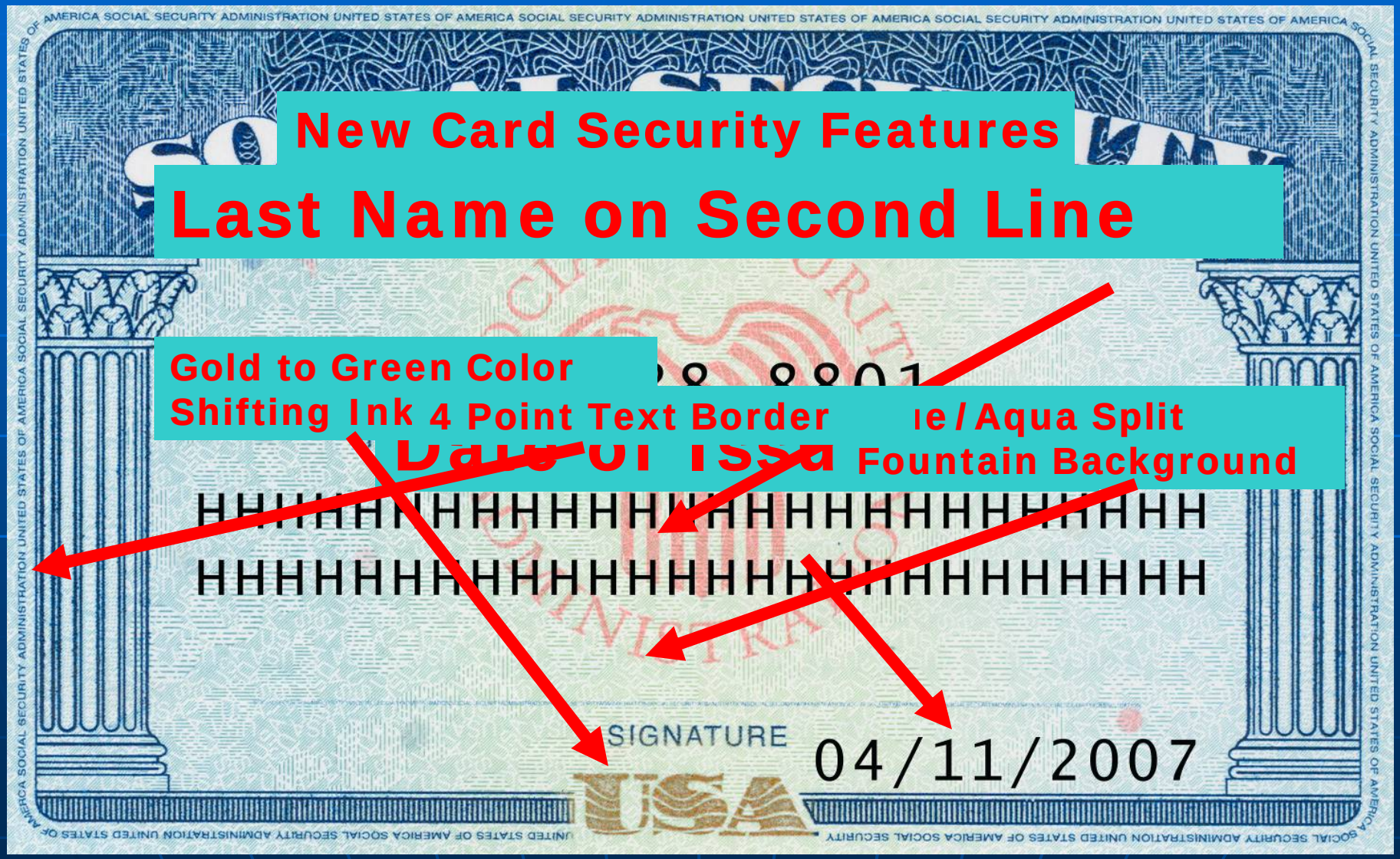
Working Electronically with the Social Security Administration

