



# **Working Electronically with the Social Security Administration**

## **Filing Forms W-2/W-3 and Verifying Names and Numbers**

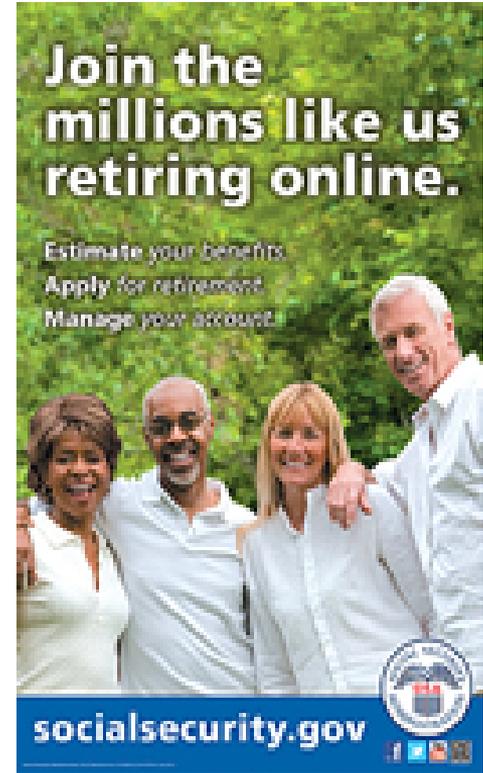
**Mark Ruley**  
**mark.ruley@ssa.gov**  
**410-965-0371**

# Apply Online for Benefits

- Estimate Your Benefit
- Start Your Application, and
- Continue completing an application you already started.

*It's so easy! Just go to:*

[www.socialsecurity.gov/retireonline](http://www.socialsecurity.gov/retireonline)



# *my* Social Security

## Your Online Account ... Your Control ...

[www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)



*my* Social Security is an easy-to-access, easy-to-use portal to view and update some of your own Social Security information.

# Business Services Online

- Register for a User ID and password
- File W-2s
  - Upload Wage File
  - W-2 Online
  - W-2C Online
- Notices via e-mail
- Request Resubmission Extension
- Verify Employee Names and SSNs

# SSA Employer Page



Social Security  
Official Social Security Website

[Accessibility](#) [Contact Us](#) [FAQs](#) [Español](#) [Other Languages](#) [Sign In](#)

[www.ssa.gov/employer](http://www.ssa.gov/employer)

[Home](#) [Employer W-2 Filing](#) [Verify SSNs](#) [Reconciliation](#) [Publications & Forms](#)

## Employer W-2 Filing Instructions & Information

### Alert

[Reminders and Changes for Tax Year 2014 Reporting](#)

### Register to Use Business Services Online

You must register to use Business Services Online – Social Security’s suite of services that allows you to file W-2/W-2Cs online and verify your employees’ names and Social Security numbers against our records.

### File W-2s/W-2Cs Online

This service offers fast, free, and secure online W-2 filing options to CPAs, accountants, enrolled agents, and individuals who process W-2s (the Wage and Tax Statement) and W-2Cs (Statement of Corrected Income and Tax Amounts).

### Verify Employees’ Social Security Numbers

The Social Security Number Verification Service allows employers to verify the names and Social Security numbers of current and former employees for wage reporting purposes only.

Social Security also offers the [Consent Based Social Security Number Verification Service](#).

[Online Services for Employers, CPAs, Accountants, Enrolled Agents and Individuals](#)

[Important Information](#)

### Business Services Online

[Go To Log In](#)

[Go To Register](#)

[Go To Complete Phone Registration](#)



### Business Services Online (BSO)

#### Hours of Operation

Monday - Friday: 5 AM - 1 AM ET  
Saturday: 5 AM - 11 PM ET  
Sunday: 8 AM - 11:30 PM ET

### About W-2 Filing

[Before You File](#)

[Electronic W-2/W-2c Filing Handbook](#)

[Vendor List](#)

[Helpful Government Resources](#)

[FIRE \(1099\) Filing Information Returns Electronically](#)

[Employer W-2 Filing](#)

### W-2 Filing Assistance

[Checklist for W-2 Online Filing](#)

# Business Services Online



Social Security

Official Social Security Website

Accessibility

Contact Us

FAQs

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Other Languages

Sign In



Home

Business Services Online

## Business Services Online

### Welcome

The [Business Services Online Suite of Services](#) allows organizations, businesses, individuals, employers, attorneys, non-attorneys representing Social Security claimants, and third-parties to exchange information with Social Security securely over the internet. You must register and create your own password to access Business Services Online.

