New York State
Department of
Taxation and Finance

NYS-209
(6/11)

Instructions for Electronic Media Reporting of Employees Hired or Rehired

1. General Information

This publication describes specifications, formats, and layouts for reporting new hire information on electronic media. Employers may volunteer to file on electronic media, but it is not required.

Under Chapter 398 of the Laws of 1997, all employers must report certain identifying information about employees hired or rehired. Employers have 20 days after the hiring date to report newly hired or rehired employees who will be employed in New York State. Employers must use the first day compensated services are performed by an employee as the hiring date. This would be the first day any services are performed for which the employee will be paid wages or other compensation, or the first day an employee working for commissions is eligible to earn commissions. For more information, see Publication NYS-50, *Employer's Guide to Unemployment Insurance, Wage Reporting, and Withholding Tax*.

Employers reporting by electronic media must report using two monthly submissions (if needed) not less than 12 or more than 16 calendar days apart. However, employers who hire or rehire only during the first half or last half of the month need to submit only one report for that month (within 20 days after the last hiring date). Those who do not hire or rehire any employees during a month do not need to submit any reports for that month.

The following information must be reported for each employee:
- employee name
- employee address
- employee social security number
- employer identification number (EIN)
- employer name
- employer address
- hire date
- employee eligibility for dependent health insurance coverage and if eligible;
- date employee is eligible for coverage

New York State employers may report new hire information electronically by accessing the Tax Department's New Hire Web site at *www.nynewhire.com* or by fax at (518) 320-1080.

For technical information about these specifications, call Employer Outreach at (518) 320-1079.

Multistate employers

Employers who have employees in more than one state and report using electronic media may designate one state (in which he or she has employees) to report all new hires. These multistate employers electing one state must notify the federal Department of Health and Human Services of the state that has been selected for reporting. Mail the multistate notification to:

> DEPARTMENT OF HEALTH AND HUMAN SERVICES
> MULTI STATE EMPLOYER REGISTRATION
> OFFICE OF CHILD SUPPORT ENFORCEMENT
> BOX 509
> RANDALLSTOWN MD 21133

2. Submission requirements

If you are submitting new hire or rehire information on electronic media, you must include a properly completed Form NYS-209, *Electronic Media Transmittal for New Hire Reporting* (on page 4, which you may copy as necessary). Send the form and media to:

> NYS TAX DEPARTMENT
> NEW HIRE PROCESSING UNIT
> PO BOX 15119
> ALBANY NY 12212-5119

Media must be sent in safe packaging to avoid possible damage in transit.

The Tax Department will notify you if it is unable to process your media. You will be required to resubmit your file if damaged or in an unacceptable media format.

CD-ROMs will not be returned.

3. Technical specifications

Deviations from these prescribed standards are not acceptable. Transmitters of multiple employers must use consolidated files rather than a separate file for each employer or client of the transmitter.

All data must have a fixed length of 128 bytes. Print files and record delimiters are not acceptable. Data must be recorded in uppercase letters only.

A properly composed file contains the following records in sequence:

> Record 1A Transmitter record
>
> > Record 1E Employer record
> >
> > > Record 1H New employee record
> >
> > Record 1T Total record
>
> Record 1F Final record

Repeat Records 1E, 1H, and 1T for each employer in the file.

All fields must be left-justified and filled with blanks.

Connect last name suffixes to the last name with a hyphen (example: Doe-Jr). Numbers are not permitted in the name. Use a comma with no spaces to delimit last name from first name, and a space to delimit middle initial from first name.

4. Technical requirements for CD-ROMs

The department can accept most CD-ROMs formatted in conventional operating systems. The external labels on each CD-ROM must specify:

- transmitter identification number and name
- last day of period being reported
- operating system used to create the file

Each CD-ROM must contain the 11-character entry NEWHIRE.RPT as the file name. Only one such file per CD-ROM is acceptable.

5. Report format

File format for CD-ROM submissions are detailed on page 3.

New hire electronic media specifications

Record 1A	Transmitter record		Length = 128 bytes	
Location	**Field**	**Length**	**Description and remarks**	
1-2	*Record identifier*	2	Constant **1A**	
3-8	*Tape creation date*	6	MMDDYY	
9-19	*Transmitter's identification number*	11	Transmitter's federal EIN or NYS tax identification number; left-justify and fill with blanks; no hyphens or spaces in number	
20-59	*Transmitter's name*	40	Organization transmitting the file; left-justify and fill with blanks	
60-89	*Street address*	30	Street address of transmitter	
90-107	*City*	18	Left-justify and fill with blanks	
108-109	*State*	2	Use standard FIPS postal abbreviation	
110-118	*ZIP code*	9	Left-justify and fill with blanks	
119-128	Blank	10	Enter blanks	

Record 1E	Employer record		Length = 128 bytes	
Location	**Field**	**Length**	**Description and remarks**	
1-2	*Record identifier*	2	Constant **1E**	
3-6	Blank	4	Enter blanks	
7-17	*Employer's identification number*	11	Employer's federal EIN or NYS tax identification number; left-justify and fill with blanks; no hyphens or spaces in number	
18	Blank	1	Enter blank	
19-58	*Employer name*	40	Left-justify and fill with blanks	
59	Blank	1	Enter blank	
60-89	*Street address*	30	Left-justify and fill with blanks	
90-107	*City*	18	Left-justify and fill with blanks	
108-109	*State*	2	Use standard FIPS postal abbreviation	
110-118	*ZIP code*	9	Left-justify and fill with blanks	
119-128	Blank	10	Enter blanks	

Record 1H	Employee record		Length = 128 bytes	
Location	**Field**	**Length**	**Description and remarks**	
1-2	*Record identifier*	2	Constant **1H**	
3-11	*Social security number*	9	Enter employee social security number without dashes or hyphens	
12-39	*Employee name*	28	Enter employee name as last name (comma), first name (space) middle initial use comma with no space to delimit last name from first name, and space to delimit first name from middle initial; left-justify and fill with blanks	
40-69	*Street address*	30	Left-justify and fill with blanks	
70-87	*City*	18	Left-justify and fill with blanks	
88-89	*State*	2	Use standard FIPS postal abbreviation	
90-95	*ZIP code*	6	Left-justify and fill with blanks	
96-101	*Hire date*	6	MMDDYY	
102	*Eligibility indicator*	1	Enter **1** if you offer this employee dependent health care insurance; otherwise enter **2**	
103-110	*Date employee eligible for coverage*	8	MMDDYYYY. If eligibility indicator = **1** then must be filled in; otherwise leave blank	
111-128	Blank	18	Enter blanks	

Record 1T	Total record		Length = 128 bytes	
Location	**Field**	**Length**	**Description and remarks**	
1-2	*Record identifier*	2	Constant **1T**	
3-9	*Number of 1H records*	7	Enter the total number of 1H records for this 1E record; right-justify and fill with blanks	
10-128	Blank	118	Enter blanks	

Record 1F	Final record		Length = 128 bytes	
Location	**Field**	**Length**	**Description and remarks**	
1-2	*Record identifier*	2	Constant **1F**	
3-9	*Number of 1E records*	7	Enter the total number of 1E records; right-justify and fill with blanks	
10-128	Blank	118	Enter blanks	