

OKLAHOMA EMPLOYMENT SECURITY COMMISSION



OESC SCANNABLE SUBSTITUTE FORMS SPECIFICATIONS BOOKLET

REV 07-31-04

P.O. Box 52003, Oklahoma City OK 73152-2003

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

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OESC SCANNABLE SUBSTITUTE FORMS SPECIFICATIONS BOOKLET

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OKLAHOMA EMPLOYMENT SECURITY COMMISSION

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OVERVIEW OF OESC SCANNABLE SUBSTITUTE FORMS PROCESS

Computerized tax processors, payroll processors, tax form software developers and others who develop OESC forms in a scannable format should use the information provided below when developing scannable substitute forms to be submitted to the Oklahoma Employment Security Commission.

The Oklahoma Employment Security Commission currently accepts scannable substitute forms that comply with the design guidelines of the Oklahoma Employment Security Commission for the following forms:

OES-3, Employers Quarterly Contribution Report.

This form is used for employers to report and compute their Oklahoma State Unemployment Tax.

OES-3A, Employers Quarterly Contribution Report – Continuation Sheet.

This form provides additional space for the OES-3 to list individual employees and their wages.

Overview:

Forms Developer Letter of Intent
Specifications for Scannable Substitute Forms
Scannable Substitute Form Grids w/Narratives
Scannable Substitute Test Form Cover Letter
Scannable Substitute Form Approval Letter

Forms Developer Letter of Intent

A Forms Developer Letter of Intent must be completed and on file with the Oklahoma Employment Security Commission prior to the submission of test data and prior to approval of any scannable form. The letter of intent also provides for the Form Developer to select a Form Developer Number; this Form Developer Number must be on all test and production substitute forms.

Specifications for Scannable Substitute Forms

The Specifications for Scannable Substitute Forms provide general paper size and weight, and ink requirements for the appropriate form.

Scannable Substitute Form Grids w/Narratives

The Form Grid is a visual of the form on a grid format of 6 lines per inch and 10 strike zones per inch. A field-by-field narrative provides field requirements.

Scannable Substitute Test Form Cover Letter

A separate Scannable Substitute Test Form Cover Letter should accompany each separate scannable substitute form type submitted for testing.

Scannable substitute forms must be submitted for testing. Each form type should include one (1) blank original form on a grid and five (5) forms with test data. One of the five tests forms should be a “complete fill” form. The Form Developer Number must be on all test and production substitute forms before the form will be approved.

Test submission (s) will be tested for format and readability by the Agency’s scanning equipment. If changes are necessary, you may be required to re-submit the forms before written approval will be issued. The Agency reserves the right to reject any form that does not comply with the specifications or any form that proves to be unacceptable for whatever reason.

The Oklahoma Employment Security Commission does not review or approve the logic or calculations of specific software programs that enter information onto tax forms. The accuracy of software programs is the responsibility of the software developer, distributor or user.

Scannable Substitute Form Approval Letter

Within ten (10) business days of submitting the test form accompanied by the Scannable Substitute Test Form Cover Letter, a Form Approval Letter or other communication should be issued via fax, email or mailed to the location specified on the Test Form Cover Letter.

Contacts:

Obtain form specifications by letter, telephone, email or website: www.oesc.state.ok.us

Primary Contact	Secondary Contact
Oklahoma Employment Security Commission Attn: Kim Rich P.O. Box 52003 Oklahoma City OK 73152-2003 405 557-5359 kim.rich@oesc.state.ok.us	Oklahoma Employment Security Commission Attn: Mary Casey P.O. Box 52003 Oklahoma City OK 73152-2003 405 557-57143 mary.casey@oesc.state.ok.us

Revision notes will be posted on the OESC web site at www.oesc.state.ok.us or you may contact: Kim Rich at (405) 557-5953.

An “Approved Developers List” will be maintained by the OESC and may be obtained by contacting Kim Rich at (405) 557-5953, or by email to: kim.rich@oesc.state.ok.us.

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. BOX 52003, OKLAHOMA CITY OK 73152-2003

FORMS DEVELOPER LETTER OF INTENT

Prior to approval of any scannable form, computerized tax processors, payroll processors, tax form software developers and others who develop OESC forms in a scannable format must complete this Letter of Intent and have it on file with the Oklahoma Employment Security Commission. No test forms will be accepted without this Letter of Intent on file. PRINT AND SUBMIT A SIGNED COPY OF THIS LETTER.

I am a duly appointed representative of _____, I hereby state my intent to abide by the policies, procedures and guidelines of the Oklahoma Employment Security Commission in the development and production of scannable forms for filing with the Oklahoma Employment Security Commission.