#### Alert

[Reminders and Changes for Tax Year 2014 Reporting](#)

The [Complete Phone Registration](#) option is provided to individuals who began their Business Services Online registration by phone and need to create a password.

[Información para el Empleador en Español](#)

### Business Services Online



Log In

Register

Complete Phone Registration

### Business Services Online (BSO)

#### Hours of Operation

Monday - Friday: 5 AM - 1 AM ET

Saturday: 5 AM - 11 PM ET

Sunday: 8 AM - 11:30 PM ET

[For Employers](#)

[For Attorneys & Appointed Representatives](#)

[Social Security Number Verification Services \(SSNVS\)](#)

[Consent Based Social Security Number Verification Service \(CBSV\)](#)

# What do I do first? Register!

- **User ID = the electronic signature of the person (not the company) attesting to the proper use of the service**
- **User ID = allows a person access to use Business Services Online (BSO)**
- **Must use your BSO User ID issued by SSA, not your *my* Social Security username**

# Registration Process

- Provide registration information (you the user)
- Choose your own password
- Answer forgot password questions (5)
- Receive your User ID
- Choose your role(s)
- Employer information collected based on roles
- Letter to user
- Letter to employer with Activation Code\*
- \* Employer gives Activation Code to User
- User inputs Activation Code(s)

# **Additional Registration Information**

- **User IDs valid indefinitely**
- **PASSWORDS valid for 90 days**
  - Passwords can be updated at next login
  - Online forgot password questions (3 of 5)
- **Requestors' data authenticated against SSA data before a User ID is issued**
- **Exception process for data that cannot be processed – Contact Employer 800 Number**
  - (1-800-772-6270)

## Online Services Availability

- Monday-Friday: 5 AM - 1 AM ET
- Saturday: 5 AM - 11 PM ET
- Sunday: 8 AM - 11:30 PM ET



## Create a Login Account

## Step 1: Provide Information

## Create an Account

1. Provide Information
2. Create Password
3. Review and Submit
4. Print User ID

The information you provide will be compared against our records in order to verify your identity.

\* Indicates required information

Form Approved: OMB No. 0980-0626 Expiration date: 10/31/2012

## Personal Information

## \*Name:

JOHN   PUBLIC    
 \*First Middle \*Last Suffix

## \*Date of Birth:

04181978   
 mmdyyyy

## \*Social Security Number (SSN):

999011234   
 XXXXXXXX

[More Information](#)

## Personal Contact Information

## \*Country:

United States

## \*Home Street Address:

123 MAIN STREET

\*City:  \*State:  \*Zip Code:  Ext.:

MY CITY AK 12345

## \*Daytime Phone Number:

1231231234  Extension:

## Fax Number:

## \*Email Address:

USER@DEMOEMPLOYER.COM

[Why do you need an email address?](#)

Cancel & Exit

Next

## Online Services Availability

- Monday-Friday: 5 AM - 1 AM ET
- Saturday: 5 AM - 11 PM ET
- Sunday: 8 AM - 11:30 PM ET



## Create a Login Account

## Step 2: Create Your Password

## Create an Account

- [Provide Information](#)
- Create Password**
- Review and Submit
- Print User ID

Your password will be used to log in to online services; your User ID will be provided to you.

\* Indicates required information

\*Enter Password:

\*Re-enter Password:

## Security Questions and Answers

The security questions and answers you select will be used to validate your identity in case you forget your password.

\*Question 1:

WHAT IS THE NAME OF YOUR FIRST NEPHEW?

\*Answer 1:

ANSWER

\*Question 2:

WHAT IS THE NAME OF YOUR FIRST NIECE?