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

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

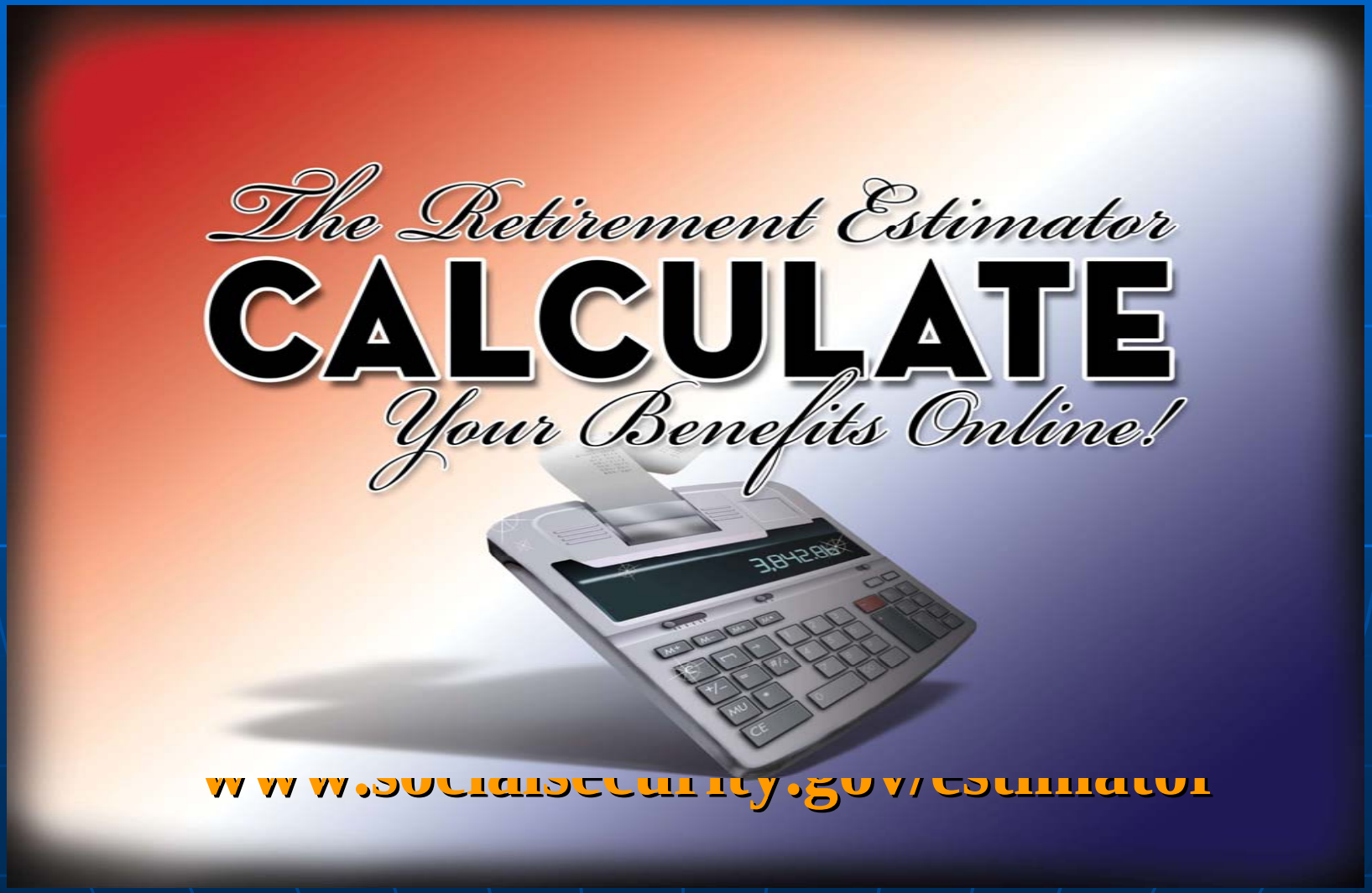
Tom Bricker
tom.bricker@ssa.gov
410-965-5273

