

W-2 Filing Specification Guide



Louisville Metro Revenue Commission

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1. Introduction

All employers are required to withhold Occupational License Fees/Taxes from the gross salaries, wages, commissions, and other forms of compensation earned by employees for work performed within Louisville Metro, Kentucky. (Louisville Metro includes the area within the boundaries of Jefferson County, Kentucky. [LMCO §110.5](#)) Federal Form W-2 is submitted annually to report payments made to employees earned while working in Louisville Metro, Kentucky. The Louisville Metro Revenue Commission (LMRC) requires information on the Louisville Metro Withholdings and should not include other local jurisdictions. Include only employee records pertinent to Louisville Metro, Jefferson County, KY in your electronic file.

1.1. Electronic Filing Requirements

All employers and their agents who report more than 25 W-2 returns on behalf of themselves or their clients must submit the records electronically ([LMCO §110.18](#)). Failure to submit a timely file may result in penalties [LMCO §110.99 L \(Penalty\)](#).

This guide provides the details on how to meet the electronic filing specification. The guide will be updated annually to reflect any changes to the e-file process. It is the taxpayer’s responsibility to review the specifications prior to filing each year.

2. What’s New

2.1. Change Log

Section	Description	Change Date
Entire Document	Initial Publication	2020.2.27
1.2.1	Removed Single RS record requirement. Added detail regarding RS record including submitting a Resident and Non-resident for an employee that has taxes withheld at both rates. Restructured sections of document.	2020.11.1
2.2.2	Added updates for TY 2021	2021.11.5
7.3.4 RS record 309-319 RS record 310-320	Deleted requirement regarding when two RS records are submitted, the local taxable wages and local income tax withheld should sum to the yearly totals for the employee.	2021.11.5
3.2, 6	Added new section explaining how to use spreadsheet template to provide W-2 information.	2022.7.6
5.4	Updated the bulk validation rules to allow more flexibility in filing.	2022.7.6
2.2.3	Added updates for TY 2023	2023.7.15

2.2. Yearly Summary

2.2.1. Tax Year 2021

- Deleted requirement regarding when two RS records are submitted, the local taxable wages and local income tax withheld should sum to the yearly totals for the employee.

2.2.2. Tax Year 2022

- Added ability to import a spreadsheet into the eMINTS keying method.

- Updated a few validation rules to simplify submissions
- RA
 - 396-422 Submitter Contact Name – not required can be blank
 - 423-437 Submitter Contact Phone Number – not required can be blank
 - 446-485 Submitter Contact Email/Internet – not required can be blank
- RW
 - 486 Statutory Employee Indicator – not required can be blank
 - 488 Retirement Plan Indicator - not required can be blank
 - 489 Third-Party Sick Pay Indicator - not required can be blank

2.2.3. Tax Year 2023

- Added ability to electronically submit W-2Cs. Please refer to new specification document, “W-2C Specifications” for information.

3. Acceptable Format

There are two methods that meet the electronic filing requirement: the Metro Integrated Tax System (eMINTS) bulk upload method using these specifications and eMINTS keying W-2 data method. CD submission does not meet the electronic filing requirement and will not be accepted.

3.1. eMINTS Bulk Upload Method

The preferred method of submitting W-2s is via the bulk upload functionality in eMINTS. You must have a logon with our online portal to upload. For instruction on how to create a logon, see [eMINTS 101](#). Submissions must follow the specifications outlined in the eMINTS bulk upload method of this document.

3.2. eMINTS Keying Data Method with optional Template Import Feature

Within eMINTS, W-2 information may be manually keyed or imported from a spreadsheet template. You must have a logon with our online portal to use this method. For instruction on how to create a logon, see [eMINTS 101](#).

3.2.1. eMINTS Keying Data Method

We recommend directly keying only if you have a small number of records to key. The employee section along with box 18 and box 19 for local Louisville Metro wages must be completed.

3.2.2. Using Template Import Feature

If you do not have software that will create a bulk file per our specifications which must include the wages and taxes applicable to LMRC, importing the data from a template will be the best option to meet the electronic filing requirements. The template used must follow the specifications outlined in the eMINTS bulk upload method of this document to work successfully.

4. Deadline

The deadline for filing W-2s is **February 28th** for employee wages earned during the previous calendar year.

5. eMINTS Bulk Upload File Format

The LMRC file format is based off [Social Security Administration’s EFW2 Publication 40-007](#) (SSA EFW2 publication). The W-2 file format is a fixed width text (.txt) file.

