

Form BCW-2-MT	<b>Transmittal of Information Returns CD or Diskette Reporting for Tax Year 2007</b>	INCOME TAX DIV CITY OF BATTLE CREEK MICHIGAN
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1. Type of files represented by this transmittal. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION <input type="checkbox"/> REPLACEMENT	2. Tax Year				
3. Name and address of payer (include street, city, state, and ZIP code)	4. Name and address of organization transmitting (include street, city, state, and ZIP code)				
5. Name and address of persons to contact about problems with CD or Diskette (include street, city, state, and ZIP code)	<table style="width:100%;"> <tr> <td style="width:50%;">5a. Title</td> <td style="width:50%;">5b. Telephone number (include area code)</td> </tr> <tr> <td>6a. Employer Identification Number of payer</td> <td>6b. Employer Identification number of transmitter</td> </tr> </table>	5a. Title	5b. Telephone number (include area code)	6a. Employer Identification Number of payer	6b. Employer Identification number of transmitter
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6a. Employer Identification Number of payer	6b. Employer Identification number of transmitter				

Recording Information	
Type of Media: <input type="checkbox"/> CD <input type="checkbox"/> 3.5" Diskette <input type="checkbox"/> E-mail ASCII Text – For Files with 1000 fewer records	Number of CDs or Diskettes _____ City Tax Withheld _____ Number of Payees _____

Affidavit		
Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the recipients.		
Signature	Title	Date

### MEDIA REPORTING

If you have more than 100 Forms W-2, we would prefer you to file them on CD or Diskette. You may be charged a penalty if you fail to file when required. \* **NOTE: You are encouraged to file** on CD or Diskette even though you are filing fewer than 100 Forms W-2.

### SPECIAL INSTRUCTIONS

- The City of Battle Creek requires all CD or Diskette files to contain Record Types RA, RE, RW, RS, RT, and RF.
- Additional record types will be ignored.
- Records should contain data as defined by the 2007 EFW2 specifications.
- City of Battle Creek specific information:

RW RECORD			RS RECORD		
Position	Data	Field Length	Position	Data	Field Length
3	SSN	9	5	Local Entity	5 (use BTLCK)
12	First Name	15	309	Local Wages	11
27	Middle Initial	15	320	Local Withholding	11
42	Last Name	20			
88	Address	22			
110	City	22			
132	State	2			
134	Zip Code	5			
139	Plus 4	4			

**VIA US MAIL**  
 BATTLE CREEK INCOME TAX  
 P O BOX 1657  
 BATTLE CREEK MI 49016-1657

**VIA UPS OR OTHER**  
 BATTLE CREEK INCOME TAX  
 10 DIVISION ST N  
 BATTLE CREEK MI 49014

**VIA E-MAIL**  
 SEND ASCII TEXT FILES OR  
 QUESTIONS:  
[BCIncometax@ci.battle-creek.mi.us](mailto:BCIncometax@ci.battle-creek.mi.us)

Local Entity Codes – Use the following entity codes for Michigan cities.

Albion	ALB	Highland Park	HP	Pontiac	PNT
Battle Creek	BC	Hudson	HUD	Port Huron	PH
Big Rapids	BR	Ionia	ION	Portland	POR
Detroit	DET	Jackson	JAC	Saginaw	SAG
Flint	FL	Lansing	LAN	Springfield	SPR
Grand Rapids	GR	Lapeer	LAP	Walker	WALK
Grayling	GRA	Muskegon	MKG		
Hamtramck	HAM	Muskegon Heights	MH		

### CityTax Proprietary

This is a comma-delimited format. That means that each field is separated by a comma. See below for instructions on creating this file from Microsoft Excel. All text must be in upper case. If leading zeros on TaxIds or Zip codes do not show, this is all right.

#### First Line: Employer

- |                            |   |
|----------------------------|---|
| A. CTE                     | Text exactly as shown                         |
| B. Employer FEIN or TaxID  | 9 digits no spaces or punctuation             |
| C. TaxYear                 | 4 digits                                      |
| D. Employer Name           |   |
| E. Corporation             | C if a corporation, blank otherwise           |
| F. Employer street address | No commas                                     |
| G. Employer City           |   |
| H. Employer State          | 2 characters                                  |
| I. Employer Zipcode        | 5 digits (or 6 characters if foreign country) |
| J. Employer Plus4          | 4 digits                                      |

#### Remaining Lines: One per Employee

- |                            |   |
|----------------------------|---|
| A. CTW                     | Text exactly as shown                       |
| B. Employee SSN            | 9 digits no spaces or punctuation           |
| C. Employee Last Name      |   |
| D. Employee First Name     |   |
| E. Employee Middle Name    |   |
| F. Employee street address | No commas                                   |
| G. Employee City           |   |
| H. Employee State          | 2 characters                                |
| I. Employee Zipcode        | 5 digits (or 6 if foreign country)          |
| J. Employee Plus4          | 4 digits                                    |
| K. Wages                   | Box 1                                       |
| L. Local Entity Code       | See table above                             |
| M. Local Withholding       | Entered as normal number with decimal point |
| N. Social Security Wages   | Box 3                                       |
| O. Medicare Wages          | Box 5                                       |
| P. Local Wages             | Box 18                                      |
| Q. Total Deferred          | Included in Box 12                          |

## How to Create CTP format using Microsoft Excel

**Note:** All dollar amounts should be entered as normal number with decimal point, such as 15100.50

1. Open a new spreadsheet.
2. On the first line, enter the Employer data as specified above, entering one value per column. The letter shown at the start of each line must match the letter at the top of the column in Excel. Skip the column if blank. Insure all entries are upper case. To start, enter "CTE" in the first column.
3. For each employee, enter another line, entering CTE in the first column (A) and entering one field per column.
4. Click on the Save button (or select Save from the file menu). At the bottom is a drop down box for Save as type. Click on this drop-down and select "CSV (Comma delimited)(\* .csv)" then enter a file name and click save.
5. Copy this file to a diskette or compact disc and send to the Income Tax office.

## Submitting W2s Electronically

### Federal Filing Format – EFW2

Information about the Federal EFW2 format is available on the Social Security Administration website at: [www.ssa.gov/employer](http://www.ssa.gov/employer)

Note that the record with local information is not required for filing federally. The IRS record **must be included** to provide city information.

### CityTax Proprietary Format (CTP)

This is a simple format for a single employer. It may be created using Microsoft Excel. It is a Comma Delimited format. Details are on a later page.

The following table lists critical fields, with the location in that format

Format Type		EFW2	CTP
Local Entity Code	Record	RS	CTW
	Start Position	5	12
	Length	5	--
	Value	{{Entity}}	{{Entity}}
Local Withholding	Record	RS	CTW
	Start Position	320	13
	Length	11	--
Local Taxable	Record	RS	CTW
	Start Position	309	11
	Length	11	--