This company intends to develop: (check all that apply:)

- Develop scannable forms to be used with our own tax software. We plan to develop the following forms:
 - OES-3, Employers Quarterly Contribution Report
 - OES-3A, Employers Quarterly Contribution Report – Continuation Sheet

- Develop scannable forms to be used by other companies with their tax software. We plan to develop the following forms:
 - OES-3, Employers Quarterly Contribution Report
 - OES-3A, Employers Quarterly Contribution Report – Continuation Sheet

- Develop software to be used with scannable forms developed by:
(Provide company name): _____

- Other: _____

This company agrees to:

- Develop scannable forms and/or products that produce scannable forms in accordance with this agreement and the guidelines issued by the Oklahoma Employment Security Commission.
- Receive written approval for OESC scannable forms from the Oklahoma Employment Security Commission prior to releasing any such form to customers or clients and prior to submitting such forms for filing with the OESC.
- Immediately notify the Oklahoma Employment Security Commission of any critical problems identified after the release of the product to customers.
- When notified by the Oklahoma Employment Security Commission, promptly make necessary changes in our company's OESC scannable form and notify customers or clients of the changes made.
- Identify all OESC scannable forms by the company's identification number shown below and place this identification number in the assigned location on all OESC forms produced.

I further agree the Oklahoma Employment Security Commission may include the name of this company in various public information materials designed to inform the public of form developers who have agreed, complied, or failed to comply with the policies, procedures and guidelines of the Oklahoma Employment Security Commission for OESC scannable forms.

Representative Signature _____ Title _____ Date _____

Print Name _____ () Telephone Number _____ () Fax Number _____

Company Mailing Address _____ City _____ State _____ Zip _____

Please choose a company identification number: (Form Developer Number *FDN* - 4 alphanumeric):
(If your code is identical to another developer, the OESC will notify you so you may choose another code.)

Mail completed Letter of Intent to: Oklahoma Employment Security Commission
Attn: Kim Rich
P.O. Box 52003
Oklahoma City OK 73152-2003
or FAX to: (405) 557-7271

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. BOX 52003, OKLAHOMA CITY OK 73152-2003

SCANNABLE SUBSTITUTE TEST FORM COVER LETTER

Entities who develop OESC forms in a scannable format must submit the substitute form for testing accompanied by this Scannable Substitute Test Form Cover Letter. A separate Cover Letter should accompany each individual form type. PRINT AND SUBMIT THIS COVER LETTER WITH THE TEST FORMS. A Letter of Intent and FDN must be on file before test forms will be evaluated.

Name of Submitting Company: _____ Date: _____

Forms Developer Number (FDN): (see Letter of Intent)

Check the form type submitted for testing with this Cover Letter: (check only one)

- Employers Quarterly Contribution Report, Form OES-3
- Employers Quarterly Contribution Report – Continuation Sheet, Form OES-3A

Primary Company Contact:

 Print Name Telephone Number (_____) Fax Number (_____) E-mail Address

 Company Mailing Address City State Zip

Secondary Company Contact:

 Print Name Telephone Number (_____) Fax Number (_____) E-mail Address

 Company Mailing Address City State Zip

Scannable substitute forms must be submitted for testing. Each form type should include one (1) blank original form on a grid and five (5) forms with test data. One of the five test forms should be a "complete fill" form. The Form Developer Number must be on all test and production substitute forms before the form will be approved.

Test submission (s) will be tested for format and readability by the Agency's scanning equipment. If changes are necessary, you may be required to re-submit the forms before written approval will be issued.

The Oklahoma Employment Security Commission does not review or approve the logic or calculations of specific software programs that enter information onto tax forms. The accuracy of software programs is the responsibility of the software developer, distributor or user. The Agency reserves the right to reject any form that does not comply with the specifications or any form that proves to be unacceptable for whatever reason.

Mail Test Forms with this Cover Letter to: Oklahoma Employment Security Commission
 Attn: Kim Rick
 P.O. Box 52003
 Oklahoma City OK 73152-2003

For Agency Use Only: Date Received:	Yes	No
Forms Developer Letter of Intent on File?		
Forms Developer Number on File? And on Test Forms?		
Form is "Unapproved" and returned with the following Comments: <input type="checkbox"/>		
Returned By: _____ Date: _____ Phone: (_____) _____		
Form is "Approved" with the following Comments: <input type="checkbox"/> This will serve as your "SCANNABLE SUBSTITUTE FORM APPROVAL LETTER".		
Approved By: _____ Date: _____ Phone: (_____) _____		

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. Box 52003, Oklahoma City OK 73152-2003

**SUMMARY OF CHANGES TO SPECIFICATIONS FOR SCANNABLE SUBSTITUTE FORMS
FOR THE FOLLOWING FORM:**

- OES-3, EMPLOYERS QUARTERLY CONTRIBUTION REPORT

- OES-3A, EMPLOYERS QUARTERLY CONTRIBUTION REPORT – CONTINUATION SHEET

**IN THE FUTURE, ANY CHANGES SUBSEQUENT TO REVISION
DATE 07-31-04 WILL BE NOTED ON THIS PAGE AND
DESCRIBED IN DETAIL. In the meantime, if you are currently using
some version of this form, and depending on what particular version
you are currently using, please pay attention to:**