Standard ASCII code is required for all files. A text file with .txt file extension is the only format that will be accepted. LMRC does not accept any zip files, self-extracting zip files or compressed files. The maximum file size LMRC will accept is 250MB. If your file is larger than the LMRC maximum file size, you must create and transmit separate files.

5.1. File Requirements

Four of the nine possible record types in the SSA EFW2 publication are **REQUIRED**. All required records will be validated. The other five record types are optional and will not be validated. If the RO record is included, it must follow the placement requirement.

Record Type	LMRC	SSA
RA (Submitter) Record	Required, Validated	Required
RE (Employer) Record	Required, Validated	Required
RW (Employee) Record	Required, Validated	Required
RO (Employee Optional) Record	Optional w placement requirement **	Optional
RS (State) Record	Required, Validated	Required
RT (Total) Record	Optional	Required
RU (Total Optional) Record	Optional	Optional
RV (State Total) Record	Optional	Optional
RF (Final) Record	Optional	Required

** If an RO record is submitted, it must follow the RW record. The RS record must follow the RO record. If no RO record is submitted, the RS record must follow the RW record.

5.2. Record Specifications

- Each record must be a fixed length of 512 positions.
- Each record must end in a carriage return.
- For all fields marked “Required”, the submitter must provide the information described under the Description and Remarks column.
- For those fields not marked “Required”, the transmitter must allow for the field but may be instructed to enter blanks or zeros in the indicated field positions.
- For alpha/numeric fields, left justify and fill with blanks. When a field shows blank, all positions must be blank and not zero.
- For currency fields, include only numbers with no punctuation. Signed amounts are not permitted. Include both dollars and cents. The last two digits will be the cents. (Example \$253.14 = 0000000025314) Do not enter negative values in money fields. Right justify and zero fill to the left. Do not round to the nearest dollar. Any money field that has no amount to be reported must be filled with zeros, not blanks.
- Do not use punctuation in the name and address fields.
- The LMRC description and remarks column details requirements specific to the LMRC submission. **Red text indicates why a file may be rejected.**
- RS records are mandatory for LMRC submissions. They are optional only to the SSA and IRS.

- RS records must contain values for local taxable wages and local income tax withheld.

5.3. LMRC Specific Fields- RS Record Local Wages & Local Taxes

The RS (State) record is required for submission to LMRC to report the local taxable wages and local income tax withheld. Per SSA EFW2 publication record positions 309-319(local taxable wages) and 320-330(local income tax withheld) are reserved for these two values. If no wages were earned or no taxes withheld for LMRC, the employee should not be included in the file.

In the RS record the filed tax type code (position 308) should equal R for resident or C for non-resident. Do not leave this field blank. This is a departure from the SSA EFW2 publication.

The preference is for a single RS record that reflects the primary tax rate which was applied to the employee resident rate (2.2%) or non-resident rate (1.45%).

Two RS records may be submitted if your system accurately reports an employee who was withheld at both a resident and non-resident rate. If two records are submitted, the local taxable wages and local income tax withheld must reflect the accurate amounts that correspond to the tax type code.

5.4. Record and Field Format Details

5.4.1. RA (Submitter) Record

- Must be the first data record on each file.
- Identifies the organization submitting the file.
- Identifies the organization to be contacted by LMRC.
- It is imperative that the submitter’s name, telephone number, and e-mail address be entered in the appropriate positions.

Field Position	Field Title	Length	LMRC Description and remarks
1-2	Record Identifier	2	Required. Enter "RA". If not "RA" file may be rejected.
3-11	Submitter's Employer Identification Number	9	Required. Enter the submitter's EIN. Only numeric characters. Omit hyphens. If not in record, file may be rejected.
12-19	User Identification	8	
20-23	Software Vendor Code	4	
24-28	Blank	5	
29	Resubmission Indicator	1	Enter "1" if this file is being resubmitted. Otherwise, enter "0" (zero). Must be a "1" or a "0", If not in record, file may be rejected.
30-35	Resubmission FID	6	
36-37	Software Code	2	
38-94	Company Name	57	Required. Enter the company name. Left justify and fill with blanks. If not in record, file may be rejected.