\*Answer 2:

ANSWER

\*Question 3:

WHAT IS THE MIDDLE NAME OF YOUR MOTHER?

\*Answer 3:

ANSWER

\*Question 4:

WHAT IS THE MIDDLE NAME OF YOUR FATHER?

\*Answer 4:

ANSWER

\*Question 5:

WHAT IS THE MIDDLE NAME OF YOUR FATHER?

\*Answer 5:

ANSWER

## Your Password:

- Must contain exactly **8 characters**
- Must contain **only numbers and letters**
- Must contain **at least 1 number and 1 letter**
- Is **not case sensitive**



## Create a Login Account

### Step 4: Print your User ID

**Thank you! You have successfully created a login account.**

The User ID below has been assigned to you:

**User ID: WTRSK9NT**

**Please secure this User ID for your future use.**

You must enter the above User ID and your self-selected Password each time you log in and access online services.

[Print a confirmation Receipt](#)

#### What's Next?

Now that you've created a log in account for Online Services, you will need to tell us what functions and services you require to do your work.

Depending on the services that you are requesting, you may be required to provide additional information about yourself or the organizations that you represent.

# Online Wage Reporting

## What's In It For You?

- **Extended due date – March 31<sup>st</sup>**
- **Immediate receipt**
- **Faster processing**
- **Fewer errors**
- **More services**
- **Less costly to employers and SSA**



# Submit, download or process W-2s and W-2Cs

- Upload EFW2 or EFW2C file
  - Prepared by your software
  - Proprietary SSA format
  - For large or small filers
- W-2/W-2C Online
  - Ideal for small filers or special needs
  - Blank W-2 displayed via Internet
    - Fill in screens (up to 50 W2s, 25 W2Cs)
    - Save up to 50 W-2 and 50 W-2C online reports
  - Name/SSN verification immediately
  - W-3/W-3C totaled for your records
  - Employee Copies (.pdf) too!
  - Prefill information you submitted in W-2 Online last year
- Both use March 31 e-file deadline

***No forms or tax  
software required!!!***



## Main Menu

[HELP](#)

JOHN PUBLIC

Welcome, JOHN PUBLIC  
Your password expires on **January 19, 2011**

**[Report Wages To Social Security](#)**

Submit, download or process W-2s and W-2cs  
View submission status, acknowledge resubmission notices or  
Request resubmission extensions  
View errors and error notices for wage files and/or wage reports submitted by or for your company

**[Social Security Number Verification Service](#)**

Request online SSN verification, or  
Submit files for SSN verification

**Manage Account**

- [View / Edit Account Info](#)
- [Change Password](#)
- [Disable Account](#)

**Manage Services**

- [View / Edit Services](#)
- [Request New Services](#)
- [View Pending Services](#)
- [Enter Activation Code\(s\)](#)

**Manage Employer Information**

- [Add/Update Employer Information](#)
- [Remove Employer Information](#)





## Electronic Wage Reporting (EWR)

### Reporting Wages to Social Security

Forms W-2/W-3 Online

Forms W-2c/W-3c Online

**Upload Formatted Wage File**

**Warning** This tab is **not** for submitting Forms W-2(c)/W-3(c) created using the other tabs.

#### [Submit/Resubmit a Formatted Wage File](#)

You may submit an appropriately formatted electronic file containing annual wage data or resubmit a formatted file that was returned to you for correction. The required file format is described in these [Social Security publications](#), or call 1-800-772-6270 and ask that the publications be mailed to you.

#### [Submit a Special Wage Payments File](#)

You can submit an electronic file that contains special wage payment data as defined in Internal Revenue Service Publication 957.

### Submission Status

#### [View Submission Status](#)

Check report status, errors, and notice information for previously submitted wage reports (Forms W-2/W-3).

### Wage Report Status

#### [View Wage Report Status](#)

Check report status or view errors for reports submitted for your company by a third party.

