Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

Montana UI Contributions e-Filing Handbook

Instructions and specifications for electronic report filing and/or payment.

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Table of Contents

Introduction **1**

UI Quarterly Report File Formats **2**

ICESA File Format 3
FSET File Format 15
Submitting ICESA and FSET Files 18
Comma-Separated Values (CSV) Format 19
Microsoft Excel Format 20

Electronic Payment of UI Contributions **21**

ACH Credit Payments 21

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Introduction

The Montana Department of Labor and Industry ("DLI") and the Unemployment Insurance (UI) Contributions Bureau provide several ways for employers and third party administrators to electronically file their quarterly unemployment insurance wage and tax reports as well as make payments.

These methods are in addition to manually entering wages online or making ACH Debit payments through our *UI eServices for Employers* website (**uieservices.mt.gov**) and involve the creation of an electronic file in one of several formats.

Please note, the manual entry of wage, tax and payment information are not covered within this document.

For additional questions, please email our eServices Customer Support at uieservices@mt.gov or call any of the following numbers:

- (406) 444-6963
- (406) 444-1874
- (406) 444-0939

Normal business hours are Monday through Friday 8:00 am to 5:00 pm.

Unemployment Insurance Contributions Bureau
PO Box 6339
Helena MT 59604-6339

UI Quarterly Report File Formats

The state accepts electronic UI wage and tax reports in four different formats:

- ICESA (Interstate Conference of Employment Security Agencies)
- FSET (Federal/State Employment Taxes)
- CSV (Comma-Separated Values)
- Microsoft Excel

Both ICESA and FSET allow information for multiple employers to be reported in one file and are commonly used by firms who do payroll for multiple clients. However, individual businesses reporting only one employer can use these formats as well.

ICESA and FSET files can be submitted to the UI Contributions Bureau in one of two ways:

- Via a “web service” secure exchange of files (roughly equivalent to server-to-server), or
- Uploaded into a secure web request within *UI eServices for Employers*.

In addition, we will also accept ICESA (not FSET) files via the State of Montana Secure File Transfer Service as well as on CD or Diskette. These options may be phased out at some point.

The accepted CSV and Excel formats must contain only one employer per file. Properly formatted CSV and /or Excel files should be submitted to UI Contributions by uploading them into the Quarterly Report portion of *UI eServices for Employers*.

The different filing methods will be discussed more fully.

ICESA File Format

In the ICESA format, the output records must be arranged as follows:

- There can be only one 'A', 'B', and 'F' record per file.
- Each 'E' record must be followed by at least one 'S' record. (Exception - if the "No Workers/No Wages" field contains a zero, there may not be any 'S' records for that employer.)
- One 'T' record must follow the last 'S' record for each set of 'E' and 'S' records. (Exception - 'T' record must follow the 'E' record if the "No Workers/No Wages" field contains a zero.)
- One 'F' record must follow the last 'T' record and must be the last record on the file.

Examples:

- For a single employer filer with 'S' records:
  A, B, E, S, S, . , . , . , . , S, T, F

- For single employer filer with **no** 'S' records:
  A, B, E, T, F

- For bulk (multiple) employer filer:
  A,B,E,S,S,.,.,.,.,.,S,T,E,S,S,.,.,.,.,.,S,T,E,S,S,.,.,.,.,.T,F

<u>Data Record Descriptions</u>

Code A: Transmitter Record

- Identifies the organization submitting the file.

Code B: Authorization Record

- Identifies the type of equipment used to generate the file.

Code E: Employer Record

- Identifies an employer whose employee wage and/or tax information is being reported.
- Generate a new Code E each time a different employer's information begins.

Code S: Employee Record

- Used to report wage data for an employee.
- Should follow its related Code E record or it could follow an associated Code S record, which in turn follows a related Code E record.
- Do not generate a Code S record if only blanks would be entered after the record identifier.
- There should be no Code S records if "No Workers/No Wages" field on preceding Code E record contains a zero.

Name formats on the Code S Record:

- Must agree with the spelling of the name on the individual's Social Security Card.
- Parts of a compound surname must be connected by a hyphen. Single letter prefixes (e.g., "O", "D") must not be separated from the rest of the surname by a blank, but should be connected by an apostrophe.
- Punctuation may be used when appropriate.
- Lower case letters are not acceptable.
- Do not include any titles in the name. Titles make it difficult to determine an individual's name and may prevent properly crediting earnings data.