Field Position	Field Title	Length	LMRC Description and remarks
95-116	Company Location Address	22	Enter the company's location address (Attention, Suite, Room Number, etc.). Example: 2nd Floor, Suite 234 Left justify and fill with blanks. Either location or delivery address field is required for USA address.
117-138	Company Delivery Address	22	Enter the company's delivery address (Street or Post Office Box). Example: 123 Main Street Left justify and fill with blanks. Either location or delivery address field is required for USA address.
139-160	Company City	22	Required. Enter the company's city. Left justify and fill with blanks. Required for USA Addresses.
161-162	Company State Abbreviation	2	Enter the company's State or commonwealth/territory. For a foreign address, fill with blanks. Required for USA Addresses.
163-167	Company ZIP Code	5	Enter the company's ZIP code. For a foreign address, fill with blanks. Required for USA Addresses.
168-171	Company ZIP Code Extension	4	Enter the company's four-digit extension of the ZIP code. If not applicable, fill with blanks.
172-176	Blank	5	Fill with blanks. Reserved for SSA use.
177-199	Company Foreign State/Province	23	If applicable, enter the company's foreign State/province. Left justify and fill with blanks. Otherwise, fill with blanks. Required if foreign country code entered.
200-214	Company Foreign Postal Code	15	If applicable, enter the company's foreign postal code. Left justify and fill with blanks. Otherwise, fill with blanks. Required if foreign country code entered.
215-216	Company Foreign Country Code	2	See SSA EFW2 publication.
217-273	Submitter Name	57	Enter the name of the organization to receive error notification if this file cannot be processed. Left justify and fill with blanks.
274-295	Submitter Location Address	22	Enter the submitter's location address (Attention, Suite, Room Number, etc.). Example: 2nd Floor, Suite 234 Left justify and fill with blanks.
296-317	Submitter Delivery Address	22	Enter the submitter's delivery address (Street or Post Office Box). Left justify and fill with blanks.
318-339	Submitter City	22	Enter the submitter's city. Left justify and fill with blanks.

Field Position	Field Title	Length	LMRC Description and remarks
340-341	Submitter State Abbreviation	2	Enter the submitter's State or commonwealth/territory. For a foreign address, fill with blanks.
342-346	Submitter ZIP Code	5	Enter the submitter's ZIP code. For a foreign address, fill with blanks.
347-350	Submitter ZIP Code Extension	4	Enter the submitter's four-digit extension of the ZIP code. If not applicable, fill with blanks.
351-355	Blank	5	Fill with blanks. Reserved for SSA use.
356-378	Submitter Foreign State/Province	23	
379-393	Submitter Foreign Postal Code	15	
394-395	Submitter Foreign Country Code	2	
396-422	Submitter Contact Name	27	Required. Enter the name of the person to be contacted by LMRC concerning processing problems. Left justify and fill with blanks. If not in record, file may be rejected.
423-437	Submitter Contact Phone Number	15	Required. Enter the contact's telephone number with numeric values only (including area code). Do not use any special characters. Example: 1232345678 Left justify and fill with blank.
438-442	Submitter Contact Phone Extension	5	
443-445	Blank	3	Fill with blanks. Reserved for SSA use.
446-485	Submitter Contact Email/Internet	40	Required. Enter the contact's e-mail/internet address.
486-488	Blanks	3	
489-498	Submitter Contact Fax Number	10	
499	Blank	1	Fill with blanks. Reserved for SSA use.
500	Preparer Code	1	
501-512	Blank	12	Fill with blanks. Reserved for SSA use.

5.4.2. RE (Employer) Record

- Identifies the employer whose employee wages and tax information are being reported.
- Do not create an RE record for an employer that does not have at least one employee with an RS record to report.
- An RE record must be the second record in the file submitted or the file will be rejected.
- Multiple RE records may be submitted in a single file.

Field Position	Field Title	Length	LMRC Description and remarks
1-2	Record Identifier	2	Required. Enter "RE". If not "RE" file may be rejected.