Social Security Card Enhancements



Register for SSNVS

Calculate Your Benefits Online



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
- Acknowledge notices
- Verify Employee Names and SSNs

SSA Employer Page

www.socialsecurity.gov/employer

BSO Welcome Page

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)
- Do not use your EFTPS PIN or another person's User ID

Registration Process

- Provide registration information (you the user)
- Choose your own password
- Answer forgot password questions (5) NEW
- 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)

Social Security Online

Business Services Online

www.socialsecurity.gov

BSO Welcome | BSO Information | Keyboard Navigation

Registration for Business Services Online

BSO HELP

BSO Welcome > Registration

Online Services Availability

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

DON'T USE YOUR BROWSER'S BACK BUTTON

Effective as of October 2007, your Personal Identification Number (PIN) is now referred to as your User ID.

Please enter Name and SSN as they appear on your Social Security Card. If you do NOT have an SSN then leave this field blank. More info.

Please enter a U.S. Residence Address. More Info More info.

Remember your password. To ensure your privacy, no one else can have access to your password. Social Security can help you start the process over again, but we cannot access your password. More info.

Choose your password: Your User ID and password are required to access Business Services Online. Your Password must be 8 characters long and be a combination of letters and numbers. Passwords are NOT case sensitive. Do not use special characters. More info.

Form Approved: OMB No. 0960-0626
Expiration date: 09/30/2009

Information about you: Since you are requesting a User ID, we will need to gather some information about you. The information you provided will be compared with our records in order to verify your identity. Select this link for more help with completing this form.

First Name:

Middle Name: (Optional)

Last Name:

Suffix (Jr, Sr, II, III, IV): (Optional)

U.S. Social Security Number: (If you do NOT have an SSN leave this field blank.)

Date of Birth (m m d d y y y y):

Permanent Address Line 1:

Permanent Address Line 2: (Optional)

City:

Country: United States

State Abbreviation (for U.S.) / **Province:**

ZIP (for U.S.) / **Postal Code:** **ZIP Extension** (for U.S.): (Optional)

Phone Number:

Phone Extension: (Optional)

Fax Number: (Optional)

E-mail:
(Needed to notify you about registration and other updates.)

The answers to the five questions below will be required if you forget your password to verify your identity and allow you to select a new password.

Select a Question

Select a Question

Select a Question

Select a Question

Select a Question

Enter Password: (not case sensitive)

Reenter Password: (not case sensitive)