### Resubmission Notice

If you received a Resubmission Notice, you may use the following link to acknowledge receiving the Notice and/or to request a one-time 15-day extension of the deadline:

[Acknowledge Notice and/or Request Extension](#)

- You will need information from the Notice to acknowledge the notice or request an extension

### ▶ Alerts and News for EWR

[Email a Wage Reporting Expert](#)

[Informacion en Espanol](#)

### Online Tutorials and Training

[Online EWR Handbook](#)

[Online Tutorial Online](#)

[Software Demonstration](#)

[FAQs - General Employer](#)

[FAQs - Forms W-2/W-3](#)

[FAQs - Forms W-2c/W-3c](#)

### Other Useful Information

- ▶ Before You File
- ▶ Checking SSNs
- ▶ Uploading Formatted Files
- ▶ For Other Electronic Filers
- ▶ General Info About Wage Filing
- ▶ IRS Information
- ▶ Publication Resources
- ▶ Selling To Social Security Administration



## Upload Formatted Wage File

[EWR Handbook](#)

### Before You Start

Name: JOHN PUBLIC

Steps: **1. Before You Start** 2. What's in the File? 3. Submit Your File 4. Confirmation

You should already have a file in EFW2 format generated by your payroll system. Before sending it, we recommend that you take the following steps to ensure that the file is error-free and can be sent quickly.

#### 1. Review your file(s) for correct formatting.

We provide AccuWage and AccuW2C error-checking software for both W-2 and W-2c wage report formats. Reviewing your file with one of these software programs can prevent it from being rejected and returned.

[What do these programs check?](#)

[Which errors are most critical to fix?](#)

[Download AccuWage](#)



#### 2. Zip Your File

If you have over 500 W-2s or a slow connection, the transmission will be faster if the file is zipped (compressed).

WinZip and PKZip are examples of acceptable compression packages.

Do not put more than one wage file (EFW2 format) into a zip file because a unique identifier will be assigned to each one.

Do not repeat the employer record for each W-2/W-2c. If your organization files on behalf of multiple employers, include no more than 1 million RW records or 50,000 RE records per submission. If your organization files on behalf of multiple employers, include no more than 500,000 RCW records or 25,000 RCE



## Upload Formatted Wage File



Name: JOHN PUBLIC

Steps: [1. Before You Start](#) **2. What's in the File?** [3. Submit Your File](#) [4. Confirmation](#)

### What's in the File?

Which of the following is the best description of the wage report(s) in your file?

- New W-2s/W-3s for Tax Year 2012 or previous tax year (EFW2)
- New W-2cs/W-3cs to correct mistakes on previously processed W-2 forms (EFW2C)
- Resubmission to correct errors that prevented SSA from processing a previously submitted file  
(Select only if you have received a Resubmission Notice)

Have you received a Reconciliation letter?

- YES, I am uploading this file because I received a letter saying the money amounts reported to the IRS (941) did not match the amounts reported to SSA (W-3).

[Quit without sending](#)

[Back to Step 1](#)

Have a question? Call **1-800-772-6270** Mon. - Fri. 7AM to 7PM Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call **1-800-325-0778**.



## Upload Formatted Wage File



### Submit Your File

Name: JOHN PUBLIC

Steps: [1. Before You Start](#) [2. What's in the File?](#) [3. Submit Your File](#) [4. Confirmation](#)

Select your file by using the Browse button. Then, select the Submit button to upload your file.

Select file:

Browse...

Submit

Quit without Sending

Previous Page



## Upload Formatted Wage File



### Confirmation - Your File Was Received

Name: JOHN PUBLIC

Steps: 1. Before You Start 2. What's in the File? 3. Submit Your File 4. Confirmation

Your submission was successful. Use your browser menu to save or print this acknowledgment of receipt for your records, as proof of your filing date, and to keep a record of the Wage File Identifier for checking the processing status.

Receipt Date: 12/10/2012 02:55 PM Eastern Standard Time

Wage File Identifier (WFID): KWB495

Employer Identification Number (EIN): 112222222

Your File Name: fileUpload.txt

File Size: 3,383 bytes (3.3 Kb)

Assigned File Name: 12ACEA7B851EDB93\_2011KVZ24001

#### Check the size of your file. [How?](#)

If it is not the same as the file size shown on your computer, there may have been a problem with transmission. Please contact BSO Technical Assistance at 1-888-772-2970. For TDD/TTY call 1-800-325-0778.

