Print Form

Form BCW-2-MT	**Transmittal of Information Returns CD Reporting for Tax Year 2019**	INCOME TAX DIV CITY OF BATTLE CREEK MICHIGAN

1. Type of files represented by this transmittal. ORIGINAL ☐ CORRECTION ☐ REPLACEMENT ☐	2. Tax Year: **2019**
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 (include street, city, state, and ZIP code)	5a. Title 5b. Telephone number (include area code) 6a. Employer Identification Number of payer 6b. Employer Identification Number of transmitter

Recording Information

Type of Media: CD ☐

E-mail ASCII Text – For Files with 1000 fewer records ☐

Number of CDs ☐

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	Phone Number	Date

MEDIA REPORTING

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

SPECIAL INSTRUCTIONS

- The City of Battle Creek requires all CD 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 2019 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 MIBCK)
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 TO:
BCIncometax@battlecreekmi.gov

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

Albion	MIALB	Highland Park	MIHPK	Pontiac	MIPNT
Battle Creek	MIBCK	Hudson	MIHUD	Port Huron	MIPHN
Big Rapids	MIBRR	Ionia	MIION	Portland	MIPOR
Detroit	MIDET	Jackson	MIJAC	Saginaw	MISAG
Flint	MIFLT	Lansing	MILAS	Springfield	MISPR
Grand Rapids	MIGRR	Lapeer	MILPR	Walker	MIWAL
Grayling	MIGRA	Muskegon	MIMKG		
Hamtramck	MIHAM	Muskegon Heights	MIMHT		

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 Tax Ids 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.	**Tax Year**	**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 Zip Code**	**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 Zip**	**5 digits (or 6 if foreign country)**
J.	**Employee Plus4**	**4 digits**
K.	**Federal 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 CTW 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 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 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	--

Updated 11/29/2018