The file submitted for municipal income tax must include all of the records that are submitted to the Social Security Administration for W2 wage reporting in the EFW2 format. This file in the EFW2 format must meet the same requirements as the Social Security Administration.

The file must include all of the following record types AND be in text format:

- **RA - Submitter Record**
- **RE - Employer Record**
- **RW - Wage Record**
- **RS - State Wage Record, (Used for City reporting)**
- **RT - Total Record**
- **RF - Final Record**

Instructions per the **Social Security Administration Publication No. 42-007** *EFW2 Tax Year 2026*

3.2 File Requirements

3.2.1 RA (Submitter) Record ***REQUIRED***

- Must be the first data record on each file.
- Make the address entries specific enough to ensure proper delivery.

3.2.2 RE (Employer) Record ***REQUIRED***

- The first RE (Employer) Record must follow the RA (Submitter) Record.
- Following the last RW(*Employee*)/RO (*Employee Optional*)/RS (*State*) Record for the employer, create an RT (*Total)*/RU (*Total Optional*)/RV (*State Total*) Record and then create either the:
- RE (Employer) Record for the next employer in the submission; or
- RF (Final) Record if this is the last report in the submission.
- When the same employer information applies to multiple RW (Employee)/RO (Employee Optional) Records, group them together under a single RE (Employer) Record. Unnecessary RE (Employer) Records can cause serious processing errors or delays.

3.2.3 RW (Employee) Record and RO (Employee Optional) Record ***RW REQUIRED***

- Following each RE (Employer) Record, include the RW (Employee) Record(s) for that RE (Employer) Record immediately followed by the RO (Employee Optional) Record(s). If an RO (Employee Optional) Record is required for an employee, it must immediately follow that employee's RW (Employee) Record.
- The RO (Employee Optional) Record is required if one or more of the fields must be completed because the field(s) applies to an employee. If just one field applies, the entire record must be completed.
- Do not complete an RO (Employee Optional) Record if only blanks and zeros would be entered in positions 3 - 512. Write RO (Employee Optional) Records only for those employees who have RO (Employee Optional) Record information to report.

3.2.4 RS (State) Record ***RS REQUIRED***

- The RS (State) Record is an optional record; SSA and IRS do not read or process this information.
- **HOWEVER, this is the record municipalities use for local wage and local income tax information!**
- The RS (State) Record should follow the related RW (Employee) Record (or RO (Employee Optional) Record).
- If there are multiple RS (State) Records for an employee, include all of the RS (State) Records for the employee immediately after the related RW (Employee) or RO (Employee Optional) Record.
- Do not generate this record if only blanks would be entered after the record identifier.

3.2.5 RT (Total) Record and RU (Total Optional) Record ***RT REQUIRED***

- The RT (Total) Record must be generated for each RE (Employer) Record.
- The RU (Total Optional) Record is required if an RO (Employee Optional) Record is prepared.
- If just one field applies, the entire record must be completed.
- Do not complete an RU (Total Optional) Record if only zeros would be entered in positions 3 - 512.

3.2.6 RV (State Total) Record

- The RV (State Total) Record is an optional record; SSA and IRS do not read or process this information.
- Contact your State Revenue Agency to confirm the use of this record format and for questions about field definitions, covering transmittals, reporting procedures, etc.
- The RV (State Total) Record should follow the RU (Total Optional) Record. If no RU (Total Optional) Record is in the submission, then it should follow the RT (Total) Record.
- If no RS (State) Records are prepared, do not prepare an RV (State Total) Record.
- Do not generate this record if only blanks would be entered after the record identifier.

3.2.7 RF (Final) Record ***REQUIRED***

- Must be the last record on the file.
- Must appear only once in each file.
- Do not create a file that contains any data recorded after the RF (Final) Record. Your submission will not be processed if it contains data after the RF (Final) Record.

Copyright 2003-2026 / All Rights Reserved

As indicated, the RS record is utilized for reporting of local wage and tax information.
Below is a synopsis of the RS record:

1. Record Identification must be 'RS'
2. Taxing Entity Code must contain the description or code of the locality where taxes were withheld. **THIS CAN BE THE FIRST FIVE LETTERS OF THE CITY NAME.**
3. Employee Social Security Number
4. Employee First Name
5. Employee Middle Name or Initial (optional)
6. Employee Last Name
7. Employee Name Suffix (optional)
8. Location Address (optional)
9. Delivery Address
10. City
11. State
12. Zip Code
13. Zip Code Extension (optional)
14. Foreign State/Province (optional)
15. Foreign Postal Code (optional)
16. Country Code (optional)
17. **Tax Type Code (must contain 'C' for City Income Tax)**
18. Local Taxable Wages (zero fill and right justify with no negative amounts or decimals)
19. Local Income Tax (zero fill and right justify with no negative amounts or decimals)

Copyright 2003-2026 / All Rights Reserved

The following is a copy of the EFW2 record definition for the 'RW' (state record) record type taken from the Social Security Administration publication.

