

Employer Earned Income Tax (EIT) Upload Comma-separated (.CSV) File Format

This format needs comma-separated fields.

If you are using Excel to create your file and save it in .CSV format, and your file is failing with errors, please open the .CSV file using Notepad, check the file for extraneous commas or quotation marks, and compare your records to the file format and sample valid records below.

USE COMMAS AS FIELD SEPARATORS ONLY. DO NOT USE COMMAS WITHIN A DATA FIELD. For example, do not have any embedded commas in the Employee Name or Employee Address field. Every comma is interpreted as the end of a field. Extraneous commas will cause your file to be rejected with errors that may not seem to make sense, but that actually do make sense when you take this into account.

DO NOT PLACE ANY QUOTATION MARKS IN YOUR FILE. Quotation marks shown below are for clarity of documentation only.

Scroll down to the end of this document to view sample records.

EMPLOYER / COLLECTOR INFORMATION (Line 1)

COLUMN NUMBER	FIELD
A	Constant value "E"
В	Tax Year (2 digits, e.g. "08")
С	Tax Month
	- For quarterly filing, must be the last month of the
	quarter for which you are filing – "03", "06", "09"
	or "12"
	 For monthly filing, must be the month for which
	you are filing – a number from "01" through "12"
D	Employer/Other Collector Federal ID (Required, must be
	nine numeric digits with no dash)
E	Employer/Collector Name
F	Employer/Collector Address
G	Employer/Collector City
Н	Employer/Collector State
1	Employer/Collector Zip Code. Must be in one of the
	following two formats: (1) Five or fewer numeric digits
	(for example, "8103" or "08103"), or (2) In a valid zip-
	plus-four format (exactly 10 characters, consisting of five
	numeric digits followed by a dash and four numeric
	digits; for example, "08103-0911").
J	Employer/Collector HAB ID (Optional, but must be
	numeric and no more than seven digits if present.)
K	Employer/Collector PSD code (Required)
	- Must be a valid Political Subdivision code as
	defined by the DCED

EMPLOYEE INFORMATION (Line 2 and subsequent lines)

COLUMN NUMBER	FIELD
Α	Employee Social Security Number (Numeric digits only
	- no dashes.)
В	Employee Name
С	Employee Address (No P.O. boxes permitted)
D	Employee City
E	Employee State
F	Employee Zip Code. Must be in one of the following two
	formats: (1) Five or fewer numeric digits (for example,
	"8103" or "08103"), or (2) In a valid zip-plus-four format
	(exactly 10 characters, consisting of five numeric digits
	followed by a dash and four numeric digits; for example,
	"08103-0911").
G	Tax Year (2 digits, e.g. "08")
Н	Tax Month
	- For <u>quarterly</u> filing, must be the last month of the
	quarter for which you are filing – "03", "06", "09" or "12"
	 For monthly filing, must be the month for which
	you are filing – a number from "01" through "12"
I	Employee Wages (Decimal point required if not whole
	dollars; minus sign allowed either before or after the
	amount to denote a negative amount; otherwise,
	numeric digits only – no quotes, dollar signs, commas,
	etc.)
J	Employee Taxes (Decimal point required if not whole
	dollars; minus sign allowed either before or after the
	amount to denote a negative amount; otherwise,
	numeric digits only – no quotes, dollar signs, commas,
K	etc.)
, r	Employee PSD code (Required) - Must be a valid Political Subdivision code as
	defined by the DCED.
	defined by the DCED.

Example of file layout in EXCEL and CSV file editor such as Notepad

VALID employer/collector information records:

	_	U	L E	F	G	Н	1	J	K
7	12	123456789	ABC COMPANY INC	12 MAIN ST	ANYWHERE	PA	18018	1234567	123456
	7	7 12	7 12 123456789	7 12 123456789 ABC COMPANY INC	7 12 123456789 ABC COMPANY INC 12 MAIN ST	7 12 123456789 ABC COMPANY INC 12 MAIN ST ANYWHERE	7 12 123456789 ABC COMPANY INC 12 MAIN ST ANYWHERE PA	7 12 123456789 ABC COMPANY INC 12 MAIN ST ANYWHERE PA 18018	7 12 123456789 ABC COMPANY INC 12 MAIN ST ANYWHERE PA 18018 1234567

VALID employee information records:

1	123456789	DOE JOHN	10 BROAD ST	ANYTOWN	PA	F 18017	7	12	2456.32	24.56	123456
2	55555555	DOE JANE	300 MAIN ST	SOMECITY	PA	18018	7	12	-300	-4.50	123456
3	444444444	SMITH JOHN	8721 FIRST AVE	ANYTOWN	PA	08015	7	12	300-	4.50-	123456

INVALID employer/collector information record (DO NOT include quotes or commas in the company name field):

Vie	Viewed in Excel:											
4	Α	В	С	D	E	F	G	Н	1	J	K	
1	Е	7	12	123456789	ABC COMPANY, INC	12 MAIN ST	ANYWHERE	PA	18018	1234567	123456	
				SV file edite 56789,"AB	or: C COMPANY, INC	",12 MAIN S	ST,ANYWHE	RE,P	A,18018	,1234567	,123456	

INVALID employee information record (DO NOT include quotes or commas in the employee name field):