#### What to expect:

- You can check the status online at any time. However, allow 1-6 weeks for Social Security to complete the processing of your file, depending on the time of year.
- If you receive a Resubmission Notice from SSA, please use the Resubmission Notice application on the EWR home page to acknowledge the Resubmission Notice and/or request extension.

**Thank you for submitting your report using Business Services Online.**



## Electronic Wage Reporting (EWR)

### Reporting Wages to Social Security

[Forms W-2/W-3 Online](#)[Forms W-2c/W-3c Online](#)[Upload Formatted Wage File](#)

#### [Create/Resume Forms W-2/W-3 Online](#)

- Create (fill in the form), save, print and submit Forms W-2 and W-3 with up to 50 forms W-2 per W-3. There is no limit on the number of Forms W-3 an employer can submit, even for the same Employer Identification Number (EIN).
- Up to 50 Forms W-3 can be saved at a time to be resumed/submitted at a later date. Each Form W-3 can have up to 50 Forms W-2 associated with it.
- A pre-submission PDF is provided to print the Forms W-2 for distribution to the employees and for the employer review.
- Read the [list of restrictions](#) to determine whether you can use Forms W-2/W-3 Online.

#### [Save \(or Print\) Submitted W-2 Report\(s\)/PDF to Your Computer](#)

A printable final PDF version of a wage report created and submitted using Forms W-2/W-3 Online can be saved to your computer. The final PDF(s) are available for download for only 30 days from the date of submission.

### Submission Status

#### [View Submission Status](#)

Check report status, errors, and notice information for previously submitted wage reports (Forms W-2/W-3).

### Employer Report Status

#### [View Employer Report Status](#)

Check wage report status or view errors for reports submitted for your company by a third party.

### Resubmission Notice

If you received a Resubmission Notice, you may use the following link to request a one-time 15-day extension of the deadline:

#### [Request an Extension to File a Resubmission](#)

- You will need information from the Notice to request an extension.
- You cannot extend if (a) the file has previously been resubmitted or (b) today is more than 45 days from the date on the Resubmission Notice.



## 2 Enter W-2 Information

You are currently working on W-2 number: 1 of 50.

Fields marked with an asterisk (\*) MUST be completed.

**a** \* Employee's social security number

123 - 00 - 5789

For official use only  
OMB No. 1545-0008

**b** 11 - 2222222

**c** Employer's name, address, and ZIP code

DEMO EMPLOYER  
123 MAIN STREET  
MY CITY, MD 21207

**d** Control number

**e** Employee's first name, middle initial, last name and suffix:

\* First: JOSE

Middle:

\* Last: PUBLIC

Suffix:

**f** Employee's address

\* Country: United States

Address line 1: 123 MAIN STREET

Address line 2:

\* City: DC CITY

U.S. address or a foreign address

\* State/Province: MD

\* ZIP/Postal code: 21207 ZIP Ext. (U.S. only):

**1** Wages, tips, other compensation

\$ 1,234.00

**3** Social security wages

\$

**5** Medicare wages and tips

\$

**7** Social security tips

\$

**9** Not Applicable

**11** Nonqualified plans

Section 457 distributions or contributions

\$

Not section 457 distributions or contributions

\$

**13**

Statutory  
employee

Retirement  
plan

Third-party  
sick pay

**14** Other

Description(1):

Amount(1): \$

Description(2):

Amount(2): \$

Description(3):

Amount(3): \$

**2** Federal income tax withheld

\$ 345.00

**4** Social security tax withheld

\$

**6** Medicare tax withheld

\$

**8** Allocated tips

\$

**10** Dependent care benefits

\$

**12a**

Code: \$

**12b**

Code: \$

**12c**

Code: \$

**12d**

Code: \$

**15** Employer's  
State ID number

\$

**16** State wages, tips, etc.

\$ 200.00  
\$

**17** State income tax

\$ 1,000.00  
\$

**18** Local wages, tips, etc.

\$ 300.00  
\$

**19** Local income tax

\$ 200.00  
\$

**20** Locality name

DC CITY  
\$



Cancel Changes

Delete this W-2

#### 4 W-3 Preview for this Submission

Ensure that the information on your Form(s) W-2 for this employer [reconciles](#) with the total of Forms 941, 943, 944, or Schedule H that you filed with the Internal Revenue Service.