Cancel Register

Business Services Online
Main Menu

What's In It For You

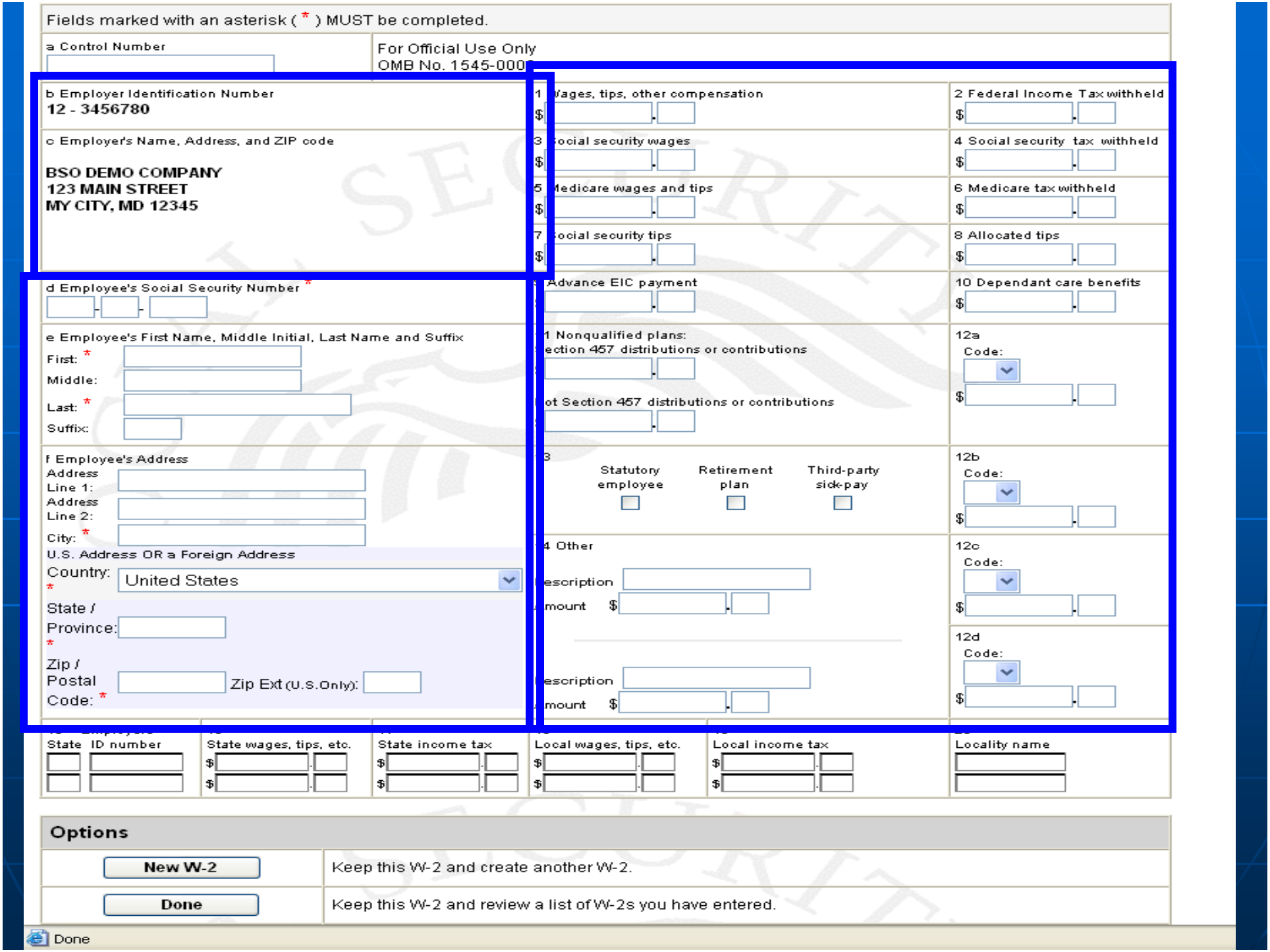
- Extended due date – March 31st
- Immediate receipt
- Faster processing
- Fewer errors
- More services
- Less costly to employers and SSA

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
  - *No forms or tax software required!!!*
  - Blank W-2 displayed via Internet
    -- Fill in screens (up to 20 W2s, 5 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!

- **Both use March 31 e-file deadline**



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

a Control Number

For Official Use Only
OMB No. 1545-000

b Employer Identification Number
12 - 3456780

c Employer's Name, Address, and ZIP code

BSO DEMO COMPANY
123 MAIN STREET
MY CITY, MD 12345

d Employee's Social Security Number *

e Employee's First Name, Middle Initial, Last Name and Suffix
First: *
Middle:
Last: *
Suffix:

f Employee's Address
Address Line 1:
Address Line 2:
City: *
U.S. Address OR a Foreign Address
Country: *
United States
State / Province: *
Zip / Postal Code: *
Zip Ext (U.S.Only):