Money Amounts:

- All money fields are strictly numeric.
- Must include dollars and cents with the decimal point assumed.
- Do not use any punctuation in any money field.
- NEGATIVE (CREDIT) MONEY AMOUNTS ARE NOT ALLOWED.
- Right justify and zero fill all money fields.
- In a money field that is not applicable, enter zeros.

Code T: Total Record

- Contains the totals for all Code S records reported since the last Code E record.
- The totals must all be zeros if there are no Code S records because the Code E "No Workers/No Wages" field contains a zero.
- Must be generated for each Code E record.
- See the Employee Wage Record (Code S) description for information about reporting money amounts.
- The UI Tax data is extracted from this record.

Code F: Final Record

- Indicates the end of the file and MUST be the last data record on each file.
- Must appear only once on each file, after the last Code T record.
- See the Employee Wage Record (Code S) description for information about reporting money amounts.

"A" Record Type: Transmitter Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Descriptions and Remarks
1	Record Identifier	1	A/N	Constant "A"
2-5	Year	4	A/N	Enter the year for which this report is being prepared. UPDATE EACH YEAR.
6-14	Transmitter's Federal Employer Identification Number	9	A/N	Transmitter's Federal Employer ID number. Enter only numeric characters. Omit hyphen, prefixes & suffixes.
15-18	Taxing Entity Code	4	A/N	Constant "UTAX"
19-23	Blank	5	A/N	Enter blanks.
24-73	Transmitter Name	50	A/N	Enter the name of the organization submitting the file. Exactly as the Employer is registered with the state Unemployment Insurance agency.
74-113	Transmitter Street Address	40	A/N	Enter the street address of the organization submitting the file.
114-138	Transmitter City	25	A/N	Enter the city of the organization submitting the file.
139-140	Transmitter State	2	A/N	Enter the standard two character FIPS postal abbreviation. See code table below.
141-153	Blank	13	A/N	Enter blanks.
154-158	Transmitter Zip Code	5	A/N	Enter a valid zip code.
159-163	Transmitter Zip Code Extension	5	A/N	Use this field as necessary for the four digit extension of the zip code. Include hyphen in position 159. If unknown, fill with blanks.
164-193	Transmitter Contact	30	A/N	Title of individual from transmitter organization who is responsible for the accuracy and completeness of the wage report.
194-203	Transmitter Contact Telephone Number	10	A/N	Telephone number at which the transmitter contact can be reached.
204-207	Telephone Extension/ Box	4	A/N	Enter transmitter telephone extension or message box.
208-213	Tape Transmitter/ Authorization Number	6	A/N	Enter Blanks Not required by Montana.
214	C-3 Data	1	A/N	Enter blanks. Not required by Montana.
215-219	Suffix Code	5	A/N	Enter blanks. Not required by Montana.
220	Allocation Lists	1	A/N	Enter blanks. Not required by Montana.
221-229	Service Agent I.D.	9	A/N	Enter blanks. Not required by Montana.
230-242	Total Remittance Amount	13	A/N	Enter blanks. Not required by Montana.
243-248	Media Creation Date	6	A/N	Enter date: MMDDYY
249-275	Blank	27	A/N	Enter blanks.

"B" Record Type: Authorization Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "B".
2-5	Payment Year	4	A/N	Enter the year for which this report is being prepared. UPDATE EACH YEAR.
6-14	Transmitter's Federal EIN	9	A/N	Transmitter's Federal Employer ID number. Enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-22	Computer	8	A/N	Enter the manufacturer's name.
23-24	Internal Label	2	A/N	Enter blanks. Not required by Montana.
25	Blank	1	A/N	Enter a blank.
26-27	Density	2	A/N	Enter blanks. Not required by Montana.
28-30	Recording Code (Character Set)	3	A/N	Use only ASCII
31-32	Number of Tracks	2	A/N	Enter blanks. Not required by Montana.
33-34	Blocking Factor	2	A/N	Enter blanks. Not required by Montana.
35-38	Taxing Entity Code	4	A/N	Constant "UTAX"
39-146	Blank	108	A/N	Enter blanks.
147-190	Organization Name	44	A/N	Enter blanks. Not required by Montana.
191-225	Street Address	35	A/N	Enter blanks. Not required by Montana.
226-245	City	20	A/N	Enter blanks. Not required by Montana.
246-247	State	2	A/N	Enter blanks. Not required by Montana.
248-252	Blank	5	A/N	Enter blanks.
253-257	Zip Code	5	A/N	Enter blanks. Not required by Montana.
258-262	Zip Code Extension	5	A/N	Enter blanks. Not required by Montana.
263-275	Blank	13	A/N	Enter blanks.