To edit this data, please [Return to W-2 List](#) and select the W-2 you need to edit.

# Form W-3

<b>a</b> Control number		For official use only OMB No. 1545-0008	
<b>b</b> Kind of payer <b>941 - Regular</b>		<b>1</b> Wages, tips, other compensation <b>\$1,234.00</b>	<b>2</b> Federal income tax withheld <b>\$345.00</b>
Kind of employer <b>None Apply</b>		<b>3</b> Social security wages <b>\$0.00</b>	<b>4</b> Social security tax withheld <b>\$0.00</b>
<b>c</b> Total number of forms W-2 <b>1</b>	<b>d</b> Establishment number	<b>5</b> Medicare wages and tips <b>\$0.00</b>	<b>6</b> Medicare tax withheld <b>\$0.00</b>
<b>e</b> Employer identification number <b>11-2222222</b>		<b>7</b> Social security tips <b>\$0.00</b>	<b>8</b> Allocated tips <b>\$0.00</b>
Employer's name, address, and ZIP code  <b>DEMO EMPLOYER 123 MAIN STREET MY CITY, MD 12345</b>		<b>9</b> Not Applicable	<b>10</b> Dependent care benefits <b>\$0.00</b>
		<b>11</b> Nonqualified plans <b>\$0.00</b>	<b>12a</b> Deferred compensation <b>\$0.00</b>
		<b>13</b> For third-party sick pay use only	<b>12b</b> Not Applicable
		<b>14</b> Income tax withheld by payer of third-party sick pay <b>\$ 0.00</b>	
<b>h</b> Other EIN used this year		<p><b>Note:</b>The state and local totals below reflect a straight summation of the state and local data you entered on the Forms W-2. If you use this form for reporting to your state and your state has different rules for reporting these totals, you may enter your own totals using your state's rules without affecting the amounts on the Forms W-2. <b>Social security will not use this information and will not forward it to any State or local entity.</b></p> <p>You must check here to confirm these are the totals you want to show on this Form W-3.</p> <p style="text-align: right;">I Agree <input type="checkbox"/></p>	
<b>15</b> State Employer's state ID number <b>I</b>	<b>16</b> State wages, tips, etc. <b>\$ 200.00</b>	<b>17</b> State income tax <b>\$ 1000.00</b>	
	<b>18</b> Local wages, tips, etc. <b>\$ 100.00</b>	<b>19</b> Local income tax <b>\$ 500.00</b>	
Contact person <b>JOHN PUBLIC</b>	Telephone number <b>1231231234</b>		
E-mail address <b>USER@DEMOEMPLOYER.COM</b>	Fax number		





## Forms W-2/W-3 Online

Steps: ① Employer Information ② Form(s) W-2 ③ W-2 List ④ W-3 Preview ⑤ **Print & Review** ⑥ Sign & Submit ⑦ Submission Confirmation ⑧ Save PDF

### 5 Print Unsubmitted Form(s) W-2/W-3 for Review

- Print the PDF file below to review your unsubmitted Form(s) W-2 and W-3. We recommend that you right click the "Print Unsubmitted ..." link and use the "Save Target As ..." option to save the Unsubmitted forms to your hard drive for review.
- Once you have reviewed your Form(s) W-2 and W-3, give copies to your employees. Ask them to review the information before you submit the final Form(s) W-2 to Social Security. Please note that the PDF provided is for printing and record keeping purposes, to be provided to your employees.
- If you need to change any W-2 information, please select the "Return to W-2 List" button.
- When you believe the W-2 information is accurate, you can continue to the "Sign & Submit" step.
- Check with the IRS for online filing [deadlines](#).

#### Your Unsubmitted Copy

Your unsubmitted work has been saved for future use.