1 Wages, tips, other compensation
$

2 Federal Income Tax withheld
$

3 Social security wages
$

4 Social security tax withheld
$

5 Medicare wages and tips
$

6 Medicare tax withheld
$

7 Social security tips
$

8 Allocated tips
$

9 Advance EIC payment
$

10 Dependant care benefits
$

11 Nonqualified plans:
Section 457 distributions or contributions
$

Not Section 457 distributions or contributions
$

12a
Code:
$

13
Statutory employee
Retirement plan
Third-party sick-pay

12b
Code:
$

14 Other
Description
Amount $

12c
Code:
$

Description
Amount $

12d
Code:
$

State ID number

State wages, tips, etc.
$
$

State income tax
$
$

Local wages, tips, etc.
$
$

Local income tax
$
$

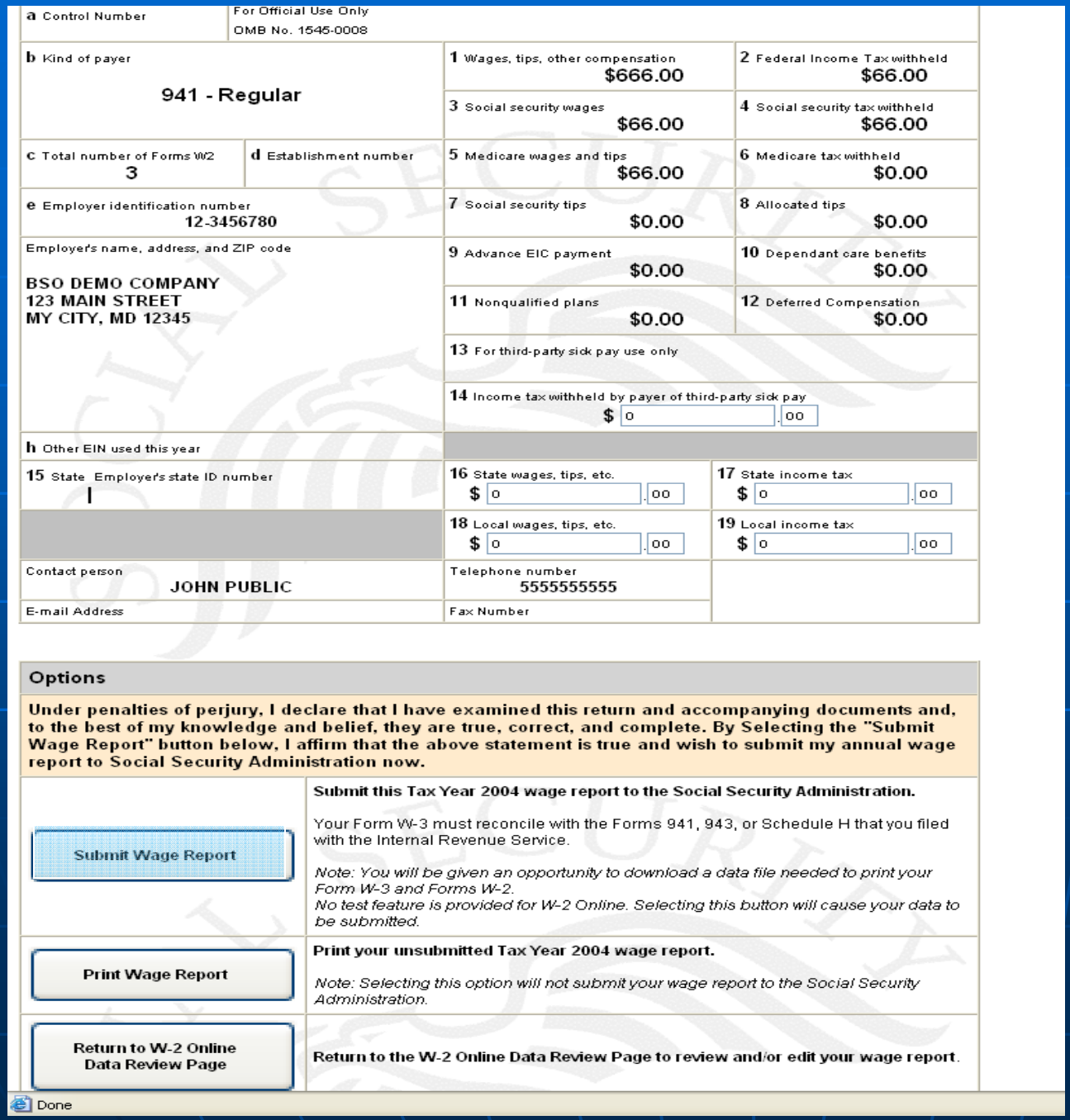
Locality name

Options

New W-2	Keep this W-2 and create another W-2.
Done	Keep this W-2 and review a list of W-2s you have entered.