- OES-3, EMPLOYERS QUARTERLY CONTRIBUTION REPORT
 - Page number
 - Item 3 has been moved
 - PAGE TOTALS have been added
 - Barcode and FDN have been moved
 - \$ dollars signs have been omitted with the exception of “Taxable Amount For” message
 - Only one year of “Taxable Amount For” is now required (Current Year)

- OES-3A, EMPLOYERS QUARTERLY CONTRIBUTION REPORT – CONTINUATION SHEET
 - Page number
 - Item 3 has been moved
 - PAGE TOTALS have been added
 - Barcode and FDN have been moved
 - “Cartridge/Diskette Submitted” message has been deleted

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. Box 52003, Oklahoma City OK 73152-2003

SPECIFICATIONS FOR SCANNABLE SUBSTITUTE FORMS FOR THE FOLLOWING FORM:

- **OES-3, Employers Quarterly Contribution Report (Rev 07/04)**

Developer's Information:

- ✓ Prior to approval of any scannable form, computerized tax processors, payroll processors, tax form software developers and others who develop OESC forms in a scannable format must complete a Letter of Intent and provide a Forms Developer Number (FDN). Both must be on file with the Oklahoma Employment Security Commission.
- ✓ No test forms will be accepted without a Letter of Intent and a Forms Developer Number (FDN) on file.

Form General Information:

- ✓ The OES-3, Employers Quarterly Contribution Report is for employers to report and compute their Oklahoma State Unemployment Tax (SUTA). If additional space is needed to list individual employees and their wages, use Form OES-3A, Continuation Sheet.
- ✓ The "grid" version of the OES-3, Employers Quarterly Contribution Report is designed using PageMaker 7.0.
- ✓ The "grid" version of the OES-3, Employers Quarterly Contribution Report in PageMaker 7.0 is available upon request.
- ✓ Total Wage amounts in excess of \$99,999,999.99 may be divided and entered on multiple lines
- ✓ The Wage Detail Portion of the OES-3 may be submitted via magnetic cartridge or diskette.
- ✓ Form reproductions must be substantially identical to the template form in size, image and margin.
- ✓ Do not duplex print the OES-3.
- ✓ Dollar signs (\$) are not permissible in OCR/ICR readable fields.
- ✓ Vertical bars are not to be used to separate dollar and cents fields.
- ✓ Form size must be 8.5 inches x 11 inches. Extraneous borders are not permitted.
- ✓ The use of shading or solid black areas is not permitted.

Paper:

- ✓ 24 lb. OCR white bond
- ✓ 20 lb to 24lb quality, white, standard, stock machine paper is acceptable.
- ✓ Use 8 1/2" x 11" paper
- ✓ Avoid using "recycled" paper

Ink:

- ✓ Black ink should be used for all form text.

Printing:

- All printing must be:
- ✓ Laser or letter quality, 24-pin dot matrix. Inkjet and desk jet are acceptable.

Margins:

- ✓ Top margin must be 1/2" from the Registration Mark to the edge of the paper.
- ✓ Bottom margin must be 1/2" from the Registration Mark to the edge of the paper.
- ✓ Left and right margins must be 1/2" from the Registration Mark to the edge of the paper.

Registration Marks:

- ✓ Registration marks are required in each corner of the form.
- ✓ Registration marks are 4 point rule and 1/4" long.
- ✓ No tolerance is allowed on registration marks

Bar-Code:

- ✓ Code 39 (3 of 9 Extended) Value for OES-3 is *G003* (numeric 0)
- ✓ Provide 1/4" margin on the left and right of the barcode
- ✓ See grid form for placement

Fonts:

- ✓ See Grid Chart
- ✓ Variable Data: 6 lines per inch and 10 strike zones per inch. (Courier 12: 12 point 10 pitch Courier)
- ✓ Text may be adjusted as needed

Negative Amounts:

- ✓ Negative amounts are not allowed when completing the OES-3 form, except in ITEM 11 and should be reflected with a minus sign "--"

FOR DATA PLACEMENT SPECIFICATIONS: See Scannable Substitute Form Grids w/Narratives (OES-3)

07-31-04

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

Cashier: P O Box 52004 Oklahoma City, OK 73152-2004

EMPLOYERS QUARTERLY CONTRIBUTION REPORT

To File by Diskette or Obtain Form Instructions Visit: www.oesc.state.ok.us

Cartridge / Diskette Submitted X

Page X XXX Of XXXX

Table with 6 columns: 1. Social Security No, 2. Last Name, First Name, M.I., 3. Total Wage PD, 4. Taxable Wage PD. Includes PAGE TOTALS row.

13. Monthly count of all full and part-time workers who worked or received pay subject to unemployment insurance for the payroll period that includes the 12th of the month.

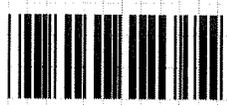
Month 1 Month 2 Month 3
Oklahoma Acct # Qtr / Yr
Federal I.D. # Due Date

Taxable Amount For
YYYY IS \$ XXXXX

5. TOTAL WAGES PAID (All Pages) If None, Enter Zero
6. TAXABLE WAGES PAID (All Pages)
7. Contribution Rate for This Calendar Quarter
8. Contributions Due (Taxable Wages #6 x Contributions Rate #7)
9. Interest Due (1% per month after due date)
10. 10% Penalty Due + \$100.00 Penalty Due =
11. Debit or Credit
12. PAY THIS AMOUNT

MAKE CHECK PAYABLE TO: Oklahoma Employment Security Commission

Company Name Address Line #1
Company Name Address Line #2
Company Name City State Zip + 4



I certify this report is correct and that no contribution is paid by any employee.