"E" Record Type: Employer Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "E"
2-5	Year	4	A/N	Enter the year for which this report is being prepared. UPDATE EACH YEAR.
6-14	Employer's Federal EIN	9	A/N	Employer's Federal Employer ID number. Enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-23	Blank	9	A/N	Enter blanks.
24-73	Employer Name	50	A/N	Enter the name of the Employer reporting wage and tax data. Exactly as the Employer is registered with the state Unemployment Insurance agency.
74-113	Employer Street Address	40	A/N	Enter the street address of the Employer.
114-138	Employer City	25	A/N	Enter the city of the Employer's mailing address.
139-140	Employer State	2	A/N	Enter the standard two character FIPS postal abbreviation. See code table below.
141-148	Blank	8	A/N	Enter blanks.
149-153	Employer Zip Code Extension	5	A/N	Enter four-digit extension of zip code being sure to include the hyphen in position 149. If unknown, fill with blanks.
154-158	Employer Zip Code	5	A/N	Enter a valid zip code.
159	Name Code	1	A/N	Enter blanks. Not required by Montana.
160	Type of Employment	1	A/N	Enter blanks. Not required by Montana.
161-162	Blocking Factor	2	A/N	Enter blanks. Not required by Montana.
163-166	Establishment Number or coverage Group/PRU	4	A/N	Enter blanks. Not required by Montana.
167-170	Taxing Entity Code	4	A/N	Constant "UTAX".
171-172	State Identifier Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. **MT=30**.
173-187	State UI Employer Account Number	15	A/N	Enter the state UI employer account number.
188-189	Reporting Period	2	A/N	Enter the last month of the calendar quarter to which the report applies. "03"= 1st Quarter "09"= 3rd Quarter "06"= 2nd Quarter "12"= 4th Quarter

"E" Record Type: Employer Record (continued)

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
190	No Workers/ No Wages	1	A/N	0= Indicates that the E record will not be followed by S records, employee records. 1= Indicates that the E record will be followed by S records, employee records.
191	Tax Type Code	1	A/N	Enter blanks. Not required by Montana.
192-196	Taxing Entity Code	5	A/N	Enter blanks. Not required by Montana.
197-203	State Control Number	7	A/N	Enter blanks. Not required by Montana.
204-208	Unit Number	5	A/N	Enter blanks. Not required by Montana.
209-255	Blank	47	A/N	Enter blanks. Not required by Montana.
256	Foreign indicator	1	A/N	If data in positions 74-158 is for a foreign address, enter the letter "X", else a blank. **Not required** by Montana.
257	Type of Information	1	A/N	If file contains only tax information, enter a "T". If file contains both wage and tax information, enter a "B".
258-266	Other EIN	9	A/N	Enter blanks. Not required by Montana.
267-275	Blank	9	A/N	Enter blanks.

