

**National Finance Center  
Front-End System Interface (FESI)  
State Income Tax Certificate (140)**

| <b>Data Element Name</b> | <b>Data Element Format</b> | <b>Start Position</b> | <b>End Position</b> | <b>Element Description</b>  | <b>Optional Mandated O/M</b> | <b>Values</b>  | <b>Customer Data Element Name</b> |
|--------------------------|----------------------------|-----------------------|---------------------|---|------------------------------|--|-----------------------------------|
| DOCUMENT-TYPE            | A3                         | 1                     | 3                   | Indicates the type of document being processed  | M                            | Three position numeric field. For this document the values is "140".   |                                   |
| AGCY-CODE                | A2                         | 4                     | 5                   | The first level of the organizational structure codes used to identify the agency as defined by the National Finance Center.  | M                            | Two position alphanumeric field. For a list of valid values, see TMGT Table 023, Agency/Bureau.  |                                   |
| SUBMITTING-OFFICE-NUMBER | A4                         | 6                     | 9                   | An identifying code assigned by the Office of Personnel Management to a Federal civilian personnel office authorized to appoint and separate employees and maintain personnel | M                            | Four position numeric field. For a list of valid values, see TMGT Table 001, Personnel Office Identifier Name and Address.   |                                   |
| BATCH-NO-PERSONNEL       | A4                         | 10                    | 13                  | Number assigned by a personnel office to identify different batches of documents transmitted to the National Finance Center.  | M                            | 66XX - The document remains in suspense until a corrective action is taken.<br>67XX - The document remains in suspense for one pass and coded for deletion unless some type of positive action is taken. |                                   |
| SSNO                     | A9                         | 14                    | 22                  | A unique identifying number assigned by the Social Security Administration.   | M                            | Employee SSNO  |                                   |
| FILLER                   | A1                         | 23                    | 23                  |   |                              |  |                                   |
| PAY-PERIOD-NUMBER        | A2                         | 24                    | 25                  | The number corresponding to the pay period for which this document is being processed.  | M                            | 01 through 27  |                                   |
| FILLER                   | A30                        | 26                    | 55                  | Unused field  | M                            | SPACES   |                                   |
| USER-ID                  | A7                         | 56                    | 62                  | The user identification of the person entering the data.  | M                            | Seven position alpha field.  |                                   |

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|----------------------------|---------------------|----------------|--------------|---|-----------------------|---|----------------------------|
| DEPARTMENT-CODE            | A2                  | 63             | 64           | Identifies the department of the U. S. government.  | M                     | For a list of valid values, see the OPM Guide to Personnel Data Standards.  |                            |
| FILLER                     | A42                 | 65             | 106          | Unused field.   | M                     | SPACES  |                            |
| FESI-IDENTIFIER-NUMBER     | A15                 | 107            | 121          | Identifies transactions in user's system.   | O                     |   |                            |
| UEID                       | A20                 | 122            | 141          | A unique employee ID (for future OPM use).  |                       |   |                            |
| FESI-DOC-EFF-CN            | A2                  | 142            | 143          | The effective century of the document.  | M                     | Two position alphanumeric field.  |                            |
| FESI-DOC-EFF-YR            | A2                  | 144            | 145          | The effective year of the document.   | M                     | Two position alphanumeric field.  |                            |
| FILLER                     | A5                  | 146            | 150          | Unused field.   | M                     | SPACES  |                            |
| STATE-TAX-NO-EXEMPTIONS    | A3                  | 151            | 153          | The number of exemptions claimed by the employee for state tax purposes.  | M                     | Three position alphanumeric field.<br>Refer to Title I documentation for completion instructions for individual states.<br>'WAV' if non residence.<br>'0NL' if exempt.<br>The first position varies by state. |                            |
| STATE-TAX-EXTRA-DEDUCTIONS | A5                  | 154            | 158          | An additional amount withheld for state taxes at the request of the employee.   | O                     | Five position field with two decimal positions. 999v99<br><b>If not applicable, send spaces</b>   |                            |
| STATE-TAX-WH-STATE-CODE    | A2                  | 159            | 160          | The code for the state for which state income taxes are withheld from the employee's salary.                          | M                     | Two position alphanumeric field.<br>Use the Geographical Location Code Table.   |                            |
| STATE-TAX-EXTRA-EXEMPTIONS | A2                  | 161            | 162          | Used for California, Indiana, Illinois and Puerto Rico only due to these entities having additional exemption fields. | O                     | Two position numeric field.<br><b>If not applicable, send zeros</b>   |                            |

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|---------------------------|----------------------------|-----------------------|---------------------|--|------------------------------|--|-----------------------------------|
| STATE-TAX-PERS-EXEMPTIONS | A1                         | 163                   | 163                 | The personal exemption claimed by the employee for Puerto Rico tax purposes. | O                            | One position numeric field.<br>0 - No Personal Exemption<br>1 - Complete or Half Personal Exemption<br>Complete for Puerto Rico only<br><b>If not applicable, send spaces.</b> |                                   |
| STATE-TAX-PRIVATE-CODE    | A1                         | 164                   | 164                 | Indicates if an employee contributes to a government retirement system.      | O                            | One position numeric field.<br>1 - Public Employee<br>2 - Private Employee<br>Complete for Puerto Rico only.<br><b>If not applicable, send spaces</b>                          |                                   |
| FILLER                    | A3286                      | 165                   | 3450                | Unused field   | M                            | SPACES   |                                   |