Done

Form W-3



a Control Number	For Official Use Only OMB No. 1545-0008		
b Kind of payer 941 - Regular		1 Wages, tips, other compensation $666.00	2 Federal Income Tax withheld $66.00
		3 Social security wages $66.00	4 Social security tax withheld $66.00
c Total number of Forms W2 3	d Establishment number	5 Medicare wages and tips $66.00	6 Medicare tax withheld $0.00
e Employer identification number 12-3456780		7 Social security tips $0.00	8 Allocated tips $0.00
Employer's name, address, and ZIP code BSO DEMO COMPANY 123 MAIN STREET MY CITY, MD 12345		9 Advance EIC payment $0.00	10 Dependant care benefits $0.00
		11 Nonqualified plans $0.00	12 Deferred Compensation $0.00
		13 For third-party sick pay use only	
		14 Income tax withheld by payer of third-party sick pay $ 0 .00	
h Other EIN used this year			
15 State Employer's state ID number		16 State wages, tips, etc. $ 0 .00	17 State income tax $ 0 .00
		18 Local wages, tips, etc. $ 0 .00	19 Local income tax $ 0 .00
Contact person JOHN PUBLIC		Telephone number 5555555555	
E-mail Address		Fax Number	

Options

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete. By Selecting the "Submit Wage Report" button below, I affirm that the above statement is true and wish to submit my annual wage report to Social Security Administration now.

Submit Wage Report	**Submit this Tax Year 2004 wage report to the Social Security Administration.** Your Form W-3 must reconcile with the Forms 941, 943, or Schedule H that you filed with the Internal Revenue Service. *Note: You will be given an opportunity to download a data file needed to print your Form W-3 and Forms W-2.* *No test feature is provided for W-2 Online. Selecting this button will cause your data to be submitted.*
Print Wage Report	**Print your unsubmitted Tax Year 2004 wage report.** *Note: Selecting this option will not submit your wage report to the Social Security Administration.*
Return to W-2 Online Data Review Page	**Return to the W-2 Online Data Review Page to review and/or edit your wage report.**

Done

Business Services Online
Main Menu

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
- 6 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

SSN Verification

Name: **FIRST NAME LAST NAME** Submitter EIN: **010816050**

Please Note:

- **Social Security Administration will only return results for data that does NOT match our records.**
- Information that matches Social Security records will not be returned.
- Mandatory fields are indicated by an *.
- Field specific help is available by selecting the underlined links below.

* Employer's EIN (9 9 9 9 9 9 9 9 9)

The Employer's EIN is the Employer Identification Number (EIN) of the employer whose employees' names and SSNs are being verified. This information must be provided for security and audit purposes. Your request will not be processed without an Employer's EIN.

Please enter the following information for each employee you would like to verify.

	*SSN (9 9 9 9 9 9 9 9 9)	*First Name	Middle Name	*Last Name	Suffix	Date of Birth (M M D D Y Y Y Y)	Gender (F / M)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10							

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

Name: **OSES-DEBORAH HARRIS** Submitter EIN: **010000000**

Employer's EIN:	010000000
Records Submitted:	10
Failed Verification:	6
Deceased:	2
Verified Records:	2