"S" Record Type: Employee Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "S".
2-10	Social Security Number	9	A/N	Employee's Social Security number. If not known, enter "I" in position 2 and blanks in positions 3-10.
11-30	Employee Last Name	20	A/N	Enter employee's last name.
31-42	Employee First Name	12	A/N	Enter employee's first name.
43	Employee Middle Initial	1	A/N	Enter employee's middle initial. If no middle initial, enter a blank.
44-45	State Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. **MT = 30**.
46-49	Reporting Quarter and Year	4	A/N	Enter the last month and year for the quarter this report applies; e.g. "0313" Jan-March of 2013.
50-63	State Quarter Total Gross Wages	14	N	Enter blanks. Not required by Montana.
64-77	State Quarter UI Total Gross Wages	14	N	Enter quarterly gross wages subject to Unemployment taxes. Include all tip income. Right justify and zero fill all money fields.
78-91	State Quarter UI Excess Wages	14	N	Quarterly wages in excess of the state UI taxable wage base. **For Governmental or Reimbursable accounts, excess must be zeros.** Right justify and zero fill all money fields.
92-105	State Quarter UI Taxable Wages	14	N	State quarterly UI total wages minus state quarterly UI excess wages. **For Governmental and Reimbursable employers, must be equal to "State Quarter UI Total Gross Wages".** Right justify and zero fill all money fields.
106-120	Quarterly State Disability Insurance Taxable Wages	15	N	Enter zeros. Not required by Montana.
121-129	Quarterly Tip Wages	9	N	Enter blanks. Not required by Montana.
130-131	Number of Weeks Worked	2	A/N	Enter blanks. Not required by Montana.
132-134	Number of Hours Worked	3	A/N	Enter blanks. Not required by Montana.
135-138	Date First Employed	4	A/N	Enter blanks. Not required by Montana.
139-142	Date of Separation	4	A/N	Enter blanks. Not required by Montana.
143-146	Taxing Entity Code	4	A/N	Constant "UTAX".
147-161	State UI Employer Account Number	15	A/N	State account number assigned for unemployment insurance reporting purposes.
162-176	Unit/Division Location/Plant Code	15	A/N	Enter blanks. Not required by Montana.
177-190	State Taxable Wages	14	A/N	Enter blanks. Not required by Montana.

"S" Record Type: Employee Record (continued)

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
191-204	State Income Tax Withheld	14	A/N	Enter blanks. Not required by Montana.
205-206	Seasonal Indicator	2	A/N	Enter blanks. Not required by Montana.
207	Employer Health Insurance Code	1	A/N	Enter blanks. Not required by Montana.
208	Employee Health Insurance Code	1	A/N	Enter blanks. Not required by Montana.
209	Probationary Code	1	A/N	Enter blanks. Not required by Montana.
210	Officer Code	1	A/N	Enter blanks. Not required by Montana.
211	Wage Plan Code	1	A/N	Enter blanks. Not required by Montana.
212	Month 1 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period. Enter blanks if not available.
213	Month 2 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter blanks if not available.
214	Month 3 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter blanks if not available.
215-220	Blanks	6	A/N	Enter blanks.
221-226	Date First Employed	6	A/N	Enter blanks. Not required by Montana.
227-232	Date of Separation	6	A/N	Enter blanks. Not required by Montana.
233-275	Blanks	43	A/N	Enter blanks.

"T" Record Type: Total Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "T".
2-8	Total Number of Employees	7	N	The total number of "S" records reported since the last "E" record. Right justify and zero fill.
9-12	Taxing Entity Code	4	A/N	Constant "UTAX"
13-26	State Quarter Total Gross Wages for Employer	14	N	Enter blanks. Not required by Montana.
27-40	State Quarter UI Total Gross Wages for Employer	14	N	Quarterly Gross Wages subject to state UI Tax. Include all tip income. Total of this field on all "S" records since the last "E" record. Right justify and zero fill all money fields.
41-54	State Quarter UI Excess Wages for Employer	14	N	Quarterly Wages in excess of the state UI Taxable wage base. Total of this field on all "S" records since the last "E" record. **For Governmental or Reimbursable Employers, excess must be zeros.** Right justify and zero fill all money fields.
55-68	State Quarterly UI Taxable Wages for Employer	14	N	State quarterly UI Total Gross Wages minus State quarterly UI Excess Wages. Total of this field on all "S" records since the last "E" record**. For Governmental and Reimbursable Employers, must be equal to "State Quarter UI Total Gross Wages".** Right justify and zero fill all money fields.
69-81	Quarterly Tip Wages for Employer	13	N	Enter blanks. Not required by Montana.
82-87	Total UI Tax Rate this Quarter	6	A/N	The employer's Total UI Tax rate for this reporting period. Decimal point followed by 5 digits, e.g., 3.1% = .03100. For Regular and Governmental employers it is equal to the UI Contribution Rate plus the Administrative Fund Tax Rate as shown on the yearly rate notice covering this reporting period.
88-100	State Quarterly UI Taxes Due	13	N	UI taxes due. Quarterly state UI taxable wages multiplied by the total UI tax rate. Right justify and zero fill all money fields.
101-111	Previous Quarter(s) Adjustments	11	N	Enter any adjustments or amendments to previous quarter reports. Enter zeros if not applicable. Right justify and zero fill all money fields.
112-122	Interest on Late Payments	11	N	Interest is computed at the rate of 1.5% per month or 18% per year of the amount in "State Quarterly UI Taxes Due" field. Enter zeros if not applicable. Right justify and zero fill all money fields.

