

STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION
EMPLOYMENT SECURITY DIVISION
EFW2 (512 BYTE FORMAT)

CODE: RA = SUBMITTER RECORD

TYPE: A/N = Alpha/numeric, left justified, blank filled

A = Alpha, left justified, blank filled

N = Numeric, right justified, zero filled, unsigned

These specifications are in conformance with the Social Security Administration's EFW2 format formerly MMREF-1, as posted on www.ssa.gov. Locations not used by Nevada are so indicated.

RECORD CODE: "RA" - MUST BE FOLLOWED BY RECORD CODE "RE"

Location	Field Name	Field Length	Type	Description
1-2	Record Identifier	2	A	Constant "RA"
3-11	Submitter's Employer Identification Number (FEIN)	9	N	Enter the submitter's Federal Identification Number.
12-216		205		Not used by Nevada. (Nevada's program will not read or utilize data reported in this location).
217-273	Submitter Name	57	A/N	Enter the name of the organization to receive notification of unprocessable data.
274-295	Location Address	22	A/N	Enter the submitter's specific location. (Attention, Suite, Room Number, etc.). Note: this is the first line of the submitter delivery address.
296-317	Delivery Address	22	A/N	Enter the submitter's delivery address. (Street or Post Office Box).
318-339	City	22	A	Enter the submitter's city.
340-341	State Abbreviation	2	A	Enter the submitter's state. For a foreign address, fill with blanks.
342-346	Zip Code	5	N	Enter the submitter's Zip Code. For a foreign address, fill with blanks.
347-350	Zip Code Extension	4	N	Enter the submitter's four-digit extension of the Zip Code. If not applicable, fill with blanks.

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351-355		5		Not used by Nevada. (Nevada's program will not read or utilize data reported in this location).
356-378	Foreign State/Province	23	A/N	If applicable, enter the submitter's foreign state/province. Otherwise, fill with blanks.
379-393	Foreign Postal Code	15	A/N	If applicable, enter the submitter's foreign postal code. Otherwise, fill with blanks.
394-395	Country Code	2	A	If applicable, enter the submitter's foreign country code. Otherwise, fill with blanks.
396-422	Contact Name	27	A	Enter the name of the person to be contacted by DETR concerning processing problems.
423-437	Contact Phone Number	15	A/N	Enter the contact's telephone number (including the area code).
438-442	Contact Phone Extension	5	A/N	If applicable, enter the contact's telephone extension number. Otherwise, fill with blanks.
443-445		3		Not used by Nevada. (Nevada's program will not read or utilize data reported in this location).
446-485	Contact E-Mail	40	A/N	If applicable, enter the contact's electronic mail/Internet address. Otherwise, fill with blanks.

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Location	Field Name	Field Length	Type	Description
486-488		3		Not used by Nevada. (Nevada's program will not read or utilize data reported in this location).
489-498	Contact FAX	10	A/N	If applicable, enter the contact's FAX number (including area code). Otherwise, fill with blanks.
499-499		1		Not used by Nevada. (Nevada's program will not read or utilize data reported in this location).
500-500	Preparer Code	1	A	Enter one of the following codes to indicate who prepared this file: A = Accounting Firm L = Self-Prepared S = Service Bureau P = Parent Company O = Other Note: if more than one code applies, use the one that best describes who prepared this file.
501-512		12		Not used by Nevada. (Nevada's program will not read or utilize data reported in this location).