[Print Unsubmitted W2/W3 277133122.tmp](#)

[What's in this PDF?](#)

[Problems Printing Form\(s\) W-2 ?](#)

Save and Quit

<< Return to W-2 List

Continue >>

In order to view or print these files in the PDF format, you will need Adobe's Acrobat® reader. You will need to [download](#) and install the free Acrobat Reader on your computer. Version 5.0 or greater is recommended.





## Forms W-2/W-3 Online

Steps: ① Employer Information ② Form(s) W-2 ③ W-2 List ④ W-3 Preview ⑤ Print &amp; Review ⑥ Sign &amp; Submit ⑦ Submission Confirmation ⑧ Save PDF

**7 Confirmation Receipt - Your File Was Received**

Your wage report was submitted successfully. Thank you for using W-2 Online.

This Wage File Identifier (WFID) is your confirmation number: **KWB047**

We encourage you to print this page for your records. Your receipt will no longer be available once you leave this page.

If you need to delete this submission, you may do so by using the Submission Status application when the submission shows a "RECEIVED" status.

**! Do not mail us any paper Form(s) W-2 or W-3.**

**Your Receipt**

Employer: DEMO EMPLOYER	Employer EIN: 11-222222
Tax year: 2014	Payer type: 941 - Regular
Received on: 12/28/2014 01:36 PM Eastern Time	Form type: W-2

Received:	<b>1 Form W-2</b>		
Total wages:	<b>\$1,234.00</b>	Federal income tax withheld:	<b>\$345.00</b>
Social security wages:	<b>\$0.00</b>	Social security tax withheld:	<b>\$0.00</b>
Medicare wages and tips:	<b>\$0.00</b>	Medicare tax withheld:	<b>\$0.00</b>

**What You Should Do Next**

1. Keep a printout of this page for 4-7 years as proof of your filing date.
2. **Print and distribute** the Form(s) W-2 to your employees if you have not already done so.

**! Do not mail us any paper Form(s) W-2 or W-3.**



## Forms W-2/W-3 Online

Steps: ① Employer Information ② Form(s) W-2 List ③ W-3 Preview ④ W-3 Review ⑤ Print & Review ⑥ Sign & Submit ⑦ Submission Confirmation ⑧ Save PDF

### 8 Save PDF

- Save the official PDF file below to your hard drive so that you can reference it later.
- Once you have closed this session, the file will only be available for 30 days. Saving it to your hard drive will allow you to reference it later.

#### Save Your Official Copy

\*Important: Save an official copy of the submitted file on your computer\*

Please note that the PDF provided is for printing and record keeping purposes, to be provided to your employees.

This file will be available online until 01-27-2015.

To save the file below to your hard drive, please right click the file name and use the "Save Target As ..." option.



[KWBO47.pdf \(Final\)](#)

[What's in this PDF?](#)

[Problems Printing Form\(s\) W-2 ?](#)

In order to view or print these files in the PDF format, you will need Adobe's Acrobat® reader. You will need to [download](#) and install the free Acrobat Reader on your computer. Version 5.0 or greater is recommended.



**!** Do not mail us any paper Form(s) W-2 or W-3.

[EWR Home](#)

[View Unsubmitted Reports](#)

[Start a New Report](#)

# What is SSNVS?

- Allows employers to verify the name and SSN of a hired employee with Social Security (SSA) over the Internet
- **Cannot be used for tax filing purposes**
- Only tells you if name & Social Security number match SSA's records – not identity
- 4 possible “No-Match Codes” returned
- Provides an indicator if Social Security number belongs to a deceased person

# Two Methods for using SSNVS

- **Direct keying onto SSA's website**
  - Key up to 10 names/SSNs with immediate results
  - Can key multiple screens
- **Upload file**
  - Can upload up to 250,000 SSNs per file
  - Next business day results

# SSNVS Online Verification Page

Please enter the following information for each employee you would like to verify. Mandatory fields are indicated by an \*. Field specific help is available by selecting the underlined links below.

