

DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
PO Box 269
TRENTON NJ 08695-0269

In reply respond to: (609) 633-1132

## SPECIFICATIONS FOR REPORTING W-2 INFORMATION VIA ELECTRONIC FILING

The State of New Jersey's requirements for filing W-2 information via Electronic Filing (E-File) conform to specifications defined by the Social Security Administration and published in their booklet "Specifications For Filing Forms W-2 Electronically" (EFW2). Copy of their booklet is available at <a href="http://www.socialsecurity.gov/employer/08EFW2.pdf">http://www.socialsecurity.gov/employer/08EFW2.pdf</a>

At the direct request of the Social Security Administration, all wage and tax data specifically required for New Jersey purposes must be presented in the "State Record". Since these records are the only ones which differ from the SSA record layouts, they are the only records for which specific layouts are defined. These records are mandatory for New Jersey purposes.

This booklet contains the necessary instructions needed to file W-2 information via E-File. When filing via E-file, you must also complete and mail submitter form NJ-EFW2-S together with the associated Employer Reconciliation(s) (Form NJ-W-3). The entire package is due by February 28, 2009. For more information regarding NJ Employer W-2 and NJ-W-3 reporting requirements go to the NJ Division of Taxation website at: <a href="http://www.state.nj.us/treasury/taxation/pdf/other\_forms/git-er/njwt.pdf">http://www.state.nj.us/treasury/taxation/pdf/other\_forms/git-er/njwt.pdf</a> or call the Division of Taxation Customer Service Center at (609) 292-6400.

Enclosure

NJ-EFW2 12/2008

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## **STATE OF NEW JERSEY**

# **Specifications for Reporting W-2 Information Via Electronic File (E-File)**

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#### HOW TO FILE NEW JERSEY W-2 INFORMATION VIA E-FILE

To file New Jersey Form W-2 using Secure File Transfer Protocol (SFTP) technology, go to https://sftcomm.state.nj.us. At the login screen, enter your Name and Password and click Log In.

A login name and password can be obtained by e-mailing Diane Turner at the Division of Revenue's Alternate Filing Branch. Please e-mail requests to diane.turner@treas.state.nj.us. For current WR30 E-filers, use the same Tumbleweed login profile to access the website.

Once the site has been accessed, please click Browse to locate the W-2 file on your computer. Please name the file W2Report. When the file is located, click Open. The file name and location will populate the box. Once the file is located, click Upload File to complete the transaction.

When filing via E-File, you must also complete and mail submitter form NJ-EFW2-S together with the associated Employer Reconciliation(s) (Form NJ-W-3). The entire package is due by February 28, 2009.

For questions concerning E-Filing New Jersey Form W-2, please call the Division of Revenue at 609-633-1132.

## NEW JERSEY INCOME TAX EMPLOYER RECONCILIATION REPORT FOR W-2's FILED VIA ELECTRONIC FILE TRANSMISSION

RC#

### **SUBMITTER FORM NJ-EFW2-S**

Complete this form and return with your accompanying Employer Reconciliation NJ-W-3 form(s) to:

# Regular Mail State of New Jersey - Division of Taxation Revenue Processing Center

PO Box 333

Overnight
State of New Jersey - Division of Revenue
Employer Gross Income Tax, NJ-W-3
1 Electronics Drive

Hamilton, NJ 08619

Trenton, NJ 08646	-0333	Hamilton,	NJ 08619	
Name and Address of Transmi	tter (Include Street, City, State and Z	Zip)	Number of Taxpayers	on Electronic Transmission
Name, Address and Telephone (Include Street, City, State and			Number of Employees	s on Electronic Transmission
(morade succes, only, state and	zap code)		Date of Electronic W-	-2 File Transmission
Provide on the chart	below, information on em	ployers contained on th	e electronic file t	transmission.
Employer ID #	Employer Name	Total Wages	Total #	New Jersey Gross

# Employer Name Total Wages **Employees Income Tax Withholding**

(Continue on reverse side if necessary)

# NEW JERSEY INCOME TAX EMPLOYER RECONCILIATION REPORT FOR W-2's FILED VIA ELECTRONIC FILE TRANSMISSION

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Employer ID #	Employer Name	Total Wages	Total # Employees	New Jersey Gross Income Tax Withholding
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# NEW JERSEY ELECTRONIC FILE FORMAT REQUIREMENTS FOR REPORTING ANNUAL FEDERAL FORM W-2 INFORMATION

Code RA - Submitter Record - Required
Code RE - Employer Record - Required
Code RW - Employee Wage Record - Required
Code RO - Employee Wage Record - Optional
Code RS - State Record - Required

