

## **MMREF-1 Reporting for Municipal Income Tax**

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 MMREF-1 format. This file in the MMREF-1 format must meet the same requirements as the Social Security Administration. The file must include all of the following record types:

- RA - Submitter Record
- RE - Employer Record
- RW - Wage Record
- RT - Total Record
- RF - Final Record

In addition to the above records, that are required by the Social Security Administration, the file must contain a supplemental record for each employee having local municipal income taxes reported. The description of this supplemental record can be found in the Social Security Administration Publication No. 42-007 (MMREF-1 Tax Year 2006). The following are required fields in the supplemental record (RS) used for reporting local municipal income tax.

1. Record Identification must be 'RS'
2. Taxing Entity Code must contain the description or code of the locality where taxes were withheld.
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)

The following is a copy of the MMREF-1 record definition for the 'RS' (state record) record type taken from the Social Security Administration publication.

**CODE RS - State Record**

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>SPECIFICATIONS</b>
1-2	Record Identifier	2	Constant "RS".
3-4	State Code	2	Enter the appropriate postal Numeric Code (See Appendix G).
5-9	Taxing Entity Code	5	Defined by state/local agency.
10-18	Social Security Number (SSN)	9	Enter the employee's social security number as shown on the original / replacement SSN card. If no SSN is available, enter zeros
19-33	Employee First Name	15	Enter the employee's first name as shown on the social security 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 social security 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 social security card. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter the employee's alphabetic suffix. Left justify and fill with blanks. For example: SR, JR
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. Use a postal abbreviation as shown in Appendix G. 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.

**CODE RS - State Record (Continued)**

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>SPECIFICATIONS</b>
146-149	Zip Code Extension	4	Enter the employee's four-digit extension for 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: <ul style="list-style-type: none"> <li>◆ One of the 50 states of the U.S.A.</li> <li>◆ District of Columbia</li> <li>◆ Military Post Office (MPO)</li> <li>◆ American Samoa</li> <li>◆ Guam</li> <li>◆ Northern Mariana Islands</li> <li>◆ Puerto Rico</li> <li>◆ Virgin Islands</li> </ul> Otherwise, enter the employee's applicable Country Code (See Appendix H).
<b>LOCATIONS 195 TO 267 APPLY TO UNEMPLOYMENT REPORTING</b>			
195-196	Optional Code	2	Defined by State / Local agency.
197-202	Reporting Period	6	Enter the last month and four digit year for the calendar quarter for which this report applied; e.g., "032001" for January-March of 2001.
203-213	State Quarterly Unemployment Insurance Total Wages	11	Right justify and zero fill.
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	Right justify and zero fill.
225-226	Number of Weeks Worked	2	Defined by state / local agency.
227-234	Date First Employed	8	Enter the month, day and four digit year, e.g., "0131201".

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>SPECIFICATIONS</b>
235-242	Date of Separation	8	Enter the month, day and four digit year e.g., "01312001".
243-247	Blank	5	Fill with Blanks Reserved for SSA use.
248-267	State Employer Account Number	20	See Glossary, Appendix I.
268-273	Blank	6	Fill with blanks. Reserved for SSA use.
<b>LOCATIONS 274 TO 337 APPLY TO INCOME TAX</b>			
274-275	State Code	2	Enter the appropriate postal NUMERIC code. (See Appendix G).
276-286	State Taxable Wages	11	Right justify and zero fill.
287-297	State Income Tax Withheld	11	Right justify and zero fill.
298-307	Other State Data	10	Defined by state / local agency.
308	Tax Type Code	1	Enter the appropriate code for entries in fields 309-319 and 320-330: <ul style="list-style-type: none"> <li>◆ C – City Income Tax</li> <li>◆ D – County Income Tax</li> <li>◆ E – School District Tax</li> <li>◆ F – Other Income Tax</li> </ul>
309-319	Local Taxable Wages	11	To be defined by state / local agency.
320-330	Local Income Tax Withheld	11	To be defined by state / local agency.
331-337	State Control Number	7	Optional
338-412	Supplemental Data 1	75	To be defined by user.
413-487	Supplemental Data 2	75	To be defined by user.
488-512	Blank	25	Fill with blanks. Reserved for SSA use.