

Employee Information Template (Census – Add Employees) A8 ASCII File Format

Naming Standards

<Program>_<EIN>_<EmployeeCensus/8X>_ASTRO_AsciiA8Fmt_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.
AsciiA8Fmt	The type of file you are sending. This indicates this file is of type A8
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

OR_97654321_EmployeeCensus_ASTRO_AsciiA8Fmt_20180205_100205_1002_ 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 Layout

Ascensus Field Descriptions	Field Requirements	Field Position	Column Length	Type	Translation	Notes
Payroll Number	Required	1-6	6	Number	001	3 digit number preceded or followed by spaces
Employer ID (BIN)	Required	7-17	11	String	#####	For Oregon this is the BIN 8 digits preceded or followed by spaces For all other plans this is a generated ID that needs to be provided to the payroll vendor
Payroll Pay Date	Optional	18-25	8	Date	MMDDCCYY (01221999)	
Social Security Number	Required	26-34	9	SSN	XXXXXXXXX	No dashes
Last Name, First Name	Required	35-66	32	Name	SMITH, DAVID	Alphanumeric and the following special characters - ' .
Physical Address Line 1	Required	67-96	30	String	123 MAIN STREET	Alphanumeric and any of the following characters # & () - , ; / :
Physical Address Line 2	Optional	97-126	30	String	Apt 123	Alphanumeric and any of the following characters # & () - , ; / :
Physical City, State	Required	127-146	200	Address	BRAINERD, MN	Alphanumeric and the following special characters - ' .
Physical ZIP Code	Required	147-155	9	Address	123450123	5 or 9 digit. No dashes
Date of Birth	Required	156-163	8	Date	MMDDCCYY (01011960)	No slashes Include leading zeros
Date of Hire	Optional	164-171	8	Date	MMDDCCYY (01011990)	No slashes Include leading zeros
Date of Termination	Optional	172-179	8	Date	MMDDCCYY (01011999)	No slashes Include leading zeros
Gross Wages Pay Period	Optional	180-190	11	Number	00000012412 (ie. \$124.12)	
Traditional deferral amount	N/A	191-201	11	Number	00000012412 (ie. \$124.12)	
Loan Repayment	N/A	202-212	11	Number	00000000000	
ER Match	N/A	213-223	11	Number	00000000000	
Profit Sharing	N/A	224-234	11	Number	00000000000	

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Roth deferral amount	Optional	235-245	11	Number	00000012412 (ie. \$124.12) Will be used for both Roth and Traditional. Once Traditional is available	
Current Pay Period Hours	N/A	246-249	4	Number	0080 (whole #'s only)	
Division Code	N/A	250-254	5	String	Filler must be spaces	
Mailing Address Line 1	Optional	255-284	30	String	123 MAIN STREET	
Mailing Address Line 2	Optional	285-314	30	String	P O BOX 123	
Mailing City, State	Optional	315-334	20	Address	BRAINERD, MN	
Mailing Zip	Optional	335-343	9	Address	123450123	
External Payroll ID	Optional	344-368	25	String		
Primary Phone	Required	369 - 393	25	String		
Other Phone	Optional	394 -418	25	String		
Extra space for future fields	Optional	419-471	53	String		Future fields