Location	Field	Length	Description and Remarks
1-2	Record Identifier	2	Constant "RS"
3-4	State Code	2	Enter "34" for New Jersey. See SSA booklet, EFW2 for other states, territories, possessions, et al.
5-9	Blank	5	Blanks.
10-18	Social Security Number (SSN)	9	Enter the employee's social security number. See rules in SSA booklet, EFW2.
19-33	Employee First Name	15	Left justify and fill with blanks. See SSA booklet, EFW2.
34-48	Employee Middle Name or Initial	15	Left justify and fill with blanks. See SSA booklet, EFW2.
49-68	Employee Last Name	20	Left justify and fill with blanks. See SSA booklet, EFW2.
69-72	Suffix	4	Left justify and fill with blanks. See SSA booklet, EFW2.
73-94	Location Address	22	Left justify and fill with blanks. See SSA booklet, EFW2.
95-116	Delivery Address	22	Left justify and fill with blanks. See SSA booklet, EFW2.
117-138	City	22	Enter the employee's city. Left justify and fill with blanks.
139-140	State Abbreviation	2	Enter "NJ" for New Jersey. See SSA booklet, EFW2 for other states, territories, possessions, et. al.
141-145	Zip Code	5	Enter a valid zip code. for a foreign address, leave blank.
146-149	Zip code Extension	4	Use this field for the four digit extension of the zip code. If not applicable, enter blanks.
150-154	Blank	5	Blanks.
155-177	Foreign State/Province	23	If applicable, enter the foreign state/province. Left justify and fill with blanks.
178-192	Foreign Postal Code	15	If applicable, enter the foreign postal code. Left justify and fill with blanks.
193-194	Country Code	2	See instructions for this Code RS field in SSA Booklet, EFW2.

# NEW JERSEY ELECTRONIC FILE FORMAT REQUIREMENTS FOR REPORTING ANNUAL FEDERAL FORM W-2 INFORMATION

#### **Code RS - Continued**

Location	Field	Length	Description and Remarks
195-242	Blank	48	Blanks.
243-247	Blank	5	Blanks
248-259	NJ Taxpayer Identification Number	12	FEIN or number under which withholdings have been filed with the State of New Jersey (nine [9] digit FEIN plus three [3] digit suffix).
260-267	Blank	8	Blanks.
268-273	Blank	6	Blanks.
274-275	Blank	2	Blanks.
276-286	State Taxable Wages	11	Right justify and zero fill. Include dollars and cents.
287-297	State Income Tax Withheld	11	Right justify and zero fill. Include dollars and cents
298-307	Blank	10	Blanks.
308-310	Blank	3	Blanks.
311-337	Blank	27	Blanks.
338	Disability Plan Type Code	1	Enter "P", if the employer has a private disability plan approved by the New Jersey Department of Labor, Bureau of Private Plan, Approval & Termination Section, PO Box 957, Trenton, NJ 08625-0957. Otherwise enter blank. If you have any questions, phone (609) 292-2720 or FAX (609) 292-2537.
339-352	Private Disability Plan Number	14	Make an entry in this field only if "Disability Plan Type Code", Position 338 is a "P". ID number assigned by: New Jersey Department of Labor, Bureau of Private Plan, Approval & Termination Section, PO Box 957, Trenton, NJ 08625-0957. Phone (609) 292-2720 or FAX (609) 292-2537, if you have any questions. Left justify and blank fill.
353-357	Combined NJ Unemployment Insurance, Workforce Development Program and Health Care Subsidy Withheld	5	Right justify, zero fill. Include dollars and cents. Amount withheld as workers contributions.
358-362	Disability Insurance Withheld	5	Right justify, zero fill. Include dollars and cents. Amount withheld as workers contributions for Disability Insurance.
363	Pension Plan Indicator	1	"P" ONLY if employee was an active participant (for any part of the year) in a retirement plan, otherwise blank.
364	Deferred Compensation Indicator	1	"D" ONLY if employee elective deferrals were made to a Code Section 401(k) retirement plan, otherwise blank.
365-373	Deferred Compensation Amount	9	Right justify, zero fill. Include dollars and cents. Total employee elective deferrals to a Code Section 401(k) plan, made during the year.
374-412	Blank	39	Blanks.
413-487	Blank	75	Blanks.
488-512	Blank	25	Blanks.

**Code RU - Total Record - Optional** Length = 512 See SSA Booklet "Specifications for Filing Forms W-2 Electronically" (EFW2, May, 2008) for electronic record specifications.