GEORGIA DEPARTMENT OF LABOR
ELECTRONIC FILING SPECIFICATIONS FOR QUARTERLY TAX AND WAGE REPORTING

The following information outlines the Georgia Department of Labor's requirements for submitting quarterly tax and/or wage reports via electronic media. Also included are instructions for submitting electronic media for testing prior to a live transmission. You must adhere to these instructions to ensure the timely processing of your tax and/ or wage reports.

Failure to submit electronic tax and wage reports in the approved record layouts will result in the rejection of the reports. Reports not submitted correctly by the filing due dates will be assessed late filing penalties.

Tax and/or wage reports filed via electronic media cannot be processed without a GDOL account number. If you are an employer or are filing on behalf of an employer who has not been assigned a GDOL account number, a paper DOL-4N form must be submitted for the employer and you must indicate "Applied For" in the account number field on the form. Do not enter a pseudo number or a Federal Employer Identification Number (FEIN) in this field.

Negative wages, wage adjustments, and/or tax report adjustments cannot be processed via electronic media. Adjustments must be reported on form DOL-3C. You may access all forms via our web site at www.dol.state.ga.us

Tax and wage reports submitted via electronic media must be in an approved record layout. All tax reports must be in the GDOL N Record format, and all wage reports must be in the NASWA Y2K format. Due to technological upgrades, electronic records submitted in any other format will not be accepted. Submit all remittances in GDOL account number order.

The acceptable forms of electronic media are:

CD-ROM, DVD, USB Flash Drive, and/or Internet

Magnetic Media Filing Instructions:

1. All electronic media submitted must include a completed paper Transmittal Form. (See pages 4 & 5 for sample transmittal forms)
2. All electronic media submitted must be labeled externally with a contact name, GDOL account number, email address, and the reporting period.
3. Each record submitted on the electronic media must include an eight digit GDOL account number including any leading zeros and must **not** include alpha or non-numeric characters.
4. Tax reports submitted via electronic media are referred to as "N Records". Tax Reports/N Records for multiple employers must be submitted as individual records in one file.
5. Wage reports for multiple employers can be submitted as individual files or they can be merged and submitted together into a single file.
6. Each wage record must be a uniform length as specified in the NASWA Y2K record format.
7. A valid social security number is required for each wage record submitted. Any wage record submitted without a nine digit social security number cannot be processed.
8. A soft carriage return (line feed) **must** be at the end of each record.
9. All data submitted via electronic media must be in ASCII-1 language. Rich text, UNIX, Microsoft Excel and other non ASCII-1 formats will **not** be processed.
10. Tax and wage report data must be compressed in a (.zip file) format. If multiple employer wage reports are submitted on a single media, the individual reports must be compressed as a single file.

We recommend that employers filing by electronic media submit test data for format approval prior to submitting actual quarterly tax and/or wage data. Failure to submit test media may delay the processing of your quarterly tax and/or wage reports, which may result in late filing penalties. Test media must be received at least four weeks prior to submitting live data. If you have questions and/or concerns, please contact the Georgia Department of Labor Magnetic Media Unit at (404) 232-3265.

Internet Filing Tips:

1. The tax report can be filed with the wage report or filed separately when filing via the Internet.
2. If filing only the tax report via the Internet, the wage report must be submitted by paper or via electronic media. If more than 100 employees, wages must be filed via electronic media.

