

File Specifications for Electronically filing W2s with the
City of Bowling Green Ohio
Income Tax Division
304 N Church St
Bowling Green OH 43402
Telephone (419) 354-6212
Fax (419) 354-5122
E-mail bgtax@bgohio.org

When you file, advise the contact person's name and their telephone number.

The City of Bowling Green will accept annual W2 information in ASCII text format on 3 1/2 inch floppy diskettes, or on a CD, in the following format (DO NOT COMPRESS THE FILE):

File Name: DATA

Record Length = 512

(Note: A numeric field should be zero filled (do not leave blank) and should contain no decimal points.)

Location	Length	Decimal	Description	Remarks
1-1	1	0	Class	'1'
2-5	4	0	Year	Tax year (i.e., '2001')
6-12	7	0	City Acct #	City assigned account #; right adjust
13-21	9	0	SS#	Employee social security number
22-36	15		First Name	Employee first name
37-56	20		Last Name	Employee last name
57-80	24		Address	Street Address
81-104	24		City	City or country
105-106	2		State	State code (i.e., 'OH')
107-111	5	0	Zip Code	Valid zip code
112-115	4	0	Zip Code Ext	Zip code extension or fill with zeros
116-124	9	2	FIT Gross Amt	Federal income tax wages (Box 1 W-2)
125-133	9	2	FICA Gross Amt	FICA wages (Box 3 W-2)
134-142	9	2	Med Gross Amt	Medicare wages (Box 5 W-2)
143-151	9	2	City Gross Amt	City (local) wages (Box 18 W-2)
152-160	9	2	City Tax	City (local) taxes (Box 19 W-2)
161-169	9	2	Amount	Deferred Compensation to Sec 401 (k)
170-178	9	2	Amount	Deferred Compensation to Sec 403(b)
179-187	9	2	Amount	Deferred Compensation to Sec 408(k)(6)
188-196	9	2	Amount	Deferred Compensation to Sec 457(b)
197-205	9	2	Amount	Deferred Compensation to Sec 501 (c)(18)(D)
206-214	9	2	Amount	Non-qualified Sec 457 distributions or contributions
215-223	9	2	Amount	Non-qualified Not Sec 457 distributions or contributions
224-232	9	2	Amount	Life Insurance premiums exceeding \$50000 (emplr paid)
233-239	7	2	Dependent Care	Dependent care benefits (Box 10 W-2)
240-245	6		Other	Source name from Box 14 W-2 form
246-253	8	2	Amount	Amount from Box 14 W-2 form
254-259	6		Other	Source name from Box 14 W-2 form
260-267	8	2	Amount	Amount from Box 14 W-2 form
268-273	6		Other	Source name from Box 14 W-2 form
274-281	8	2	Amount	Amount from Box 14 W-2 form
282-287	6		Other City Name (1)	Name of Other City
288-295	8	2	Other City Gross	Other City gross wages

296-301	6	2	Other City Tax	Other City tax withholding
302-307	6		Other City Name (2)	Name of Other City
308-315	8	2	Other City Gross	Other City gross wages
316-321	6	2	Other City Tax	Other City tax withholding
322-327	6		Other City Name (3)	Name of Other City
328-335	8	2	Other City Gross	Other City gross wages
336-341	6	2	Other City Tax	Other City tax withholding
342-347	6		Other City Name (4)	Name of Other City
348-355	8	2	Other City Gross	Other City gross wages
356-361	6	2	Other City Tax	Other City tax withholding
362-367	6		Other City Name (5)	Name of Other City
368-375	8	2	Other City Gross	Other City gross wages
376-381	6	2	Other City Tax	Other City tax withholding
382-387	6		Other City Name (6)	Name of Other City
388-395	8	2	Other City Gross	Other City gross wages
396-401	6	2	Other City Tax	Other City tax withholding
402-407	6		Other City Name (7)	Name of Other City
408-415	8	2	Other City Gross	Other City gross wages
416-421	6	2	Other City Tax	Other City tax withholding
422-427	6		Other City Name (8)	Name of Other City
428-435	8	2	Other City Gross	Other City gross wages
436-441	6	2	Other City Tax	Other City tax withholding
442-447	6		Other City Name (9)	Name of Other City
448-455	8	2	Other City Gross	Other City gross wages
456-461	6	2	Other City Tax	Other City tax withholding
462-467	6		Other City Name (10)	Name of Other City
468-475	8	2	Other City Gross	Other City gross wages
476-481	6	2	Other City Tax	Other City tax withholding
482-487	6		Other City Name (11)	Name of Other City
488-495	8	2	Other City Gross	Other City gross wages
496-501	6	2	Other City Tax	Other City tax withholding
502-512	11			Blanks

For employers who withhold city taxes for work cities other than Bowling Green, use location(s) 282-501 to report the name of the city, the wages paid in the other city and the taxes withheld for the other city.

If you have questions , or need additional information, please contact our office week days 8:00 - 4:30.

modified 2/12/2002