



# CITY OF CINCINNATI INCOME TAX DIVISION

## **MAGNETIC MEDIA REPORTING FOR TAX YEAR 2021**

**(For submitting annual Form W-2 information  
to the City of Cincinnati Income Tax Division)**

CITY OF CINCINNATI  
INCOME TAX DIVISION  
805 CENTRAL AVENUE SUITE 600  
CINCINNATI, OH 45202-5799  
(513) 352-2546

Website Address: [www.cincinnati-oh.gov/citytax](http://www.cincinnati-oh.gov/citytax)  
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Prepared: December 2021

## INTRODUCTION

The following specifications conform to the Social Security Administration Publication No. 42-007, Specifications for Filing Forms W2 Electronically (EFW2) with some minor changes.

Enclosed are copies of the changes to the file specifications. The main changes we are concerned with are:

- 1) Records Layout Sheets 'RS'
- 2) Record 'RS' is required by the City of Cincinnati
- 3) For tax year 2020, wage information will be accepted on following types of media:
  - a) CD-ROM
  - b) DVD
  - c) File online through the Income Tax website: <https://web2.civicacmi.com/Cincinnati>

**NOTE: No reel-to-reel tapes, DAT tapes, DLT tapes or 3 1/2" diskettes will be accepted.**

If the information received does not meet the specifications in this document, it may be returned to you unprocessed.

It is advised that you obtain a copy of the Social Security Administration Publication No. 42-007 (EFW2) mentioned above to use as a reference for those areas not covered in this document. To obtain the publication contact the Social Security Administration Office of Systems Requirements at (800) 772-6270, 7:00 A.M. through 7:00 P.M. (Eastern Standard Time), Monday through Friday.

The document is also available online at <http://www.ssa.gov/employer/efw/19efw2.pdf>

## FILING REMINDERS

- 1) We will not accept compressed files on magnetic tapes and cartridges, or compressed zip files.
- 2) Be sure to enter the correct tax year in the employer records.
- 3) The EFW2 format is required, as amended by the City of Cincinnati. Any submission that does not meet these specifications will be returned to the sender.
- 4) Record length must be exactly 512 bytes. The record should be padded with blanks to 512 characters if needed, not truncated. Do not add blanks at the beginning of the record or extend the record past 512 characters. Do not place a CR/LF in the middle of a record, and do not include blank records or extra CR/LF pairs. Other than CR/LF all letters must be uppercase.
- 5) The following record types are required: RA, RE, RW, RS, RT, and RF. There must be at least one RS record for each RW record. There must be an RW record for each set of RS records with the same SSN. All RS records for a given employee must follow that employee's RW record and must be together.
- 6) The RS record must give the local taxable wages and the local income tax withheld amounts for the City in positions 308-412. A separate entry must be generated for each city within Ohio for which city income tax was withheld. The specifications are designed for the filing of multiple city information.
- 7) There must only be one file per media item. The entire file must fit on the media chosen. Multi volume submission files will not be accepted.
- 8) Each submission of W-2 data must be accompanied by one or more City of Cincinnati Form W-3 Wage Reconciliation returns (paper copy required) for each RE record within the submission file. The City of Cincinnati Form W-3 document can be downloaded from our website at:  
<http://www.cincinnati-oh.gov/finance/income-taxes/>
- 9) Paper Form W-2 documents should not be sent if an electronic submission is being transmitted.
- 10) All files should be mailed to the following address:

CINCINNATI INCOME TAX DIVISION  
ELECTRONIC W-2 FILING PROGRAM  
805 CENTRAL AVENUE SUITE 600  
CINCINNATI, OH 45202-5799

## GENERAL INFORMATION

### What is in this booklet?

Instructions for filing Form W-2 information to the City of Cincinnati electronically using the EFW2 format.

### Who must use these instructions?

Employers who are required to submit IRS Form W-2 information electronically for federal tax purposes shall submit the information required by the Municipality in electronic format. We advise employers who will be submitting Form W-2 information for 100 or more employees to use this program.

### May I use these instructions if I have fewer than 100 employees?

Yes. Any employer may file their Form W-2 documentation electronically.

### What if I have 100 or more Form W-2s and I send them to you in the paper format?

For tax year 2021, all employers with 100 or more employees must file electronically. Employers with fewer than 100 employees may submit their W-2 data file or continue to file paper Form W-2 documents.