"T" Record Type: Total Record (continued)

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
123-133	Penalty	11	N	The penalty for being late is $25.00. Enter zeros if not applicable. Right justify and zero fill all money fields.
134-144	Credit\Overpayment	11	N	Enter here any overpayment existing on your account on the date this report was generated. Overpayments (credits) are subject to prior usage. Enter zeros if not applicable. Right justify and zero fill all money fields.
145-148	Employer Assessment Rate	4	A/N	Enter blanks. Not required by Montana.
149-159	Employer Assessment Amount	11	N	Enter zeros. Not required by Montana.
160-163	Employee Assessment Rate	4	A/N	Enter blanks. Not required by Montana.
164-174	Employee Assessment Amount	11	N	Enter zeros. Not required by Montana.
175-185	Total Payment Due	11	N	Enter the total of "State Quarterly UI Taxes Due" plus "Previous Quarter(s) Adjustments" plus "Interest" plus "Penalty", minus any amount in "Credit/Overpayment". **Enter zeros if not** applicable. Right justify and zero fill all money fields.
186-198	Allocation Amount	13	N	Enter zeros. Not required by Montana.
199-212	Wages Subject to State Income Tax	14	N	Enter zeros. Not required by Montana.
213-226	State Income Tax Withheld	14	N	Enter zeros. Not required by Montana.
227-233	Month 1 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the first month of the reporting period. Enter blanks if not available.
234-240	Month 2 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the second month of the reporting period. Enter blanks if not available.
241-247	Month 3 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the third month of the reporting period. Enter blanks if not available.
248-250	County Code	3	A/N	Enter blanks. Not required by Montana.
251-257	Outside County Employees	7	A/N	Enter blanks. Not required by Montana.
258-267	Document Control Number	10	A/N	Enter blanks. Not required by Montana.
268-275	Blanks	8	A/N	Enter blanks.

"F" Record Type: Final Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "F".
2-11	Total Number of Employees in File	10	N	Enter blanks. Not required by Montana.
12-21	Total Number of Employers in File	10	N	Enter blanks. Not required by Montana.
22-25	Taxing Entity Code	4	A/N	Enter blanks. Not required by Montana.
26-40	Quarterly Total Gross Wages in File	15	N	Enter blanks. Not required by Montana.
41-55	Quarterly State UI Gross/Total Wages in File	15	N	Enter blanks. Not required by Montana.
56-70	Quarterly State UI Excess Wages in File	15	N	Enter blanks. Not required by Montana.
71-85	Quarterly State UI Taxable Wages in File	15	N	Enter blanks. Not required by Montana.
86-100	Quarterly State Disability Insurance Taxable Wages in File	15	N	Enter blanks. Not required by Montana.
101-115	Quarterly Tip Wages in File	15	N	Enter blanks. Not required by Montana.
116-123	Month 1 Employment for Employers in File	8	A/N	Enter blanks. Not required by Montana.
124-131	Month 2 Employment for Employers in File	8	A/N	Enter blanks. Not required by Montana.
132-139	Month 3 Employment for Employers in File	8	A/N	Enter blanks. Not required by Montana.
140-275	Blanks	136	A/N	Enter Blanks.

