Fill. Not applicable to California reporting needs.
248 - 255	8	State Employer Account Number		NUMERIC CHARACTERS ONLY. Enter the SEAN assigned by the State EDD. A seven digit account number followed by a check digit. Omit hyphens. Example: If your employer account number is 123-

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Position	Length/ Format	Field Description	Data Element #	Comments
				4567-8, Positions 248 – 255 should contain the value 12345678. Do not leave blank.
256 - 258	3	Branch Code		If registered with the Department as a branch coded employer, enter the applicable branch code for each employee. Left justify and blank fill. If not a branch coded employer, zero fill. Do not leave blank.
259 - 275	17	Filler		Fill with blanks. Not applicable to California reporting needs.
276 - 286	11	Quarterly Personal Income Tax Wages (State Taxable Wages)		NUMERIC CHARACTERS ONLY. Enter the amount of employee's quarterly PIT wages paid during the period that are subject to California PIT even if they were not subject to PIT withholding. Include dollars and cents. Right justify and zero fill.
287 - 297	11	Quarterly Personal Income Tax Withheld (State Income Tax Withheld)		NUMERIC CHARACTERS ONLY. Enter the amount of employee's quarterly California PIT withheld. Include dollars and cents. Right justify and zero fill.
298 - 512	215	Filler		Fill with blanks. Not applicable to California reporting needs.

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RST Record Identifier – State Total Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 3	3	Record identifier		RST
4 – 10	7	Number of employees		Enter total number of code RS records; numeric only; right justify and zero fill
11	1	Not applicable to California reporting		Fill with a blank
12 – 13	2	State code		06
14	1	Not applicable to California reporting		Fill with a blank
15 – 28	14 9(12)v99	Quarterly unemployment insurance total wages by employer		Enter total of amounts in positions 203-213 of Code RS records from preceding employee records; include dollars and cents; numeric only; right justify and zero fill
29	1	Not applicable to California		Fill with a blank
30 – 43	14 9(12)v99	Quarterly personal income tax wages by employer (State taxable wages)		Enter total of amounts in positions 276-286 of Code RS records; include dollars and cents; numeric only; right justify and zero fill
44	1	Not applicable to California reporting		Fill with blanks
45 – 58	14 9(12)v99	Quarterly personal income tax withheld by employer (State income tax withheld)		Enter total of amounts in positions 287-297 of code RS records from preceding employee records; include dollars and cents; numeric only; right justify and zero fill
59	1	Not applicable to California reporting		Fill with a blank
60 – 66	7	Month 1 employment for employer		Total number of employees, full time and part time, who worked during or received pay subject to UI wages for the payroll period that includes the 12 th day of the first month of the reporting period; right justify and zero fill
67	1	Not applicable to California reporting		Fill with a blank
68 – 74	7	Month 2 employment for employer		Total number of employees, full time and part time, who worked during or received pay subject to UI wages for the payroll period that includes the 12 th day of the second month of the reporting period; right justify and zero fill
75	1	Not applicable to		Fill with blanks

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		California reporting		
76 – 82	7	Month 3 employment for employer		Total number of employees, full time and part time, who worked during or received pay subject to UI wages for the payroll period that includes the 12 th day of the third month of the reporting period; right justify and zero fill
83-512	430	Not applicable to California reporting		Fill with blanks