CODE RW - Employee Record

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
1-2	Record Identifier	2	Constant "RW".
3-11	Social Security Number (SSN)	9	This is a required field. Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. • Enter only numeric characters. • Omit hyphens. • May not begin with 666 or 9. **If no SSN is available, enter zeros (0).**
12-26	Employee First Name	15	**This is a required field.** Enter the employee's first name as shown on the Social Security card. Left justify and fill with blanks.
27-41	Employee Middle Name or Initial	15	If applicable, enter the middle name or initial as shown on the Social Security card. Left justify and fill with blanks. Otherwise, fill with blanks.
42-61	Employee Last Name	20	**This is a required field.** Enter the employee's last name as shown on the Social Security card. Left justify and fill with blanks.
62-65	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, JR Left justify and fill with blanks. Otherwise, fill with blanks
66-87	Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks.
88-109	Delivery Address	22	Enter the employee's delivery address (Street or Post Office box). Left justify and fill with blanks.
110-131	City	22	Enter the employee's city. Left justify and fill with blanks.
132-133	State Abbreviation	2	Enter the employee's State or commonwealth/territory. Use a postal abbreviation from Appendix F. For a foreign address, fill with blanks.
134-138	ZIP Code	5	Enter the employee's ZIP code. For a foreign address, fill with blanks.
139-142	ZIP Code Extension	4	Enter the employee's four-digit extension of the ZIP code. If not applicable, fill with blanks.
143-147	Blank	5	Fill with blanks. Reserved for SSA use.
148-170	Foreign State/ Province	23	If applicable, enter the employee's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks.
171-185	Foreign Postal Code	15	If applicable, enter the employee's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks.
186-187	Country Code	2	If one of the following applies, fill with blanks: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the applicable Country Code (see Appendix G).

Copyright 2003-2026 / All Rights Reserved

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
188-198	Wages, Tips and Other Compensation	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.**
199-209	Federal Income Tax Withheld	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.**
210-220	Social Security Wages	11	Zero fill if the Employment Code reported in position 219 of the preceding RE (Employer) Record is **Q (MGQE)** or **X (Railroad).** If Employment Code is **H (Household)** and the tax year is 1994 or later, the **sum of** this field and the Social Security Tips field must be equal to or greater than the annual Household minimum for the tax year being reported. Otherwise, report zeros. See Appendix H. The **sum of** this field and the Social Security Tips field should not exceed the annual maximum Social Security wage base for the tax year ($184,500 for tax year 2026). See Appendix H. No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.
221-231	Social Security Tax Withheld	11	Zero fill if the Employment Code reported in position 219 of the preceding RE (Employer) Record is **Q (MGQE)** or **X (Railroad).** If the Employment Code is **not Q (MQGE)** or **X (Railroad)** and the amount in this field is greater than zero, then the Social Security Wages field and/or the Social Security Tips field must be greater than zero. This amount should not exceed $11,439.00 for tax year 2026. No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.
232-242	Medicare Wages and Tips	11	For years prior to tax year 1983, zero fill for all Employment Codes. Zero fill if the Employment Code reported in position 219 of the preceding RE (Employer) Record is **X (Railroad).** If the Employment Code is **H (Household)** and the tax year is 1994 or later, this field must be equal to or greater than the annual Household minimum for the tax year being reported. Otherwise, fill with zeros. See Appendix H. For all other Employment Codes: • For tax years 1983 – 1993, do not exceed the annual maximum Medicare wage base for the tax year. See Appendix H. • For tax years 1983 – 1990, if Social Security Wages and/or Social Security Tips are greater than zero, this amount must be equal to the sum of the Social Security Wages and Social Security Tips. • For tax year 1991 and later, this amount must equal or exceed the sum of the Social Security Wages and Social Security Tips. No negative amounts. Right justify and zero fill. This field is valid from 1983 through the current tax year.
243-253	Medicare Tax Withheld	11	For tax years prior to 1983, zero fill for all Employment Codes. For tax year 1983 and later, zero fill if the Employment Code reported in position 219 of the preceding RE (Employer) Record is **X (Railroad).** Effective January 1, 2013, an employer is required to withhold a 0.9% **additional** Medicare Tax on any Medicare Wages and Tips or Railroad Retirement Act (RRTA) compensation it pays to an employee in excess of $200,000 in a calendar year. No negative amounts. Right justify and zero fill. This field is valid from 1983 through the current tax year.

