COLORADO STATE DIRECTORY OF NEW HIRES

Excel 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, leave the field blank.

The first row in the file must remain as it is provided in the template.

Provide one new hire per row in the Excel file.

Be careful when copying data in multiple cells so that it does not increment a number (like a zip code, or street address) when it is supposed to be an exact copy of a cell.

See the Example Excel File and Excel 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	