ELECTRONIC MEDIA TAX RECORD FORMAT
(DOL-4, Part II) HEREIN REFERRED TO AS "N" RECORD

POSITION	FIELD NAME	TYPE/SIZE	DESCRIPTION
1	Record Identifier	A-1	Enter the letter "N".
2-9	Account	N-8	Enter the 8 digit GDOL employer account number. **Numeric only; omit hyphens, spaces, check digit** and other non-numeric characters.
10	Quarter	N-1	Enter the quarter for which this report applies. **Numeric only; 1, 2, 3, or 4 are the only valid entries.**
11-14	Year	N-4	Enter the 4 digit year for which this report applies. **Numeric only.**
15-19	Number Employees	N-5	Enter the number of covered workers during the pay period that includes the 12th day of the first month of the quarter. **Numeric only.**
20-24	Number Employees	N-5	Enter the number of covered workers during the pay period that includes the 12th day of the second month of the quarter. **Numeric only.**
25-29	Number Employees	N-5	Enter the number of covered workers during the pay period that includes the 12th day of the third month of the quarter. **Numeric only.**
30-40	Total Reportable Gross Wages	N-11	Enter the reporting quarter total reportable gross wages from line 2 of Part II of the DOL-4. Right justify and zero fill. **(Example: Enter $5,512,432.10 as 00551243210)**
41-51	Non-Taxable Wages	N-11	Enter the reporting quarter non-taxable wages from line 3 of Part II of the DOL-4. Right justify and zero fill. **(Example: Enter $5,432.10 as 000543210)**
52-62	Taxable Wages	N-11	Enter the reporting quarter taxable wages from line 4 of Part II of the DOL-4. Right justify and zero fill. **(Example: Enter $5,432.10 as 000543210)**
63-71	Remittance	N-9	Enter amount of remittance from line 10 of Part II of the DOL-4. Right justify and zero fill. **(Example: Enter $12,432.10 as 001243210)**
72-80	Constant	9	Enter 9 spaces.

ELECTRONIC MEDIA WAGE RECORD FORMAT
NASWA Y2K UNEMPLOYMENT INSURANCE FORMAT

CODE S - **SUPPLEMENTAL RECORD** - This is the Year 2000 NASWA Unemployment Insurance code "S" supplemental record format as defined by the Georgia Department of Labor for direct wage reporting by magnetic media. Total Record Length = 275 (276 if necessary). If using PC media, a soft carriage return/line feed must be at the end of each record.

POSITION	FIELD NAME	TYPE/SIZE	DESCRIPTION AND REMARKS
1	Record Identifier	N-1	Constant "S"
2-10	Social Security Number	N-9	Enter the employee's SSN.
11-30	Employee Last Name	A-20	Enter the employee's last name, left justified. All CAPS, no lower case characters.
31-42	Employee First Name	A-12	Enter the employee's first name, left justified. All CAPS, no lower case characters.
43	Employee Middle Initial	A-1	Enter the employee's middle initial. All CAPS, no lower case characters.
44-45	State Code	N-2	Enter the appropriate FIPS postal numeric code. The Georgia code is "13".
46-63	GDOL Wage Filler	N-18	Enter blanks or zeros.
64-68	GDOL Wage Filler	5	Enter blanks or zeros.
69-77	Total Reportable Gross Wages	N-9	Enter the total reportable gross wages minus 125 Cafeteria plan, paid during the period. Include tip wages. Right justify and zero fill. Enter $7,536.20 as 000753620.
78-153		76	Not required by GDOL.
154-161	GDOL Employer Account Number	N-8	Enter the 8 digit GDOL employer account number. **DO NOT enter the dash.**
162-214		53	Not required by GDOL.
215-220	Reporting Period Month/Year	N-6	Enter the last month and four digit year for the calendar quarter for which this report applies; e.g., "032007" for the quarter of January - March of 2007.
221-275		55	Not required by GDOL.
276		1	If necessary, enter a blank.

MAGNETIC MEDIA TRANSMITTAL FORM

TO: Georgia Department of Labor
Magnetic Media Unit
148 Andrew Young International Blvd., N.E.
Suite 768
Atlanta, GA 30303

❑ Check here if test data

FROM:

Telephone No.:

Email Address:

TRANSMITTER INFORMATION		
1. Name of Company	2. Agent / Federal ID #	3. Reporting Year Quarter

MEDIA SUMMARY INFORMATION			
4. Total # of Media	5. Total # of Employers	6. Total # of Employees	7. Total Reportable Gross Wages

EMPLOYER SUMMARY INFORMATION

8. Employer's Name	9. Federal ID	10. Employer Account #	11. Total Reportable Gross Wages	12. Payment Amount	13. Check No.

CERTIFICATION

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS REPORT
AND ON THE ACCOMPANYING MEDIA(S) IS TRUE AND ACCURATE.

14. Signature/Title/Date:

8. Employer's Name	9. Federal ID	10. Employer Account #	11. Total Reportable Gross Wages	12. Payment Amount	13. Check No.
8. Employer's Name	9. Federal ID	10. Employer Account #	11. Total Reportable Gross Wages	12. Payment Amount	13. Check No.