Signature
Title
Date Phone ()

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GRID NARRATIVE FOR THE FOLLOWING FORM:

- OES-3, Employers Quarterly Contribution Report (Rev 07/04)

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
4	6	24	30	Do Not Staple Message Area	"DO NOT STAPLE OR SUBMIT COPIES" Arial font size 7 Bold
4	70	77	15	Form Number	"OES-3 Rev 07-04" Arial font size 7
5	6	8	N/A	Top/Left/Horizontal Registration Mark	Begins on print line 5: print position 6 and ends on print line 5, position 8.
5	6	Print Line 6 Position 6	N/A	Top/Left/Vertical Registration Mark	Begins on print line 5: print position 6 and ends on print line 6, position 6.
5	78	80	N/A	Top/Right/Horizontal Registration Mark	Begins on print line 5: print position 78 and ends on print line 5, position 80.
5	80	Print Line 6 Position 80	N/A	Top/Right/Vertical Registration Mark	Begins on print line 5: print position 80 and ends on print line 6, print position 80.
5	25	61	39	Agency Name	"OKLAHOMA EMPLOYMENT SECURITY COMMISSION" Arial font size 10 Bold
6	27	59	51	Form Filing Address	"Cashier: P O Box 52004 Oklahoma City, OK 73152-2004" Arial font size 8
7	28	57	39	Form Title	"EMPLOYERS QUARTERLY CONTRIBUTION REPORT" Arial font size 8 Bold
8	22	64	76	Diskette Message Area	"To File by Diskette or Obtain Form Instructions Visit: www.oesc.state.ok.us " Arial font size 8
9	7	21	28	Cartridge Label	"Cartridge/Diskette Submitted" Arial font size 8
9	24	24	1	Variable Data	Print "X" if the wage detail portion is submitted on cartridge or diskette. Courier New font size 12
9	67	69	4	Page Label	"Page" Arial font size 8
9	70	73	4	Variable Data	Print Format is "XXXX" Courier New font size 12
9	74	75	2	Literal	"Of " Arial font size 8
9	76	79	4	Variable Data	"XXXX" Courier New font size 12
11	7	17	22	Item 1 - Label	"1. Social Security No" Arial font size 8
11	20	26	13	Item 2 - Label	"2. Last Name" Arial font size 8
11	39	44	10	Item 2-First Name Label	"First name" Arial font size 8
11	53	54	4	Item 2-M.I.	"M.I." Arial font size 8
11	58	66	17	Item 3 - Label	"3. Total Wage Pd" Arial font size 8
11	70	79	19	Item 4 - Label	"4. Taxable Wage Pd" Arial font size 8
12 thru 31	7	17	11	Social Security Number Variable Data	Print social security number. Print "-"s (dashes). If no SSN is available, leave blank. Format is XXX-XX-XXXX. Courier New font size 12
12 thru 31	20	36	17	Last Name Variable Data	Print last name. Alphanumeric. Left-justified. All Caps. If not available, leave blank. Courier New font size 12
12 thru 31	39	50	12	First Name Variable Data	Print first name. Alphanumeric. Left-justified. All Caps. If not available, leave blank. Courier New font size 12
12 thru 31	53	53	1	Middle Initial Variable Data	Print middle initial. Alphanumeric. All Caps. If not available, leave blank. Courier New font size 12

(Continued) GRID NARRATIVE FOR THE FOLLOWING FORM:

• OES-3, Employers Quarterly Contribution Report (Rev 07/04)

