

What is the purpose of the RS, State Wage Record? It reports revenue/taxation data for State filing.				
RS	FIELD NAME	LENGTH	FIELD SPECIFICATIONS	Oklahoma Required / Optional
POSITION				Fill all optional/required fields with blanks if not used
1-2	Record Identifier	2	Constant "RS".	Required
3-4	State Code	2	Enter the appropriate postal NUMERIC Code	Required-Numeric
			(see Appendix F).	
5-9	Taxing Entity Code	5	Defined by State/local agency.	Optional
10-18	Social Security	9	Enter the employee's SSN as shown on the	Required-Numeric
	Number (SSN)		original/replacement SSN card issued by SSA.	
			If no SSN is available, enter zeros.	
19-33	Employee First	15	Enter the employee's first name as shown on the SSN	Required
	Name		card.	

			Left justify and fill with blanks.	
34-48	Employee Middle	15	If applicable, enter the employee's middle name or initial	Optional
	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	Required
			card.	
			Left justify and fill with blanks.	
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix.	Optional
			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,	Optional
			Room Number, etc.).	

			Left justify and fill with blanks.	
95-116	Delivery Address	22	Enter the employee's delivery address.	Required
			Left justify and fill with blanks.	
117-138	City	22	Enter the employee's city.	Required
			Left justify and fill with blanks.	
139-140	State Abbreviation	2	Enter the employee's State or commonwealth/territory.	Required
			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.	Required
			For a foreign address, fill with blanks.	

146-149	ZIP Code Extension	4	Enter the employee's four-digit extension of the ZIP	Optional
			code.	
			If not applicable, fill with blanks.	
150-154	Blank	5	Fill with blanks. Reserved for SSA use.	Optional
155-177	Foreign State/	23	If applicable, enter the employee's foreign state/province.	Optional
	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.	Optional
			Left justify and fill with blanks. Otherwise, fill with blanks.	
193-194	Country Code	2	If one of the following applies, fill with blanks:	Optional
			<ul style="list-style-type: none"> • One of the 50 States of the U.S.A. • District of Columbia 	

			<ul style="list-style-type: none"> • 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).	
195-247	Blank	53	Fill with blanks. Reserved for SSA use.	Optional
248-267	State Employer	20	See Glossary, Appendix J.	Optional
	Account Number		Applies to unemployment reporting.	
268-273	Blank	6	Fill with blanks. Reserved for SSA use.	Optional
274-275	State Code	2	Enter the appropriate postal NUMERIC Code (see	Required - Numeric
			Appendix F).	

			Applies to income tax reporting.	
276-286	State Taxable Wages	11	Right justify and zero fill.	Required
			Applies to income tax reporting.	
287-297	State Income Tax	11	Right justify and zero fill.	Required
	Withheld			
			Applies to income tax reporting.	
298-307	Other State Data	10	Defined by State/local agency.	Optional
			Applies to income tax reporting.	
308	Tax Type Code	1	Enter the appropriate code for entries in fields 309 – 330:	Optional
			• C = City Income Tax	
			• D = County Income Tax	
			• E = School District Income Tax	

			• F = Other Income Tax	
			Applies to income tax reporting.	
309-319	Local Taxable Wages	11	To be defined by State/local agency.	Optional
			Applies to income tax reporting.	
320-330	Local Income Tax	11	To be defined by State/local agency.	Optional
	Withheld			
			Applies to income tax reporting.	
331-337	State Control	7		Optional
	Number			
			Applies to income tax reporting.	
338-352	Oklahoma withholding (WTH) Account Number	15	Example: WTH-99999999-01, Leave blank if reporting for a state other than Oklahoma	Required
353-412	Supplemental Data 1	60	To be defined by user.	Optional
413-487	Supplemental Data 2	75	To be defined by user.	Optional
488-512	Blank	25	Fill with blanks. Reserved for SSA use.	Optional