Copyright 2003-2026 / All Rights Reserved

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
254-264	Social Security Tips	11	Zero fill if the Employment Code reported in position 219 of the preceding RE (Employer) Record is **Q (MQGE)** or **X (Railroad).** The **sum of** this field and Social Security Wages should not exceed the annual maximum Social Security wage base for the tax year ($184,500 for tax year 2026.) See Appendix H. If Employment Code is **H (Household)** and the tax year is 1994 or later, the **sum of** this field and the Social Security Wages field must be equal to or greater than the annual Household minimum for the tax year being reported. Otherwise, report zeros. See Appendix H. No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year.
265-275	Blank	11	Fill with blanks. Reserved for SSA use.
276-286	Dependent Care Benefits	11	No negative amounts. Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico, Virgin Islands, American Samoa, Guam, or Northern Mariana Islands employees.**
287-297	Deferred Compensation Contributions to Section 401(k) *(Code D)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
298-308	Deferred Compensation Contributions to Section 403(b) *(Code E)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
309-319	Deferred Compensation Contributions to Section 408(k)(6) *(Code F)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
320-330	Deferred Compensation Contributions to Section 457(b) *(Code G)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
331-341	Deferred Compensation Contributions to Section 501(c)(18)(D) *(Code H)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1987 through the current tax year. **Does not apply to Puerto Rico employees.**
342-352	Blank	11	Fill with blanks. Reserved for SSA use.
353-363	Nonqualified Plan Section 457 Distributions or Contributions	11	No negative amounts. Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico employees.**
364-374	Employer Contributions to a Health Savings Account *(Code W)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2004 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
375-385	Nonqualified Plan Not Section 457 Distributions or Contributions	11	No negative amounts. Right justify and zero fill. This field is valid from 1990 through the current tax year. **Does not apply to Puerto Rico employees.**
386-396	Nontaxable Combat Pay *(Code Q)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
397-407	Blank	11	Fill with blanks. Reserved for SSA use.

Copyright 2003-2026 / All Rights Reserved

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
408-418	Employer Cost of Premiums for Group Term Life Insurance Over $50,000 *(Code C)*	11	No negative amounts. Right justify and zero fill. This field is valid from 1978 through the current tax year. **Does not apply to Puerto Rico employees.**
419-429	Income from the Exercise of Nonstatutory Stock Options *(Code V)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2001 through the current tax year. **Does not apply to Puerto Rico employees.**
430-440	Deferrals Under a Section 409A Nonqualified Deferred Compensation Plan *(Code Y)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2005 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
441-451	Designated Roth Contributions to a Section 401(k) Plan *(Code AA)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2006 through the current tax year. **Does not apply to Puerto Rico employees.**
452-462	Designated Roth Contributions Under a Section 403(b) Salary Reduction Agreement *(Code BB)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2006 through the current tax year. **Does not apply to Puerto Rico employees.**
463-473	Cost of Employer-Sponsored Health Coverage *(Code DD)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2011 through the current tax year. **Does not apply to Puerto Rico or Northern Mariana Islands employees.**
474-484	Permitted Benefits Under a Qualified Small Employer Health Reimbursement Arrangement *(Code FF)*	11	No negative amounts. Right justify and zero fill. This field is valid from 2017 through the current tax year.
485	Blank	1	Fill with blanks. Reserved for SSA use.
486	Statutory Employee Indicator	1	Enter "1" for a statutory employee. Otherwise, enter "0" (zero).
487	Blank	1	Fill with a blank. Reserved for SSA use.
488	Retirement Plan Indicator	1	Enter "1" for a retirement plan. Otherwise, enter "0" (zero).
489	Third-Party Sick Pay Indicator	1	Enter “1” for a sick pay indicator. Otherwise, enter "0" (zero).
490-492	Primary Treasury Tipped Occupation Code	3	If “Cash Tips Reported to the Employer” (Box 12 Code “TP”) is present, enter an applicable three (3)-digit numeric Code. This field is valid from 2026 through the current tax year. **This is not applicable to MITS and therefore will be ignored.**
493-495	Secondary Treasury Tipped Occupation Code	3	Only enter when there are multiple Occupation Codes. If “Cash Tips Reported to the Employer” (Box 12 Code “TP”) is present, enter an applicable three (3)-digit numeric Code. This field is valid from 2026 through the current tax year. **This is not applicable to MITS and therefore will be ignored.**
496-512	Blank	17	Fill with blanks. Reserved for SSA use.

Copyright 2003-2026 / All Rights Reserved

The following is a copy of the EFW2 record definition for the 'RS' (state record) record type taken from the Social Security Administration publication.

