

Employee Information Template (Census – Add Employees) AscensusX File Format

Naming Standards

<Program>_<EIN>_<EmployeeCensus/8X>_ASTRO_AscensusXFmt_YYYYMMDD_HHMMSS_
<sequence>_<Client specified>.txt

Fields	Notes
Program	The two digit state code. CA, IL or OR
EIN/BIN	Employer's federal identification number.
Employee Census	A string that identifies it as a census file. Valid values <ul style="list-style-type: none">• EmployeeCensus• 8X
ASTRO	A string that is a reference to the internal name we use to reference our system.
AscensusXFmt	The type of file you are sending. This indicates this file is of type AscensusX
Sequence	A number used to make the file unique. This must be a minimum of 4 digits in length and a maximum of 13 digits in length.
Client Specified	This field can contain anything that is useful to the sender of the file. This must be at least 1 digit in length.

Example

CA_12345678_EmployeeCensus_ASTRO_AscensusXFmt_20180131_082241_1001_B4734.txt

Questions? We're here to help.



payrollprovidersupport@ascensus.com.



1-855-321-9555. 9 a.m. to 8 p.m. ET Monday through Friday

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File Layouts

Header Record

Required for all formats

Field Descriptions	Field Position	Column Length	Contents	Description
Header record	1-5	5	HDR	All caps, left justified
File Type	6-17	12	CENS	All caps, left justified
Employer ID (BIN)	18-37	20	Numeric	For Oregon this is the BIN For all other programs this is a generated ID
Blank Spaces	38	1	Space	Blank Fill
Client Name	39-53	15	Alpha	Employer Name, left justified
Blank Space (Internal use)	54-236	183	Spaces	Blank fill

Column Label Record

This is optional for all formats – only line length validation

Field Descriptions	File Position	Column Length	Description of Detail Record
Blank Space	1-5	5	Optional
Soc. Sec #	6-17	12	Optional
Last Name	18-37	20	Optional
Middle Initial	38	1	Optional
First Name	39-53	15	Optional
Location Code	54-63	10	Optional
Employee Number	64-73	10	Optional
Physical Address Line 1	74-103	30	Optional
Physical Address Line 2	104-133	30	Optional
Physical City	134-156	23	Optional
Physical State	157-158	2	Optional
Physical Zip Code	159-168	10	Optional
Gender	169	1	Optional
Date of Birth	170-177	8	Optional
Current Hire Date	178-185	8	Optional

**Employee Information Template (Census – Add Employees)
AscensusX File Format**

Current Termination Date	186-193	8	Optional
Prior Hire Date	194-201	8	Optional
Prior Termination Date	202-209	8	Optional
Estimated Annual Comp	210-219	10	Optional
Thousand Hours Service Code	220	1	Optional
Number of Federal Exemptions	221-223	3	Optional
Marital Status	224	1	Optional
Employee Status Code	225-228	4	Optional
Payroll Frequency Code	229	1	Optional
Highly Compensated Code	230	1	Optional
Insider Code	231	1	Optional
Union Classification Code	232	1	Optional
Payroll Status Code	233-236	4	Optional
Include for HDR2			
Mailing Address Line 1	237-266	30	Optional
Mailing Address Line 2	267-296	30	Optional
Mailing City	297-319	23	Optional
Mailing State	320-321	2	Optional
Mailing Zip Code	322-331	10	Optional
External Payroll ID	332-356	25	Optional
Primary Phone	357-381	25	Required
Other Phone	382-406	25	Optional
Extra space for future field additions	407-431	25	Each row in the file must be the correct length to pass validation

Employee Information Template (Census – Add Employees) AscensusX File Format

Detail Record

Original and expanded layout

Field Descriptions	File Position	Column Length	Type	Description of Contents
Detail record	1-5	5	DTL or DTL2	All caps, left justified
Soc. Sec #	6-17	12	Required	Nine digits, no hyphens
Last Name	18-37	20	Required	Alpha numeric and the following special characters . - ' ,
Middle Initial	38	1	Optional	
First Name	39-53	15	Required	Alpha numeric and the following special characters . - ' ,
Location Code	54-63	10	Required	Three digit payroll number. Include leading zeros. Example: 002 This should be requested from the employer or Payroll Provider support
Employee Number	64-73	10	N/A	
Physical Address Line 1	74-103	30	Required	Alpha numeric and the following special characters # & () - , ; / :
Physical Address Line 2	104-133	30	Optional	Alpha numeric and the following special characters # & () - , ; / :
Physical City	134-156	23	Required	Alpha numeric and the following special characters . - ' ,
Physical State	157-158	2	Required	2-letter state abbreviation
Physical Zip Code	159-168	10	Required	Five or Nine digit zip, format is 99999-9999 or 99999
Gender	169	1	Optional	1=Male, 2=Female
Date of Birth	170-177	8	Required	Format is MMDDYYYY, no slashes, use leading zero's
Current Hire Date	178-185	8	Optional	Format is MMDDYYYY, no slashes, use leading zero's
Current Termination Date	186-193	8	Optional	Format is MMDDYYYY, no slashes, use leading zero's

Employee Information Template (Census – Add Employees)
AscensusX File Format

Prior Hire Date	194-201	8	Optional	Format is MMDDYYYY, no slashes, use leading zero's
Prior Termination Date	202-209	8	Optional	Format is MMDDYYYY, no slashes, use leading zero's
Estimated Annual Comp	210-219	10	Optional	Use decimals, no comma's
Thousand Hours Service Code	220	1	N/A	
Number of Federal Exemptions	221-223	3	N/A	
Marital Status	224	1	Optional	Blank=Not Reported, 1=Married, 2=Divorced, 3=Separated, 4=Single, 5=Widowed
Employee Status Code	225-228	4	Optional	0001=Termed<500 hours , 0002=Termed>500 hours, 0003=Active, 0004=Deceased, 0005=Disabled, 0006=Unpaid Leave, 0007=Retired
Payroll Frequency Code	229	1	N/A	
Highly Compensated Code	230	1	N/A	
Insider Code	231	1	N/A	
Union Classification Code	232	1	N/A	
Payroll Status Code	233-236	4	N/A	
Include for DTL2				
Mailing Address Line 1	237-266	30	Optional	Alpha numeric and the following special characters # & () - , ; / :
Mailing Address Line 2	267-296	30	Optional	Alpha numeric and the following special characters # & () - , ; / :
Mailing City	297-319	23	Required	Alpha numeric and the following special characters . - ' ,
Mailing State	320-321	2	Required	2-letter state abbreviation
Mailing Zip Code	322-331	10	Required	Five or Nine digit zip, format is 99999-9999 or 99999

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External Payroll ID	332-356	25	Optional	An external payroll id can be used when sending contributions instead of SSN
Primary Phone	357-381	25	Required	Numeric and the dash character are allowed Minimum of 10 numeric digits
Other Phone	382-406	25	Optional	Numeric and the dash character are allowed Minimum of 10 numeric digits
Extra space for future field additions	407-431	25	Required	Each row in the file must be the correct length to pass validation

Total Record

Total Record required for all formats

Field Descriptions	Field Requirements	Field Position	Column Length	Type	Translation
Total Record	Required	1-5	5	TOT	All caps, left justified
Total Number of Records	Required	6-17	12	Number	0
Filler	Required	18	236	Text	spaces