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
12 thru 31	57	66	10	Total Wage Paid Variable Data	Print total wages paid. Numeric. Right-justified. Print dollars and cents amounts. Print decimal points, but no commas. No negative amounts. XXXXXXXX.XX. Courier New font size 12
12 thru 31	72	79	8	Taxable Wage Paid Variable Data	Print taxable wages paid. Numeric. Right-justified. Print dollars and cents amounts. Print decimal points, but no commas. No negative amounts. Format is XXXXX.XX Courier New font size 12
32	35	42	11	Literal	"PAGE TOTALS" Arial font size 8
32	55	66	12	Variable Data	Print format is XXXXXXXXXX.XX. Print decimal points, but no comma. No Negative amounts. Courier New font size 12
32	71	79	9	Variable Data	Print format is XXXXXX.XX. Print decimal points, but no comma. No Negative amounts. Courier New font size 12
33	7	79	N/A	Bold Line – Horizontal	Bold horizontal line. Begins on print line 33, print position 7 and ends on print line 33, print position 79.
33	31	Print Line 50 Position 31	N/A	Bold Line- Vertical	Bold vertical line. Begins on print line 33, print position 31 and ends on print line 50, print position 31.
34	7	27	44	Item 13 Message Area	"13. Monthly count of all full and part-time" Arial font size 8
34	33	65	58	Item 5 –Label	"5. TOTAL WAGES PAID (All Pages) If None, Enter Zero" Arial font size 8
34	68	79	12	Item 5 – Variable Data	Print total wages paid. Numeric. Right-justified. Print dollars and cents. Print decimal points but no commas. No negative amounts. Format is XXXXXXXXXX.XX. Courier New font size 12
35	7	30	42	Item 13 Message area continued	"workers who worked or received pay subject" Arial font size 8
36	7	28	41	Item 13 Message area continued	"to unemployment insurance for the payroll" Arial font size 8
36	33	53	34	Item 6 – Label	"6. TAXABLE WAGES PAID (All Pages)" Arial font size 8
36	68	79	12	Item 6 – Variable Data	Print taxable wages paid. Numeric. Right-justified. Print dollars and cents. Print decimal points, but no commas. No negative amounts. Format is XXXXXXXXXX.XX Courier New font size 12
37	7	27	43	Item 13 Message area continued	"period that includes the 12 th of the month." Arial font size 8
38	33	56	47	Item 7 – Label	"7. Contribution Rate for This Calendar Quarter" Arial font size 8
38	73	78	6	Item 7 – Variable Data	Print the contribution rate. Right-justified. Print decimal. Format is X.XXXX Courier New font size 12
38	79	79	1	Percent Sign	"%" Arial font size 8
39	7	11	7	Month 1 – Label	"Month 1" Arial font size 8
39	14	18	7	Month 2 – Label	"Month 2" Arial font size 8
39	21	25	7	Month 3 – Label	"Month 3" Arial font size 8
40	7	11	5	Month 1 – Variable Data	Print number of employees for Month 1. Right-justified. No negative numbers. Courier New font size 12
40	14	18	5	Month 2 – Variable Data	Print number of employees for Month 2. Right-justified. No negative numbers. Courier New font size 12
40	21	25	5	Month 3 – Variable Data	Print number of employees for Month 3. Right-justified. No negative numbers. Courier New font size 12

**(Continued) GRID NARRATIVE FOR THE FOLLOWING FORM:
OES-3, Employers Quarterly Contribution Report (Rev 07/04)**

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
40	33	66	64	Item 8 – Label	“8. Contributions Due (Taxable Wages #6 x Contributions Rate #7)” Arial font size 8
40	69	79	11	Item 8– Variable Data	Print contribution due. Numeric. Right-justified. Print dollars and cents. Print decimal points but no commas. No negative amounts. Format is XXXXXXXX.XX. Courier New font size 12
41	7	16	15	Ok Acct # Label	“Oklahoma Acct #” Arial font size 8
41	21	25	8	Qtr / Yr Label	“Qtr / Yr” Arial font size 8
42	7	16	10	Variable Data	Print Oklahoma account number. Print “-“ between 2 nd and 3 rd digit. If no Oklahoma account number is available, leave blank. If Oklahoma account number has been applied for, print “APPLIED”. Courier New font size 12
42	21	26	6	Variable Data	Print report quarter and year. (Q/YYYY format). Print “/” between quarter and year. Courier New font size 12
42	33	56	46	Item 9 – Label	“9. Interest Due (1% per month after due date)” Arial font size 8
42	69	79	11	Item 9 – Variable Data	Print interest due. Numeric. Right-justified. Print dollars and cents. Print decimal points, but no commas. No negative amounts. Format is XXXXXXXX.XX. Courier New font size 12
43	7	14	14	Federal ID Label	“Federal I.D. #” Arial font size 8
43	21	26	8	Due Date Label	“Due Date” Arial font size 8
44	7	16	10	Variable Data	Print federal identification number. Print “-“ between 2 nd and 3 rd digit. Format is XX-XXXXXXX. Courier New font size 12
44	21	30	10	Variable Data	Print report due date. Format is MM/DD/YYYY. Courier New font size 12
44	33	55	44	Item 10 – Label	“10. 10% Penalty Due + \$100.00 Penalty Due =” Arial font size 8
44	69	79	11	Item 10 – Variable Data	Print penalties due. Numeric. Right-justified. Print dollars and cents. Print decimal points, but no commas. No negative amounts. Format is XXXXXXXX.XX. Courier New font size 12
46	7	17	18	Limitation Label	“Taxable Amount For” Arial font size 8 ONLY THE REPORTING YEAR IS REQUIRED.
46	33	42	20	Item 11 – Label	“11. Debit or Credit” Arial font size 8
46	69	79	11	Item 11 – Variable Data	Print debit or credit amount. Numeric. Right-justified. Print dollars and cents. Print decimal points, but no commas. Credit amount should be negative with negative sign printed in Column 69. If no Debit or Credit, print “0.00” Courier New font size 12
47	7	10	4	Variable Data	Print year of limitation. Format is YYYY Courier New font size 12 ONLY THE REPORTING YEAR IS REQUIRED.
47	13	13	1	Literal	“IS” Arial font size 8
47	16	16	1	Dollar Sign	“\$” Courier New font size 12
47	18	22	5	Variable Data Yearly Limitation	Print corresponding yearly limitation. Numeric. Right-justified. Print dollar amount only. Format is 99999 (ex: 2004 is \$14300). Courier New font size 12 ONLY THE REPORTING YEAR IS REQUIRED.