### What if I do not follow the instructions in this booklet?

Your data file may be returned to you. Your totals of all Form W-2 documents may not match the Form W-3 totals for the year. Your employee wages may not be credited properly.

### What clarifications do I need before I read this booklet?

The term "W-2" refers to W-2, W-2CM, W-2VI, W-2GU, W-2AS, 499R-2/W-2PR unless otherwise noted.

The term "W-3" refers to W-3, W-3SS, and W-3PR

### May I send paper copies of Form W-2 and W-3 with my electronic filing?

Do not send paper copies of Form W-2 with your filing. However, you must include a paper copy of Form W-3 Wage Reconciliation with your filing. The Form W-3 can be downloaded from our website <http://www.cincinnati-oh.gov/finance/income-taxes/>.

### How may I send you my Form W-2 information using the EFW2 format?

For tax year 2021, the following types of media will be accepted:

- a) CD-ROM
- b) DVD
- c) File online through the Income Tax website: <https://web2.civicacmi.com/Cincinnati>

NOTE: All information must fit onto one (1) media component. No reel-to-reel tapes, DAT tapes, DLT tapes or 3 ½" diskettes will be accepted.

**When is my file due to your office?**

Electronic files are due by February 28, 2022.

**What if I file late?**

The City of Cincinnati will impose a penalty for late filing of your return. Refer to section 311-75 of the Cincinnati Municipal Code for details.

**Will you return the magnetic media to me after the file has been processed?**

No files will be returned to you after they have been processed successfully.

**Whom should I contact if I have general questions or need assistance with the information in this booklet?**

You may contact our office at (513) 352-2546 during the hours of 8:00 A.M. until 4:30 P.M. (EST), Monday through Friday. You may send E-mail inquiries to Dave Meale: [david.meale@cincinnati-oh.gov](mailto:david.meale@cincinnati-oh.gov).

## FILE DESCRIPTION

**General:****What should I name my file?**

The preferred file name would be "w2report.txt" but is not required. Any filename is acceptable.

**File Requirement:****STATE RECORD (RS):**

This record is required. It should follow its related CODE RW record.

If there are multiple City records for an employee, include each City record sequentially. Refer to pages 11 – 13 for the file layout specifications of the RS record.

**Do not** generate this record if only blanks would be entered after the record identifier.

## RECORD SPECIFICATIONS

**General:****What is the length of each record?**

512 bytes

**What is the recommended maximum number of records for an EFW2 file?**

50,000 records

**What case letters must I use?**

UPPER CASE letters only throughout the file.

**Your instructions address the format for the fields in the records I have to create. How do I know exactly what should be in each field?**

If you need assistance completing the various fields, refer to the Social Security Administration website:

<http://www.ssa.gov/employer>

## RULES

### What rules do you have for alpha/numeric fields?

Left justify and fill with blanks. Where the field shows "blank" all position must be blank, not zeroes.

### What rules do you have for money fields?

Numerics only

No punctuation

No signed amounts (high order signed or low order signed)

Include both dollars and cents with the decimal point assumed

Do not round to the nearest dollar (Example: \$1,250.78 = 00000125078).

Right justify and zero fill to the left

The field must contain zeroes if not applicable

### What rules do you have for the address fields?

Fields equate to lines of address printed on correspondence. They must conform to United States Postal Service (USPS) guidelines. You may contact U.S. Post Office by calling them at (800) 275-8777 or by using their website, <http://www.usps.gov>.

For State abbreviations, use only the standard two letter abbreviations.

### What rules do you have for the format of the employee name?

The employee name must be the same name shown on the individual's Social Security card. The employee name must be submitted in the individual name fields:

- Employee First Name
- Employee Middle Name or Middle Initial
- Employee Last Name
- Suffix

Do not include any titles.

### What rules do you have for the SSN?

Use the number shown on the original or replacement Social Security card.

Only numeric characters

Omit hyphens, prefixes and suffixes

May not begin with 8 or 9.

May not be 111111111, 333333333, or 123456789

For valid number ranges, check the latest list of newly issued Social Security number ranges from their website: <http://www.ssa.gov/employer>. (Select SSN Verification and then High Group List).

If the SSN is not available, enter zeroes (0) in locations 3-11 on the RW record and in Location 10-18 on the RS Record.