Field Position	Field Title	Length	LMRC Description and remarks
3-6	Tax Year	4	Required. Enter the tax year for this report (20YY). This field is valid 5 years in past to current year.
7	Agent Indicator Code	1	
8-16	Employer/Agent Identification Number	9	Required. Must be a valid FEIN per SSA EFW2 publication or the file may be rejected.
17-25	Agent for FEIN	9	
26	Terminating Business Indicator	1	Required. Must be a "1" or a "0", If not in record, file will be rejected. See SSA Publication 42-007 for details.
27-30	Establishment Number	4	
31-39	Other FEIN	9	
40-96	Employer Name	57	Required. Enter the name associated with the EIN entered in positions 8 -16. Left justify and fill with blanks. If not in record, file may be rejected.
97-118	Employer Location Address	22	Enter the employer's location address (Attention, Suite, Room Number, etc.). Example: 2nd Floor, Suite 234 Left justify and fill with blanks. Either location or delivery address field is required for USA address.
119-140	Employer Delivery Address	22	Enter the employer's delivery address (Street or Post Office Box). Example: 123 Main Street Left justify and fill with blanks. Either location or delivery address field is required for USA address.
141-162	Employer City	22	Left justify and fill with blanks. Required for USA Addresses.
163-164	Employer State Abbreviation	2	Required for USA Addresses.
165-169	Employer ZIP Code	5	For a foreign address, fill with blanks. Required for USA Addresses.
170-173	Employer ZIP Code Extension	4	Enter the employer's four-digit extension of the ZIP code. If not applicable, fill with blanks.
174	Kind of Employer	1	
175-178	Blank	4	Fill with blanks. Reserved for SSA use.
179-201	Employer Foreign State/Province	23	Required if foreign country code entered.
202-216	Employer Foreign Postal Code	15	Required if foreign country code entered.
217-218	Employer Foreign Country Code	2	
219	Employment Code	1	
220	Tax Jurisdiction Code	1	

Field Position	Field Title	Length	LMRC Description and remarks
221	Third-Party Sick Pay Indicator	1	
222-248	Employer Contact Name	27	
249-263	Employer Contact Phone Number	15	
264-268	Employer Contact Phone Extension	5	
269-278	Employer Contact Fax Number	10	
279-318	Employer Contact Email/Internet	40	
319-512	Blank	194	Fill with blanks. Reserved for SSA use.

5.4.3. RW (Employee) Record

- Identifies each employee that has received payments for work performed in Louisville Metro, Kentucky.
- If submitting an RO record, it must follow the RW record. The RS record should follow the RO record. If no RO record submitted, the order should be RW then RS.

Field Position	Field Title	Length	LMRC Description and remarks
1-2	Record Identifier	2	Required. Enter "RW". If not "RW" file may be rejected.
3-11	Social Security Number	9	
12-26	Employee First Name	15	If not in record, file may be rejected.
27-41	Employee Middle Name or Initial	15	
42-61	Employee Last Name	20	If not in record, file may be rejected.
62-65	Employee Suffix	4	
66-87	Employee Location Address	22	Either location or delivery address field is required for USA address.
88-109	Employee Delivery Address	22	Either location or delivery address field is required for USA address.
110-131	Employee City	22	Required for USA Addresses.
132-133	Employee State Abbreviation	2	Required for USA Addresses.
134-138	Employee ZIP Code	5	Required for USA Addresses.
139-142	Employee ZIP Code Extension	4	
143-147	Blank	5	
148-170	Employee Foreign State/Province	23	Required if foreign country code entered.
171-185	Employee Foreign Postal Code	15	Required if foreign country code entered.
186-187	Employee Foreign Country Code	2	
188-198	Wages, Tips, and Other Compensation	11	Enter federal wages, tips, and other compensation.

Field Position	Field Title	Length	LMRC Description and remarks
199-209	Federal Income Tax Withheld	11	Enter Federal income tax withheld.
210-220	Social Security Wages	11	
221-231	Social Security Tax Withheld	11	
232-242	Medicare Wages and Tips	11	
243-253	Medicare Tax Withheld	11	
254-264	Social Security Tips	11	
265-275	Blank	11	
276-286	Dependent Care Benefits	11	
287-297	Deferred Compensation Contributions to Section 401(k)	11	
298-308	Deferred Compensation Contributions to Section 403(b)	11	
309-319	Deferred Compensation Contributions to Section 408(k)(6)	11	
320-330	Deferred Compensation Contributions to Section 457(b)	11	
331-341	Deferred Compensation Contributions to Section 501(c)(18)(D)	11	
342-352	Blank	11	
353-363	Non-Qualified Plan Section 457 Distributions or Contributions	11	
364-374	Employer Contributions to a Health Savings Account	11	
375-385	Non-Qualified Plan Not Section 457 Distributions or Contributions	11	
386-396	Nontaxable Combat Pay	11	
397-407	Blank	11	
408-418	Employer Cost of Premiums for Group Term Life Insurance Over \$50,000	11	
419-429	Income from the Exercise of Nonstatutory Stock Options	11	
430-440	Deferrals Under a Section 409A Non-Qualified Deferred Compensation Plan	11	
441-451	Designated Roth Contributions to a Section 401(k) Plan	11	