(Continued) GRID NARRATIVE FOR THE FOLLOWING FORM:

• OES-3, Employers Quarterly Contribution Report (Rev 07/04)

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
50	32	80	63	Message Area	"MAKE CHECK PAYABLE TO: Oklahoma Employment Security Commission" Arial font size 10 Bold
51	7	15	12	Company Name #1 Label	"Company Name" Arial font size 8
51	45	54	15	Address #1 Label	"Address Line #1" Arial font size 8
52	7	41	35	Variable Data	Print business name Courier New font size 12
52	45	79	35	Variable Data	Print business address Courier New font size 12
53	7	15	12	Company Name #2 Label	"Company Name" Arial font size 8
53	45	54	15	Address #2 Label	"Address Line #2" Arial font size 8
54	7	41	35	Variable Data	Print business name Courier New font size 12
54	45	79	35	Variable Data	Print business address Courier New font size 12
55	7	15	12	Company Name #3 Label	"Company Name" Arial font size 8
55	45	47	4	Company City Label	"City" Arial font size 8
55	67	73	13	Company State/Zip Label	"State Zip + 4" Arial font size 8
56	7	41	35	Variable Data	Print business name Courier New font size 12
56	45	64	20	Variable Data	Print city name Courier New font size 12
56	67	68	2	Variable Data	Print state Abbreviation Courier New font size 12
56	70	79	10	Variable Data	Print zip code. Format is XXXXX-XXXX Courier New font size 12
58 thru 60	10	21	N/A	Barcode	Code 39 (3 of 9 Extended) size 42. Value is *G003* (numeric 0). Provide ¼" margin on the left and right and top and bottom of barcode.
58	45	79	82	Message Area	"I certify this report is correct and that no contribution is paid by any employee." Arial font size 7
60	45	50	9	Signature Label	"Signature" Arial font size 8
60	51	77	N/A	Signature Line	Signature of party. Arial font size 8
61	6	6	N/A	Bottom/Left/Vertical Registration Mark	Begins on print line 61; print position 6 and ends on print line 62, position 6.
62	6	8	N/A	Bottom/Left/Horizontal Registration Mark	Begins on print line 62; print position 6 and ends on print line 62, position 8.
61	80	Print Line 62	N/A	Bottom/Right/Vertical Registration Mark	Begins on print line 61; print position 80 and ends on print line 62, position 80.
62	78	80	N/A	Bottom/Right/Horizontal Registration Mark	Begins on print line 62; print position 78 and ends on print line 62, position 80.
61	14	15	4	Barcode Value	"G003" Arial font size 6

(Continued) GRID NARRATIVE FOR THE FOLLOWING FORM:

• OES-3, Employers Quarterly Contribution Report (Rev 07/04)

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
61	45	47	5	Title Label	"Title" Arial font size 8
61	48	77	N/A	Title Line	Title of signing party Arial font size 8
62	35	37	3	FDN Label	"FDN" Arial font size 8
62	38	41	4	Variable Data	Print Form Developer's Number assigned by the Oklahoma Employment Security Commission. Format is XXXX. Courier New font size 12
62	45	47	4	Date Label	"Date" Arial font size 8
62	48	56	N/A	Date Line	Date form is signed Arial font size 8
62	59	62	5	Phone Label	"Phone" Arial font size 8
62	63	77	N/A	Phone Line	Phone number of signing party. Area Code parentheses are optional Arial font size 8
63	23	63	90	Auxiliary Aids Message Area	"Auxiliary aids and services are available, upon request, to individuals with disabilities." Arial font size 7
64	10	70	61	Vendor Specific Area	Vendors may use this area for their "control information"

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. Box 52003, Oklahoma City OK 73152-2003

SPECIFICATIONS FOR SCANNABLE SUBSTITUTE FORMS FOR THE FOLLOWING FORM:

- **OES-3A - Continuation Sheet, Employers Quarterly Contribution Report (Rev 07/04)**

Developer's Information:

- ✓ Prior to approval of any scannable form, computerized tax processors, payroll processors, tax form software developers and others who develop OESC forms in a scannable format must complete a Letter of Intent and provide a Forms Developer Number (FDN). Both must be on file with the Oklahoma Employment Security Commission.
- ✓ No test forms will be accepted without a Letter of Intent and a Forms Developer Number (FDN) on file.