CODE RS - State Record

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
1-2	Record Identifier	2	Constant "RS".
3-4	State Code	2	Enter the appropriate postal **NUMERIC** Code (see Appendix F).
5-9	Taxing Entity Code	5	Defined by State/local agency. **(The first five letters of the city name can be used.)**
10-18	Social Security Number (SSN)	9	Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. **If no SSN is available, enter zeros.**
19-33	Employee First Name	15	Enter the employee's first name as shown on the SSN 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 SSN card. Left justify and fill with blanks. Otherwise, fill with blanks.
49-68	Employee Last Name	20	Enter the employee's last name as shown on the SSN card. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR, 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 or commonwealth/territory. Use a postal abbreviation as shown in Appendix F. 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: • One of the 50 States of the U.S.A. • District of Columbia • Military Post Office (MPO) • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • Virgin Islands Otherwise, enter the employee's applicable Country Code (see Appendix G).
195-196	Optional Code	2	Defined by State/local agency. **Applies to unemployment reporting.**

Copyright 2003-2026 / All Rights Reserved

RS POSITION	FIELD NAME	LENGTH	SPECIFICATIONS
197-202	Reporting Period	6	Enter the last month and four-digit year for the calendar quarter for which this report applies; e.g., "032023" for January through March of 2023. **Applies to unemployment reporting.**
203-213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill. **Applies to unemployment reporting.**
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill. **Applies to unemployment reporting.**
225-226	Number of Weeks Worked	2	Defined by State/local agency. **Applies to unemployment reporting.**
227-234	Date First Employed	8	Enter the month, day and four-digit year, e.g., "01312026." **Applies to unemployment reporting.**
*235-242	Date of Separation	8	Enter the month, day and four-digit year, e.g., "01312026." **Applies to unemployment reporting.**
243-247	Blank	5	Fill with blanks. Reserved for SSA use.
248-267	State Employer Account Number	20	See Glossary, Appendix J. **Applies to unemployment reporting.**
268-273	Blank	6	Fill with blanks. Reserved for SSA use
274-275	State Code	2	Enter the appropriate postal **NUMERIC** Code (see Appendix F). **Applies to income tax reporting.**
276-286	State Taxable Wages	11	Right justify and zero fill. **Applies to income tax reporting.**
287-297	State Income Tax Withheld	11	Right justify and zero fill. **Applies to income tax reporting.**
298-307	Other State Data	10	Defined by State/local agency. **Applies to income tax reporting.**
308	Tax Type Code	1	Enter the appropriate code for entries in fields 309 – 330: • C = City Income Tax • D = County Income Tax • E = School District Income Tax • F = Other Income Tax **Applies to income tax reporting.** ***"C" is mandatory for MITS clients.***
309-319	Local Taxable Wages	11	To be defined by State/local agency. **Applies to income tax reporting.**
320-330	Local Income Tax Withheld	11	To be defined by State/local agency. **Applies to income tax reporting.**
331-337	State Control Number	7	Optional. **Applies to income tax reporting.**
338-412	Supplemental Data 1 **Additional Municipality Name**** **(Per HB5)**	75	**Municipality Name of withholding cities <u>OTHER THAN</u> the reporting city (the one for whom you are creating this file).** **ASK THE REPORTING MUNICIPALITY IF THEY WANT THIS DATA!!!** **If not, left justify and fill with blanks.**
413-487	Supplemental Data 2	75	To be defined by user.
488-512	Blank	25	Fill with blanks. Reserved for SSA use.

Copyright 2003-2026 / All Rights Reserved

***** For an employee that has local income tax wages and withholding for multiple cities, the file should look like this (in part):***

	Positions 5-9	Position 308	Positions 309-319	Positions 320-330	Positions 338-412	MITS NOTES
RW						*All information must be included in this record.*
RS	**Eucli**	**C**	**25000.00**	**100.00**		*Notice there is nothing in positions 338-412 for this RS record because the wages and withholding are for the reporting city.*
RS		**C**	**10000.00**	**50.00**	**Bedford**	*Notice there is nothing in positions 5-9 because these wages and withholding are not for the reporting city.* *The additional withholding city name is listed in positions 338-412.*
RS		**C**	**8000.00**	**35.00**	**Cleveland**	*Notice there is nothing in positions 5-9 because these wages and withholding are not for the reporting city.* *The additional withholding city name is listed in positions 338-412.*

Before submitting your file to the municipality, ask yourself these questions:

- *Does at least one RS record follow every RW record?*
- *Is there a "C" in position 308 for each RS record?*
- *Does your file have all additional required records? (RA, RE, RT, RF)*

Please note:

1. One bulk file with records for multiple employers may be submitted so long as **ALL** required records for MITS are included.

2. Regardless of how files are submitted to municipalities, they should be secured with a password that is sent under separate cover.

ADDITIONAL RESOURCE TO TEST YOUR FILE FOR BGI MUNICIPALITIES:
https://updates.baldwingroup.com/MITS/W2VerificationSetup.exe
The above link is case sensitive!
Download this software to test your file compatibility with the municipalities' software.

Copyright 2003-2026 / All Rights Reserved