

**MAINE DEPARTMENT OF LABOR
45 Commerce Drive
Augusta, ME 04330-7889
(207) 621-5124**

Tax Payment Type: **Paid Family & Medical Leave**

Deposit Funds to (Bank name): **US Bank** **RTN/ABA# 021052053**
10 West Broad St, 12th Floor (CN-OH-BD12) **Account # 64268028**
Columbus, OH 43215

ELECTRONIC FUNDS TRANSFER PROGRAM TXP ADDENDUM RECORD LAYOUT

<u>FIELD #</u>	<u>FIELD NAME</u>	<u>DATA ELEMENT TYPE</u>	<u>FIELD LENGTH</u>	<u>CONTENTS</u>
	Segment Identifier			TXP
	Field Separator			*

----- TXP01	Taxpayer Identification	AN	9	xxxxxxxxxx (FEIN)
	Field Separator			*
TXP02	Tax Payment Type Code	ID	5	
	Maine Paid Family & Medical Leave Payment			18023
	Field Separator			*
TXP03	Tax Period End Date [Please use the ending date of the quarter you're paying for]	DT	6	YYMMDD
	Field Separator			*
TXP04	Amount Type	ID	1	S
	Field Separator			*
TXP05	Amount (Paid)	N2	10	\$\$\$\$\$\$\$\$cc
	Record Terminator			\