FEDERAL INFORMATION PROCESSING STANDARD (FIPS 5-2) POSTAL ABBREVIATION AND NUMERIC CODES

	Abbreviation	Numeric Code
Alabama	AL	01
Alaska	AK	02
Arizona	AZ	04
Arkansas	AR	05
California	CA	06
Colorado	CO	08
Connecticut	CT	09
Delaware	DE	10
District of Columbia	DC	11
Florida	FL	12
Georgia	GA	13
Hawaii	HI	15
Idaho	ID	16
Illinois	IL	17
Indiana	IN	18
Iowa	IA	19
Kansas	KS	20
Kentucky	KY	21
Louisiana	LA	22
Maine	ME	23
Maryland	MD	24
Massachusetts	MA	25
Michigan	MI	26
Minnesota	MN	27
Mississippi	MS	28
Missouri	MO	29
Montana	MT	30
Nebraska	NE	31
Nevada	NV	32
New Hampshire	NH	33
New Jersey	NJ	34
New Mexico	NM	35
New York	NY	36
North Carolina	NC	37
North Dakota	ND	38
Ohio	OH	39
Oklahoma	OK	40
Oregon	OR	41
Pennsylvania	PA	42
Rhode Island	RI	44
South Carolina	SC	45
South Dakota	SD	46
Tennessee	TN	47
Texas	TX	48
Utah	UT	49
Vermont	VT	50
Virginia	VA	51
Washington	WA	53
West Virginia	WV	54
Wisconsin	WI	55
Wyoming	WY	56

TERRITORIES AND POSSESSIONS

	Abbreviation	Numeric Code
American Samoa	AS	60
Guam	GU	66
Puerto Rico	PR	72
Northern Mariana Islands	MP	69
Virgin Islands	VI	78

MILITARY POST OFFICES (APO AND FPO)

Canada, Europe, Africa and the Middle East	AE	Central and South America	AA
Alaska and the Pacific	AP	Contingency Operations	AC

FSET File Format

Montana UI will accept FSET files in the FSET 4.4 schema format located at: http://www.statemef.com/fset_new.shtml.

Please Note: The FSET standard is the responsibility of the Tax Information Group for E-Commerce Requirements Standardization, or TIGERS. More information about FSET 4.4, including xml-related information, like schemas and changes, can be found in this zip file: http://www.statemef.com/projects/fset/FSETV4.4.zip.

In addition to the standard FSET 4.4 fields, the sections and fields defined below are required in each transmission for the file to validate against the schemas. Additional fields may exist in each of the required sections defined by the schemas and they should also be included with correct information.

Required Sections and/or Fields:

- **Transmission** – Standard Fields Required, one per file.
- **Transmission Header** – Standard Fields Required, one per file.
- **ReturnState** – One or more per file. Contains a single ReturnHeaderState and a single, optional FinancialTransaction.
- **ReturnHeaderState** – One Per ReturnState. Contains detail on employer report is for.

ReturnHeaderState Key Fields		
Field	**Requirement**	**Notes**
TaxYear	Required	
PaidPreparerInformation	Optional	Include with required fields if available
PaidPreparerInformation-Phone	Optional	Include if Paid Preparer Information is available
Filer	Required	
Filer-TIN	Required	
Filer-TIN-TypeTIN	Required	Type should be FEIN
Filer-TIN-TINTypeValue	Required	FEIN Value
Filer-StateEIN	Required	Employer's EAN
Filer-Name	Required	
Filer-Name-BusinessNameLine1	Required	Employers Name
Filer-NameControl	Required	First 4 characters of employers name
ReturnQuarter	Required	Report's Quarter
FilingAction	Required	
FilingAction-Action	Required	Original or Amended Only
FilingAction-Reason	Required if Amended	

- **ReturnDataState-StateUI –** Only StateUI is allowed. Each ReturnState should contain a completed StateUI data set.

StateUI Key Fields		
Field	**Requirement**	**Notes**
UITotalWages	Required	
ExcessWages	Required	Must be zero for reimbursing and governmental employers
UITaxableWages	Required	
ReimbursablelEmployerElect	Required if account is reimbursing	Required if employer is reimbursable
NoPayrollElect	Required for zero reports	Required for zero report
PayRoll	Required if wages exist	
PayRoll-Employee	Required if wages exist	Detail on employee, one for each employee for the quarter
PayRoll-Employee-Employee	Required if wages exist	
PayRoll-Employee-Employee - FirstName	Required if wages exist	
PayRoll-Employee-Employee - LastName	Required if wages exist	
PayRoll-Employee-Employee - SSN	Required if wages exist	
PayRoll-Employee- TotalWages	Required if wages exist	
PayRoll-Employee- TaxState	Required if wages exist	MT
Month1Employees	Required	
Month2Employees	Required	
Month3Employees	Required	

- **FinancialTransactions-StatePayment** - Optional, only used if an ACH Debit payment is being made. One per ReturnState allowed.