## PURPOSE

### What is the purpose of the RS State record?

The field is normally submitted to the State to report revenue, taxation, and quarterly unemployment compensation data for state and local municipalities. The City of Cincinnati requires the RS record for the purpose of reporting taxable wages and income tax withheld for local municipalities

### CODE RS—STATE RECORD

**NOTE: Record 'RS' is required by the City of Cincinnati, which will include local taxable wages, local income tax withheld, and Entity codes.**

The RS Record is required by the City of Cincinnati. It should follow its related CODE RW record.  
**If there are multiple City withholdings for an employee, include each City as a separate RS record.**

LOCATION	FIELD	LENGTH	SPECIFICATIONS
1 – 2	Record Identifier	2	Constant "RS"
3 – 4	State Code	2	Enter the appropriate postal Numeric Code.
5 – 9	Blank	5	Fill with blanks
10 –18	Social Security Number (SSN)	9	Enter the employee's social security number as shown on the original/replacement SSN card issued by SSA. If no SSN is available, enter zeroes.
19 – 33	Employee First Name	15	Enter the employee's first name as shown on the social security card. Left justify and fill with blanks.
34 – 48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial as shown on the social security card. Left justify and will with blanks. Otherwise, fill with blanks.
49 – 68	Employee Last Name	20	Enter the employee's last name as shown on the Social Security card. Left justify and fill with blanks.
69 – 72	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR or JR. Left justify and fill with blanks. Otherwise, fill with blanks.
73 – 94	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.
95 – 116	Delivery Address	22	Enter the employee's delivery address. Left justify and fill with blanks.
117 – 138	City	22	Enter the employee's city. Left justify and fill with blanks.
139 – 140	State Abbreviation	2	Enter the employee's state. Use a standard postal abbreviation codes (2-digits). For a foreign address, fill with blanks.
141 – 145	Zip Code	5	Enter the employee's zip code. For a foreign address, fill with blanks.
146 – 149	Zip Code Extension	4	Enter the employee's four-digit extension of the zip code. If not applicable, fill with blanks.

150 – 154	Blank	5	Fill with blanks. Reserved for SSA use.
155 – 177	Foreign State/Province	23	If applicable, enter the employee's foreign state/province. Left justify and fill with blanks. Otherwise, fill with blanks.
178 – 192	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
193 – 194	Country Code	2	If one of the following applies, fill with blanks. <ul style="list-style-type: none"> <li>• One of the 50 states of the USA</li> <li>• District of Columbia</li> <li>• Military Post Office (MPO)</li> <li>• American Samoa</li> <li>• Guam</li> <li>• Northern Mariana Islands</li> <li>• Puerto Rico</li> <li>• Virgin Islands</li> </ul>
<b><i>Locations 195 to 267 apply to unemployment reporting</i></b>			
195 – 196	Blank	2	Fill with blanks
197 – 202	Reporting Period	6	Enter the last month and 4-digit year for the calendar quarter for which this report applies. (Example: "032019" for January through March 2019).
203 – 213	State Quarterly Unemployment Insurance Total Wage	11	Right justify and zero fill.
214 – 224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill.
225 – 226	Number of Weeks Worked	2	Defined by State/Local agency.
227 – 234	Date First Employed	8	Enter the month, day, and the four-digit year. (Example: "01312019")
235 – 242	Date of Separation	8	Enter the month, day, and the four-digit year. (Example: "01312019")
243 – 247	Blank	5	Fill with blanks. Reserved for SSA use.
<b><i>Locations 248 to 307 apply to Wages Earned in Ohio</i></b>			
248 – 267	State Employer Account Number	20	Required field. Numeric characters only. Omit hyphens. Right justify and fill with blanks.
268 – 273	Blank	6	Fill with blanks. Reserved for SSA use.
274 – 275	State Code	2	Enter the appropriate postal numeric code. (Example: Ohio = "39")
276 – 286	Ohio Taxable Wages	11	Right justify and zero fill.
287 – 297	Ohio Income Tax Withheld	11	Right justify and zero fill.
298 – 307	Gross Total Wages, Tips and Other Compensation	10	Enter the employee's total annual wages, tips and other compensation.
<b><i>Locations 308 to 412 apply to Income Tax</i></b>			
308	Tax Type Code	1	Enter the appropriate code for entries in fields 309 – 337: C = City Income Tax D = County Income Tax E = School District Tax F = Other Income Tax
309 – 319	Local Taxable Wages	11	Right justify and zero fill.
320 – 330	Local Income Tax Withheld	11	Right justify and zero fill.