Field Position	Field Title	Length	LMRC Description and remarks
452-462	Designated Roth Contributions Under a Section 403(b) Salary Reduction Agreement	11	
463-473	Cost of Employer Sponsored Health Coverage	11	
474-484	Benefits Under HRA	11	
485	Blank	1	
486	Statutory Employee Indicator	1	See SSA Publication 42-007 for details.
487	Blank	1	
488	Retirement Plan Indicator	1	See SSA Publication 42-007 for details.
489	Third-Party Sick Pay Indicator	1	See SSA Publication 42-007 for details.
490-512	Blank	23	

5.4.4. RS (State) Record

- There must be 1 RW record preceding the RS record(s).
- RS records are required with reporting wages earned within Louisville Metro, KY to LMRC. They are optional only for the Social Security Administration and IRS.
- In the RS record the filed tax type code (position 308), should equal R for resident or C for non-resident. Do not leave this field blank. This is a departure from the SSA EFW2 publication.
- The preference is for a single RS record that reflects the primary tax rate which was applied to the employee resident rate (2.2%) or non-resident rate (1.45%).
- Two RS records may be submitted if your system accurately reports an employee who was withheld at both a resident and non-resident rate. If two records are submitted, the local taxable wages and local income tax withheld must reflect the accurate amounts that correspond to the tax type code.

Field Position	Field Title	Length	LMRC Description and remarks
1-2	Record Identifier	2	Required. Enter "RS". If not "RS" file may be rejected.
3-4	State Code 1	2	Required. Kentucky Numeric code is 21. If not in record, file may be rejected.
5-9	Taxing Entity Code	5	Fill with blanks
10-18	Social Security Number	9	Required. Enter the employee's SSN as shown on the original/replacement SSN card issued by SSA. If no SSN is available, enter zeros. If not in record, file may be rejected.
19-33	Employee First Name	15	Required. Enter the employee's first name as shown on the SSN card. Left justify and fill with blanks. If not in record, file may be rejected.

Field Position	Field Title	Length	LMRC Description and remarks
34-48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial as shown on the SSN card. Left justify and fill with blanks. Otherwise, fill with blanks.
49-68	Employee Last Name	20	Required. Enter the employee's last name as shown on the SSN card. Left justify and fill with blanks. If not in record, file may be rejected.
69-72	Employee Suffix	4	If applicable, enter the employee's alphabetic suffix. For example: SR or JR. Left justify and fill with blanks. Otherwise, fill with blanks.
73-94	Employee Location Address	22	Enter the employee's location address (Attention, Suite, Room Number, etc.). Left justify and fill with blanks. Either location or delivery address field is required for USA address.
95-116	Employee Delivery Address	22	Enter the employee's delivery address. Left justify and fill with blanks. Either location or delivery address field is required for USA address.
117-138	Employee City	22	Required for USA Addresses.
139-140	Employee State Abbreviation	2	Required for USA Addresses.
141-145	Employee ZIP Code	5	Required for USA Addresses.
146-149	Employee ZIP Code Extension	4	
150-154	Blank	5	
155-177	Employee Foreign State/Province	23	Required if foreign country code entered.
178-192	Employee Foreign Postal Code	15	Required if foreign country code entered.
193-194	Employee Foreign Country Code	2	
195-196	Optional Code	2	
197-202	Reporting Period	6	
203-213	State Quarterly Unemployment Insurance Total Wages	11	
214-224	State Quarterly Unemployment Insurance Total Taxable Wages	11	
225-226	Number of Weeks Worked	2	
227-234	Date First Employed	8	
235-242	Date of Separation	8	
243-247	Blank	5	
248-267	State ID Number	20	
268-273	Blank	6	
274-275	State Code 2	2	Required.

