

COLORADO 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).

See the Example Tabbed File and Template on the File Upload page

Field	Type	Length	Status	Comments
Employer FEIN	Numeric	9	Required	Federal Employer Identification Number, must be 9 digits (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under.
Filler1	Char	0	Required	Leave Blank. Reserved for future use.
Employer Name	Char	45	Required	At least two characters.
Employer Address Line 1	Char	40	Required	At least two characters. Please use the same address that is used for the processing of Income Withholding Orders.
Employer Address Line 2	Char	40	Optional	
Employer City	Char	25	Required	At least two characters, no special characters except hyphen.
Employer State	Char	2	Required	Valid state or territory abbreviation.
Employer Postal Code	Numeric	5	Required	U.S. 5 digit zip code.
Employer Zip+4	Numeric	4	Optional	If present, must be 4 digits.
Employer Country Code	Char	2	Optional	Must be "US" or blank.
Employee First Name	Char	16	Required	At least one character, no special characters.
Employee Middle Name	Char	16	Optional	If non-blank must be at least one character, no special characters.
Employee Last Name	Char	30	Required	At least one character, no special characters except hyphen.
Employee SSN#	Numeric	9	Required	Must be 9 digits, no hyphens.
Employee Address Line 1	Char	40	Required	At least two characters.
Employee Address Line 2	Char	40	Optional	
Employee City	Char	25	Required	At least two characters.
Employee State	Char	2	Required	Valid state or territory abbreviation.
Employee Postal Code	Char	20	Required	U.S. 5 digit zip code.
Employee Zip+4	Numeric	4	Optional	If present, must be 4 digits.
Employee Date of Birth	Numeric	8	Optional	If present, numeric. Format - MMDDYY
Employee Date of Hire	Numeric	8	Required	Numeric. Format - MMDDYY
Employee State of Hire	Char	2	Optional	Valid state or territory abbreviation.
Independent Contractor?	Char	1	Required	Y for Yes, N or blank for No.
Filler3	Char	0	Required	Leave blank. Reserved for future use.
Employer Contact #	Numeric	10	Optional	10 digits, no dashes
Employer Contact Name	Char	30	Optional	