331 – 337	State Control Code/Number associated with tax type code above.	7	CINCI = City of Cincinnati Code. Left Justify This field is for withholding paid to Cincinnati only. All other localities should be listed in positions 338-412  Applies to income tax reporting.
338 – 412	Additional Municipality	75	Full municipality name of NON-CINCINNATI locality. Left justify and fill with blanks.  Applies to income tax reporting.
413 – 512	Blank	100	Fill with blanks. Reserved for SSA use.

## CD-ROM/DVD FILING—MEDIA\DATA REQUIREMENTS

### What are the media requirements for CD-ROMs and DVDs?

CD-ROM and DVD: Do not create the CD-R with the option that it must always be read from a specific disc drive letter.

### What are the data requirements for CD-ROMs and DVDs?

Data must be recorded in the American Standard Code for Information Interchange-1 (ASCII-1) character set. (Refer to Appendix D).

Use the file name **W2REPORT.TXT**

Do not include more than one W2REPORT.TXT file per CD-ROM or DVD.

Do not include any other files on the CD-ROM or DVD.

We encourage you to file combined reports to avoid creating a separate file and a CD-ROM or DVD for each employer by filing many employers' reports on a single CD-ROM or DVD. (Review EFW2 to see how multiple employers can be combined into one file).

We prefer files with record delimiters. Record delimiters (CR—Carriage Return followed by LF—Line Feed) must follow the last character of each record except the Code RF record.

Do not place record delimiters after a field within a record.

Do not place a record delimiter before the first record of the file.

A record delimiter should appear immediately after the last character of each record.

The record delimiter must consist of two characters and those two characters must be carriage return and line feed (CR/LF).

The ASCII-1 hexadecimal value for the carriage return character is 0D (zero and letter D); the ASCII-1 hexadecimal value for the line feed is 0A (zero and letter A). The ASCII-1 decimal values for the two characters are 13 and 10, respectively.

Do not place more than one record delimiter (more than one carriage return/line feed combination) following a record.

### May I compress the file I send you on a CD-ROM or DVD?

No

### How do I label my CD-ROM or DVD?

Affix an external label like the one shown. Label fill-ins must agree with the Code RA record data. Instructions for the label are as follows:

EIN	Enter Submitter's EIN
NAME	Enter Submitter's name
CITY	Enter Submitter's city
ST	Enter Submitter's state
ZIP CODE	Enter Submitter's zip code
PHONE NUMBER	Enter Submitter's telephone number

SSA AWR EFW2
EIN: _____
NAME: _____
CITY: _____ ST: _____
ZIP CODE: _____ PHONE NUMBER: _____

### How should I package my CD-ROM or DVD?

Do not use paper clips, rubber bands, or staples on the CD-ROMs or DVDs.  
Insert each CD-ROM or DVD in its own protective sleeve or case before packaging.  
Send the CD-ROM or DVD in a container to prevent damage in transit.  
Use disposable containers. Special mailers for CD-ROMs or DVDs are available commercially.  
We will not return special containers.

### Where do I send my CD-ROM or DVD?

Using the U.S. Mail Service, send your CD-ROM or DVD to the following address:

CINCINNATI INCOME TAX DIVISION  
ELECTRONIC W-2 FILING PROGRAM  
805 CENTRAL AVENUE SUITE 600  
CINCINNATI, OH 45202-5799

We suggest that you request a return receipt as part of your mailing process.



**CITY OF CINCINNATI  
INCOME TAX DIVISION  
2021 MAGNETIC MEDIA  
W-2 TRANSMITTAL FORM**

COMPLETE THIS FORM AND SEND IT ALONG WITH YOUR FILE TO:

**CINCINNATI INCOME TAX DIVISION  
ELECTRONIC W-2 FILING PROGRAM  
805 CENTRAL AVENUE SUITE 600  
CINCINNATI, OH 45202-5799**

EMPLOYER NAME:	FEDERAL ID NUMBER:
STREET ADDRESS:	TAX YEAR REPORTED:
CITY/STATE/ZIP CODE:	NUMBER OF EMPLOYEES REPORTED:
CONTACT PERSON:	JOB TITLE:
CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
TOTAL LOCAL WAGES:	TOTAL LOCAL TAX WITHHELD:

**TYPE OF MEDIA ON WHICH INFORMATION WILL BE REPORTED**

CD-ROM

DVD

FILE NAME (S): \_\_\_\_\_

DOES YOUR FILE (S) CONTAIN THE CARRIAGE RETURN/LINE FEED RECORD DELIMITERS? YES  NO

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_