StatePayment Key Fields		
Field	**Requirement**	**Notes**
Checking	Optional	Either Checking or Savings is required
Savings	Optional	Either Checking or Savings is required
RoutingTransitNumber	Required	

BankAccountNumber	Required	
PaymentAmount	Required	
RequestedPaymentDate	Required	Should not exceed greater of generated date or due date.
AddendaRecord	Required	Direction Information for the Payment. One per payment.
AddendaRecord-TaxpayerIdentification	Required	Employer's EAN
AddendaRecord-TaxPeriodEndDate	Required	Quarter end date payment is intended to pay
NotIATTransaction	Required	Only non-IAT payments are allowed

Submitting ICESA and FSET Files

There are two options for submitting ICESA or FSET files. The first option requires a user to log into UI eServices for Employers and upload the file.

To manually upload an ICESA or FSET file into *UI eServices for Employers*:

- Once a logon for UI eServices for Employers is created, log into your account.
- Click on the Bulk Filing tab
- Click the Bulk Report Filing link
- Click the Add Attachment link
- Using the drop down box, choose the type of file you are attaching
- Type a description
- Browse and choose the ICESA or FSET file
- Click Save
- Click Submit

The second method, our web service (secure file to file drop), does not require users to log into *UI eServices for Employers,* however, business entities desiring to use it will need to obtain a user ID and password to send as parameters when they submit their files. This method is provided to enable the submission process to take place in an entirely automated fashion.

Web Service Parameters:

- UserName (Required – String) – Username for logging into the web service.
- Password (Required – String) – Password for logging into the web service.
  This document will be updated in the near future with the contact information for requesting your UserName and Password.
- FileType (Required – String) – The type of file that will be sent in. This will be defined by DLI and sent to each customer depending on the file they are sending in.
- Information (String) – Bidirectional parameter that will give the customer information on the processing of the file.
- Status (String) – Bidirectional parameter that will give the customer information as to the status of the file that has been sent.
- FileDataAsByteArray (Required -- ByteArray) – The data file as a Byte array.

You will require a user ID and password to successfully call this web service. To request your UserName and Password, please contact April Rose Hislop at ahislop@mt.gov or call (406) 444-0939.

Additionally, ICESA files (not FSET) may be submitted via secure email, CD, or Diskette.

Comma-Separated Values (CSV) Format

NOTE: The CSV file format is designed for individual employer records only and must be uploaded into *UI eServices for Employers*. For bulk (multi-employer) filing options please see our ICESA or FSET file formats.

Simply log in at **uieservices.mt.gov**, navigate to the quarter you wish to file, choose import, browse to the file location, and click OK. The rest is done for you, provided the file is properly formatted.

Your CSV file should follow the format below:

Comma separated fields.
Field 1 = Employee Count Month 1
Field 2 = Employee Count Month 2
Field 3 = Employee Count Month 3
Repeating fields for each employee with wages paid during quarter:

- SSN
- Last Name
- First Name
- Total Gross wages for employee for the quarter (with decimals)

Commas should only be used to separate specified fields, do not include additional commas within the gross wage field or any other field.

If the CSV file format is created within Microsoft Excel, the tab containing the information, MUST be named Sheet1.

To import properly, your CSV file should be created as a text file and saved with the .csv extension. If you create your file in Excel, please be sure to save it with the .csv extension.

Example File Format:

```
4,5,4
226426934,Stirling,kristen,8051
458866233,Ellison,kyle,14632
525771076,Bowers,Joe,15537.5
743862598,Miller,Nate,11882
876820290,Snyder,Trevor,10066.5
```

Microsoft Excel Format

NOTE: The MS Excel file format is designed for individual employer records only and must be uploaded into *UI eServices for Employers*. For bulk (multi-employer) filing options please see our ICESA or FSET file formats.