Form General Information:

- ✓ The OES-3A, Employers Quarterly Contribution Report – Continuation Sheet is for employers who need additional space to list individual employees and their wages when completing the OES-3, Employers Quarterly Contribution Report.
- ✓ The “grid” version of the OES-3A, Employers Quarterly Contribution Report – Continuation Sheet is designed using PageMaker 7.0.
- ✓ The “grid” version of the OES-3A, Employers Quarterly Contribution Report – Continuation Sheet in PageMaker 7.0 is available upon request.
- ✓ The Wage Detail Portion of the OES-3 may be submitted via magnetic cartridge or diskette.
- ✓ Form reproductions must be substantially identical to the template form in size, image and margin.
- ✓ Do not duplex print the OES-3A.
- ✓ Dollar signs (\$) are not permissible in OCR/ICR readable fields.
- ✓ Total Wage amounts in excess of \$99,999,999.99 may be divided and entered on multiple lines
- ✓ Vertical bars are not to be used to separate dollar and cents fields.
- ✓ Form size must be 8.5 inches x 11 inches. Extraneous borders are not permitted.
- ✓ The use of shading or solid black areas is not permitted.

Paper:

- ✓ 24 lb. OCR white bond
- ✓ 20 lb to 24lb quality, white, standard, stock machine paper is acceptable.
- ✓ Use 8 1/2" x 11" paper
- ✓ Avoid using “recycled” paper

Ink:

- ✓ Black ink should be used for all form text.

Printing:

- All printing must be:
- ✓ Laser or letter quality, 24-pin dot matrix. Inkjet and desk jet are acceptable.

Margins:

- ✓ Top margin must be 1/2" from the Registration Mark to the edge of the paper.
- ✓ Bottom margin must be 1/2" from the Registration Mark to the edge of the paper.
- ✓ Left and right margins must be 1/2" from the Registration Mark to the edge of the paper.

Registration Marks:

- ✓ Registration marks are required in each corner of the form.
- ✓ Registration marks are 4-point rule and 1/4" long.
- ✓ No tolerance is allowed on registration marks

Bar-Code:

- ✓ Code 39 (3 of 9 Extended) Value for OES-3A is *G03A* (numeric 0)
- ✓ Provide 1/4" margin on the left and right of the barcode
- ✓ See grid form for placement

Fonts:

- ✓ See Grid Chart
- ✓ Variable Data: 6 lines per inch and 10 strike zones per inch. (Courier 12: 12 point 10 pitch Courier)
- ✓ Text may be adjusted as needed

Negative Amounts:

- ✓ Negative amounts are not allowed when completing the OES-3A form.

FOR DATA PLACEMENT SPECIFICATIONS: See Scannable Substitute Form Grids w/Narratives (OES-3A)

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. BOX 52003, OKLAHOMA CITY OK 73152-2003

GRID NARRATIVE FOR THE FOLLOWING FORM:

- OES-3A, Employers Quarterly Contribution Report – Continuation Sheet (Rev 07/04)

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
4	6	24	30	Do Not Staple Message Area	"DO NOT STAPLE OR SUBMIT COPIES" Arial font size 7 Bold
4	70	78	16	Form Number	"OES-3A Rev 07/04" Arial font size 7
5	6	8	N/A	Top/Left/Horizontal Registration Mark	Begins on print line 5; print position 6 and ends on print line 5, position 8.
5	6	Print Line 6 Position 6	N/A	Top/Left/Vertical Registration Mark	Begins on print line 5; print position 6 and ends on print line 6, position 6.
5	78	80	N/A	Top/Right/Horizontal Registration Mark	Begins on print line 5; print position 78 and ends on print line 5, position 80.
5	80	Print Line 6 Position 80	N/A	Top/Right/Vertical Registration Mark	Begins on print line 5; print position 80 and ends on print line 6, print position 80.
5	25	61	39	Agency Name	"OKLAHOMA EMPLOYMENT SECURITY COMMISSION" Arial font size 10 Bold
6	27	59	52	Form Filing Address	"Cashier: P O Box 52004 Oklahoma City, OK 73152-2004" Arial font size 8
7	22	65	60	Form Title	"EMPLOYERS QUARTERLY CONTRIBUTION REPORT – CONTINUATION SHEET" Arial font size 8 Bold
8	22	64	76	Diskette Message Area	"To File by Diskette or Obtain Form Instructions Visit: www.oesc.state.ok.us" Arial font size 8
9	67	69	4	Page Label	"Page" Arial font size 8
9	70	73	4	Variable Data	Print Format is "XXXX" Courier New font size 12
9	74	75	2	Literal	"Of" Arial font size 8
9	76	79	4	Variable Data	"XXXX" Courier New font size 12
11	7	17	22	Item 1 - Label	"1. Social Security No" Arial font size 8
11	20	26	13	Item 2 - Label	"2. Last Name" Arial font size 8
11	39	44	10	Item 2-First Name Label	"First name" Arial font size 8
11	53	54	4	Item 2-M.I.	"M.I." Arial font size 8
11	58	66	17	Item 3 - Label	"3. Total Wage Pd" Arial font size 8
11	70	79	19	Item 4 - Label	"4. Taxable Wage Pd" Arial font size 8
12 thru 48	7	17	11	Social Security Number Variable Data	Print social security number. Print "--s (dashes). If no SSN is available, leave blank. Format is XXX-XX-XXXX. Courier New font size 12
12 thru 48	20	36	17	Last Name Variable Data	Print last name. Alphanumeric. Left-justified. All Caps. If not available, leave blank. Courier New font size 12
12 thru 48	39	50	12	First Name Variable Data	Print first name. Alphanumeric. Left-justified. All Caps. If not available, leave blank. Courier New font size 12
12 thru 48	53	53	1	Middle Initial Variable Data	Print middle initial. Alphanumeric. All Caps. If not available, leave blank. Courier New font size 12
12 thru 48	57	66	10	Total Wage Paid Variable Data	Print total wages paid. Numeric. Right-justified. Print dollars and cents amounts. Print decimal points, but no commas. No negative amounts. XXXXXXXX.XX. Courier New font size 12
12 thru 48	72	79	8	Taxable Wage Paid Variable Data	Print taxable wages paid. Numeric. Right-justified. Print dollars and cents amounts. Print decimal points, but no commas. No negative amounts. Format is XXXXX.XX Courier New font size 12