Field Position	Field Title	Length	LMRC Description and remarks
			Enter 21 for Kentucky. Enter 18 for Indiana. If not in record, file may be rejected.
276-286	State Taxable Wages	11	Enter state taxable wages.
287-297	State Income Tax Withheld	11	Enter state income tax withheld.
298-307	Other State Data	10	
Locations 308 to 412 apply to Louisville Metro Wages			
308	Tax Type Code	1	Required. Either an R or C R – Resident rate for taxes (2.2%) C – Non-resident rate for taxes (1.45%) If not in record, file may be rejected.
309-319	Local Taxable Wages	11	Required. Total Louisville Metro Taxable Wages. Enter wages that were taxed at the rate that corresponds with the tax type code. If not in record, file may be rejected.
320-330	Local Income Tax Withheld	11	Required. Total Louisville Metro Tax withheld. Enter taxes that were withheld at the rate that corresponds with the tax type code. If not in record, file may be rejected.
331-337	State Control Number	7	
338-412	Supplemental Data 1	75	Optional. If employee is a Minister, enter MIN If employee part of a KJC program enter KJC. If employee has another special rate, enter OTH. If none apply, fill with blanks.
413-487	Supplemental Data 2	75	Fill with blanks.
488-512	Blank	25	Fill with blanks. Reserved for SSA use.

5.5. Confirmation and Acceptance of bulk file

When you click submit your file will be verified in real time. If there is an issue with your file a table will appear which identifies the line and field and details of the issue. The file will not be accepted if there is an issue found. Work with your software provider/programmers to address this issue.

Once your file is successfully submitted a confirmation screen will appear and you will receive a confirmation email. Your file has been accepted by LMRC.

6. Template Import Feature File Format

6.1. Template Format Details

Include in the template a single record for each employee that reflects the primary tax rate which was applied to the employee: resident rate (2.2%) or non-resident rate (1.45%). **Do not include multiple lines for an employee.** Only a single employer may be listed on a spreadsheet. Do not delete the 1099 tabs included in the spreadsheet.

File types of .xls and .xlsx must be used. The template can be found here on the [forms and publications page](#).

Enter data on the Lou Metro W-2s tab. Start on line 3. Line 1 is the header and line 2 has example data.

The following fields are **required**:

- First Name
- Last Name
- Social Security Number – (Formatting: with or without dashes)
- Address
- City
- Zip Code (Formatting: 5 or 9-digit zip code is accepted)
- Box 16: State wages, tips, etc. and Box 17: State income tax **OR**
- Box 18: Local wages, tips, etc. and Box 19: Local income tax

6.2. How to Submit Template via eMINTS

You must have an eMINTS logon to submit a template. Additional information for creating a logon is located [here](#).

Complete a separate web submission for each employer.

Once logged in, select **W-2s, 1099s, Bulk W-3s or Bulk W-1s** from the I want to menu.

On the next screen select File W-2s/1099s.

Enter your information on the contact screen. Click next and go to the payer screen.

Enter the employer's information as the Payer. If you are both the contact and payer, check the box for: 'Check if submitter and payer information are the same' to populate the contact information entered previously. Click next.

In the Forms section, select only the forms you are submitting for a single employer/payer. A single spreadsheet can be used to submit W-2, 1099-MISC and 1099-NEC information for a single year in one web submission if all the forms are selected.

Click Export Template to download the spreadsheet. Click next.

On the W-2 employee screen click import button. Select the file created that matches our template/specifications and upload the file.



If a record has an error, this icon will appear next to the record. Edit the record to correct all errors.



If you wish to delete a record, click on this icon.

All the records must contain no errors to be submitted. Click next once ready to submit.

A summary screen will appear which has the total number of W-2s submitted, total local wages, and total local tax withheld. This may be printed for your records by clicking print summary.

Confirm the number is correct by checking the box: 'I confirm the number of statements submitted is correct' and then click submit.

6.3. Confirmation and Acceptance of Template

Once the file is successfully submitted, a confirmation screen will appear, and a confirmation email sent. The file has been accepted by LMRC.

7. Corrected W-2s

LMRC now accepts corrected W-2s, or W-2C, electronically as its own specification. Please see the "W-2C Specifications" document for more information.

8. FAQs

I sent LMRC an exact copy of the bulk file that I sent to the Social Security Administration. The Social Security Administration accepted my file, but eMINTS will not allow my file to upload. What is wrong?

Although LMRC follows the federal specification format, this does not mean that a duplicate copy of your federal media is acceptable. There are differences in the data requirements. The state record RS is a mandatory record for LMRC but optional for the federal entities, it must be included in the file that is sent to the Louisville Metro Revenue Commission. eMINTS will provide details regarding issues with the file you are trying to upload.

The spreadsheet I can generate from my software does not look anything like the template required by LMRC. What do I do? Unless you want to individually key your W-2 employee data, you must format your spreadsheet like our template. Work with your software vendor to obtain a file in the proper format.