**Please Note:**

- Effective 09/24/11, gender is no longer used as part of the SSN verification process.
- All verified, unverified and deceased records will be returned.
- In the event SSNVS may not be able to process your request, you will be given two (2) options:
  - Overnight Processing - saves the data you entered to a file for overnight processing and displays a confirmation number on the Confirmation page that you will need to check the status of your request
  - BSO Main Menu - cancels the request and any data you entered on the SSN Verification form is not saved

\* Employer's EIN  
(999999999)

The Employer's EIN is the Employer Identification Number (EIN) of the employer whose employees' names and SSNs are being verified. For security and audit purposes, this information must be provided and will not be processed without it.

	<u>* SSN</u> (999999999)	<u>* First Name</u>	<u>Middle Name</u>	<u>* Last Name</u>	<u>Suffix</u>	<u>Date of Birth</u> (MMDDYYYY)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

You may want to print or save this page BEFORE you submit, as this information will NOT be visible after submission.

This page contains confidential information. Please keep the printed / saved page in a secure place.

Submit

Clear Form

# SSNVS Results Page

## SSN Verification Results

Employer's EIN: 100000000 Name: TEST USER  
Records Submitted: 1  
Failed: 1  
Verified Records: 0

The following table displays your submitted results. The first column indicates if the submitted record verified, failed or employee is deceased. The first five digits of the SSN will be masked for verified records and records with a verification results code of 3 or 6.

[Verify More SSNs](#)  
[What to do if an SSN fails to verify](#)  
[Field Office Locator](#)

- **Failed** - Data does not match Social Security Administration's records. Select [What to do if an SSN Fails to Verify](#) for more information.
- **Deceased** - Data matches Social Security Administration's records, and our records indicate that the person is deceased. For more information, please contact our general SSA information line at 1-800-772-1213 (TDD/TTY 1-800-325-0778) or your local Social Security field office. Select [Field Office Locator](#) to find the office nearest you.
- **Verified** - Data matches Social Security Administration's records.

Results	SSN 999999999	First Name	Middle Name	Last Name	Suffix	Date of Birth MMDDYYYY	Verification Results
Failed	XXXXX1301	LESLIE	-	KING	-	01011965	<a href="#">3</a>

Verification Results	
Code	Description
3	Name matches; DOB does not match.

# Possible Mismatch Codes

## VERIFICATION CODES

**1 = SSN not in file (never issued to anyone)**

**3 = Name and SSN match; DOB does not match**

**5 = Name and SSN does not match, DOB not checked**

**6 = have employee contact the local security office for more information**

### **DECEASED (PER SSA RECORDS)**

If Social Security records indicate any of the names and SSNs submitted for verification belonged to deceased individuals, the page will display a table with the information pertaining to these requests.

# **What To Do If An SSN Fails Verification**

- **Compare submitted information**
- **Ask employee to verify the information /  
View Social Security card**
- **Ask employee to check with any local  
Social Security office**
- **Document your efforts**

# Reminders!

- **A mismatch is not a basis, in and of itself, for you to take any adverse action against an employee, such as laying off, suspending, firing, or discriminating.**
- **Company policy should be applied consistently to all workers.**
- **Any employer that uses the mismatch information to take adverse action against a worker may violate State or Federal law.**
- **The information from SSNVS does not make a statement regarding a worker's immigration status.**

# Additional Information

BSO Handbook

[www.ssa.gov/employer/bsohbnew.htm](http://www.ssa.gov/employer/bsohbnew.htm)

SSNVS Handbook

[www.ssa.gov/employer/ssnvs\\_handbk.htm](http://www.ssa.gov/employer/ssnvs_handbk.htm)

# SSA Contacts

- **Employer Website**  
[www.ssa.gov/employer](http://www.ssa.gov/employer)
- **Business Services Online (BSO)**  
[www.ssa.gov/employer/bsowelcome.htm](http://www.ssa.gov/employer/bsowelcome.htm)
- **Employer Reporting Assistance**  
[1-800-772-6270](tel:1-800-772-6270)
- **BSO Technical Assistance**  
[1-888-772-2970](tel:1-888-772-2970)
- **Employer Services Liaison Officers**

# Social Security Regional Employer Services Liaison Officers

## **EMPLOYER REPORTING SERVICE CENTER:**

**1-800-772-6270**

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