(Continued - Oklahoma) GRID NARRATIVE FOR THE FOLLOWING FORM:

- **OES-3A, Employers Quarterly Contribution Report – Continuation Sheet (Rev 07/04)**

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
49	35	42	11	Literal	"PAGE TOTALS" Arial font size 8
49	55	66	12	Variable Data	Print format is XXXXXXXXXX.XX. Print decimal points, but no comma. No Negative amounts. Courier New font size 12
49	71	79	9	Variable Data	Print format is XXXXXX.XX. Print decimal points, but no comma. No Negative amounts. Courier New font size 12
50	7	79	N/A	Bold Line – Horizontal	Bold horizontal line. Begins on print line 50, print position 7 and ends on print line 50, print position 79.
51	7	15	12	Company Name #1 Label	"Company Name" Arial font size 8
51	45	54	15	Address #1 Label	"Address Line #1" Arial font size 8
52	7	41	35	Variable Data	Print business name Courier New font size 12
52	45	79	35	Variable Data	Print business address Courier New font size 12
53	7	15	12	Company Name #2 Label	"Company Name" Arial font size 8
53	45	54	15	Address #2 Label	"Address Line #2" Arial font size 8
54	7	41	35	Variable Data	Print business name Courier New font size 12
54	45	79	35	Variable Data	Print business address Courier New font size 12
55	7	15	12	Company Name #3 Label	"Company Name" Arial font size 8
55	45	47	4	Company City Label	"City" Arial font size 8
55	67	73	13	Company State/Zip Label	"State Zip + 4" Arial font size 8
56	7	41	35	Variable Data	Print business name Courier New font size 12
56	45	64	20	Variable Data	Print city name Courier New font size 12
56	67	68	2	Variable Data	Print state Abbreviation Courier New font size 12
56	70	79	10	Variable Data	Print zip code. Format is XXXXX-XXXX Courier New font size 12
58 thru 60	10	23	N/A	Barcode	Code 39 (3 of 9 Extended) size 42. Value is *G03A* (numeric 0). Provide 1/4" margin on the left, right, top, bottom of barcode.
58	45	54	15	Ok Acct # Label	"Oklahoma Acct #" Arial font size 8
58	60	64	8	Qtr / Yr Label	"Qtr / Yr" Arial font size 8
59	45	54	10	Variable Data	Print Oklahoma account number. Print "-" between 2 nd and 3 rd digit. Courier New font size 12
59	60	65	6	Variable Data	Print report quarter and year. (Q/YYYY format). Print "-" or "/" between quarter and year. Courier New font size 12
61	6	6	N/A	Bottom/Left/Vertical Registration Mark	Begins on print line 61; print position 6 and ends on print line 62, position 6.
62	6	8	N/A	Bottom/Left/Horizontal Registration Mark	Begins on print line 62; print position 6 and ends on print line 62, position 8.

(Continued - Oklahoma) GRID NARRATIVE FOR THE FOLLOWING FORM:

- OES-3A, Employers Quarterly Contribution Report – Continuation Sheet (Rev 07/04)

Print Line Number	Begin Print Position	End Print Position	Maximum Character Length	Identification	Contents
61	80	Print Line 62	N/A	Bottom/Right/Vertical Registration Mark	Begins on print line 61; print position 80 and ends on print line 62, position 80.
62	78	80	N/A	Bottom/Right/Horizontal Registration Mark	Begins on print line 62; print position 78 and ends on print line 62, position 80.
62	35	37	3	FDN Label	"FDN" Arial font size 8
62	38	41	4	Variable Data	Print Form Developer's Number assigned by the Oklahoma Employment Security Commission. Format is XXXX. Courier New font size 12
61	15	17	4	Barcode Value	"G03A" Arial font size 6
63	23	63	90	Auxiliary Aids Message Area	"Auxiliary aids and services are available, upon request, to individuals with disabilities." Arial font size 7
64	10	70	61	Vendor Specific Area	Vendors may use this area for their "control information"