Simply log in, navigate to the quarter you wish to file, choose import, browse to the file location, and click OK. The rest is done for you, provided the file is properly formatted.

Your Excel file should follow the format below:

First line – Employee counts. One month for each of the first three columns. Leave 4th column blank. Do not include commas. Do not include headers.

- Employee count 1st month
- Employee count 2nd month
- Employee count 3rd month

Repeating Rows - Repeated for each employee with wages paid during the quarter.

- First Column – SSN
- Second Column – Last Name
- Third Column – First Name
- Forth Column – Total Gross Wages for Employee (with Decimals)

Example File Layout:

5	5	6	
184378137	Talbert	LAWRENCE	8,051.00
858866233	Ellison	STEVE	4,632.00
825771076	Striling	MICHAEL	5,537.50
943862598	Miller	KYLE	11,882.00
876820290	PIPPER	DANIEL	10,066.50
859980082	Jones	THOMAS	16,156.00

In Microsoft Excel, the tab containing the information, MUST be named Sheet1.

Electronic Payment of UI Contributions

In addition to traditional check or cash payments, ACH (automated clearinghouse) debit, ACH credit, and Credit Card payments are accepted for payment of UI Contributions.

For our purposes, ACH Debit and ACH Credit payment are differentiated as follows:

- ACH Debit – You authorize us (the UI Contributions Bureau) to withdraw a specified amount of funds from your bank account on a specified date.

- ACH Credit – You work with your banking institution to initiate a transfer of funds from your account to ours. Requires a properly formatted NACHA file discussed further below.

Individual ACH Debit payments can be made via *UI eServices for Employers* or through the QuickBooks' e-file option (must be a QuickBooks Enhanced Payroll user). In addition, entities submitting FSET files may include the FinancialTransactions-StatePayment record in their FSET file to initiate an ACH Debit Payment. Please see page 16 for more information.

Individual credit card payments can be made via *UI eServices for Employers* for a small fee.

ACH Credit Payments

We accept both the National Automated Clearance House Association (NACHA) Cash Concentration & Disbursement (CCD)+ and Corporate Trade Exchange (CTX) standard formats. CCD+ can be used if making a single employer payment, CTX with a separate addenda record for each employer must be used to make payments for multiple employer accounts.

Employers and third party representatives will need to coordinate with their respective banks regarding notification of ACH transfer amounts and/or specific deadlines you must meet.

You will also need to provide your bank with the following account information:

Montana UI Contributions Banking Information

- Bank Account Number 156041206772
- Bank Routing Number 092900383

NACHA file specifications

COMPANY/BATCH HEADER RECORD (5)		
Field 3 Originating Company Name	**Field 4** Company Discretionary Data	**Field 5** Originating Company Identification
Your Company Name	156041206772	Your Employer Account Number or FEIN

ENTRY DETAIL RECORDS (6)	
Field 3&4 Montana UI's Bank Transit & Routing Number	**Field 5** Montana UI's Bank Account Number
092900383	156041206772

Addenda Record Format

Montana UI has adopted the following addendum record format (7 record):

Field	Contents
Segment Identifier (including Record Type Code)	"705TXP"
Separator	"*"
TXP01	Montana Employer Account Number. The 7-digit number assigned to registered employers.
Separator	"*"

TXP02	Tax Type Code:
	• If CCD+:
	  ○ 13000 for Report (Quarter) Payments
	  ○ 13010 for Account Payments
	• If CTX:
	  ○ 13020 for Report (Quarter) Payments
	  ○ 13030 for Account Payments

Separator	"*"
TXP03	Quarter the payment in intended to apply to. This must be the final date of the quarter. Example valid dates for 2014 are: **140331** / **140630** / **140930** / **141231**

Separator	“*”
TXP04	Amount being paid in “$$$$$$$$cc” format (“cc”), cents must be filled in even if you transfer whole dollar amounts (do not include a decimal.) For example, if the payment amount is $123.45, then the value would be 12345
Separator	“*”
TXP05	Name of employer, maximum length 20 characters. If the name exceeds 20 characters, then this should be the 1st 20 characters of the employer’s name.
Terminator	“\”