

MICHIGAN STATE DIRECTORY OF NEW HIRES



Comma-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 may be provided to represent this element.

Provide one line per record followed by a carriage return and line feed (CRLF).

Quotes can be used around field values but is not required unless there is a comma in the field value.

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

| # | Field | Max Length | Status | Type | Comments |
|----|----------------------------------|------------|----------|---------|---|
| 1 | Employee SSN# | 9 | Required | Numeric | As reported by employee. Numeric only, no hyphens. 9 digits. Must be a valid SSN |
| 2 | Employee First Name | 16 | Required | Char | At least one character, no special characters. |
| 3 | Employee Middle Initial | 1 | Optional | Char | Must be 1 letter if known. |
| 4 | Employee Last Name | 20 | Required | Char | At least one character, no special characters except hyphen. |
| 5 | Employer Name | 40 | Required | Mixed | At least two characters. |
| 6 | Employer FEIN | 9 | Required | Numeric | Federal Employer Identification Number (no hyphens). Use the same FEIN under which employee quarterly wages will be reported. 9 digits. All zeros will be rejected. |
| 7 | Employer Address Line 1 | 35 | Required | Mixed | At least two characters. Please use the same address that is used for the processing of Income Withholding Orders. |
| 8 | Employer Address Line 2 | 35 | Optional | Mixed | |
| 9 | Employer City | 25 | Required | Char | At least two characters. May include a hyphen. |
| 10 | Employer State | 2 | Required | Char | Valid state or territory abbreviation. |
| 11 | Employer Zip Code | 5 | Required | Numeric | Must be a U.S. 5 digit zip code. |
| 12 | Employer Zip+4 | 4 | Optional | Numeric | If present, must be 4-digits. |
| 13 | Employee Address Line 1 | 35 | Required | Mixed | At least two characters. |
| 14 | Employee Address Line 2 | 35 | Optional | Mixed | |
| 15 | Employee City | 25 | Required | Char | At least two characters. May include a hyphen. |
| 16 | Employee State | 2 | Required | Char | Valid state or territory abbreviation. |
| 17 | Employee Zip Code | 5 | Required | Numeric | Must be a U.S. 5 digit zip code. |
| 18 | Employee Zip+4 | 4 | Optional | Numeric | If present, must be 4-digits. |
| 19 | Filler | 2 | Required | Empty | Reserved for future use. |
| 20 | Employee Date of Birth | 8 | Optional | Numeric | If present, numeric. Format - MMDDYYYY |
| 21 | Employee Date of Hire | 8 | Required | Numeric | Numeric. Format - MMDDYYYY |
| 22 | Employee Driver's License Number | 16 | Optional | Mixed | |