Verify More SSNs

Why Are Some SSNs Masked

What to do if an SSN fails to verify

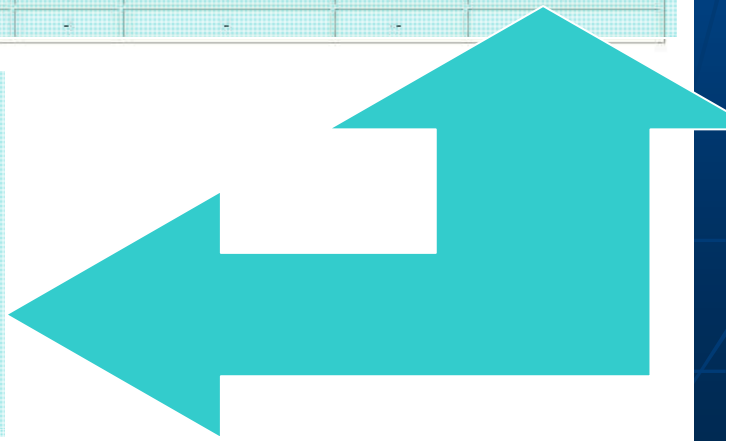
Field Office Locator

The following table displays your submitted results. The first column indicates the result of a record: failed, deceased or verified.

- **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 the person is deceased.
  Please contact our general SSA information line at 1-800-772-1213 (TDD/TTY 1-800-325-0778) or your local Social Security office.
  Select Field Office Locator to find the office nearest you.
- **Verified**- Data matches Social Security Administration's records.

Result	SSN 999999999	First Name	Middle Name	Last Name	Suffix	Date of Birth MMDDYYYY	Gender F/M	Verification Results
Failed	345651975	JULIE	-	JONES	-	-	-	1
Failed	XXXXX2563	JAKE	-	NEWTON	-	-	-	2
Failed	XXXXX6322	KRISTINE	-	FOUDY	-	-	-	3
Failed	XXXXX1975	BRIANA	-	JONES	-	-	-	4
Failed	653782563	TIFFENY	-	ISSAC	-	-	-	5
Failed	XXXXXX2563	CHAD	-	MATTHEWS	-	-	-	6
Deceased	568931975	AJ	-	JONES	-	-	-	-
Deceased	345782563	KIM	-	SMITH	-	-	-	-
Verified	XXXXX6322	KAYLA	-	MILBRETT	-	-	-	-
Verified	XXXXX5425	HAMM	-	BONE	-	-	-	-

Verification Results	
Code	**Description**
1	SSN not in file
2	Name and DOB match, Gender code does not match
3	Name and Gender code match; DOB does not match
4	Name matches, DOB and Gender do not match
5	Name does not match; DOB and Gender not checked
6	SSN did not verify; other reason



Possible Mismatch Codes

VERIFICATION CODES

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

2 = Name and DOB match, gender code does not match

3 = Name and gender code match; DOB does not match

4 = Name matches, DOB and gender code do not match

5 = Name does not match, DOB and gender code 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

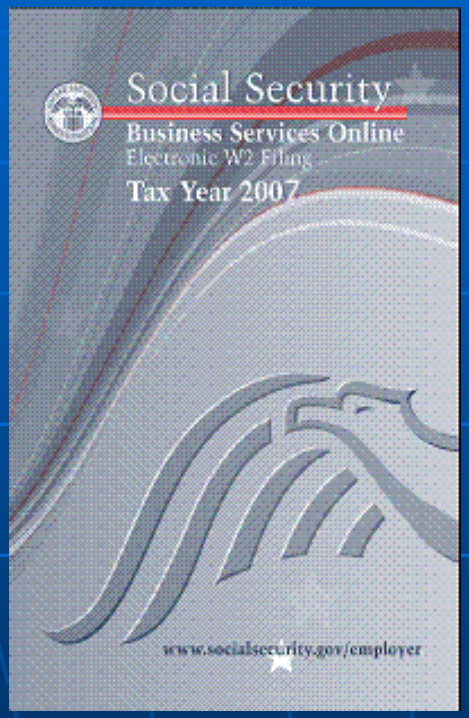
- Compare submitted information
- Ask employee to verify the information / View Social Security card
- Ask employee to check with any local Social Security office
- Document your efforts

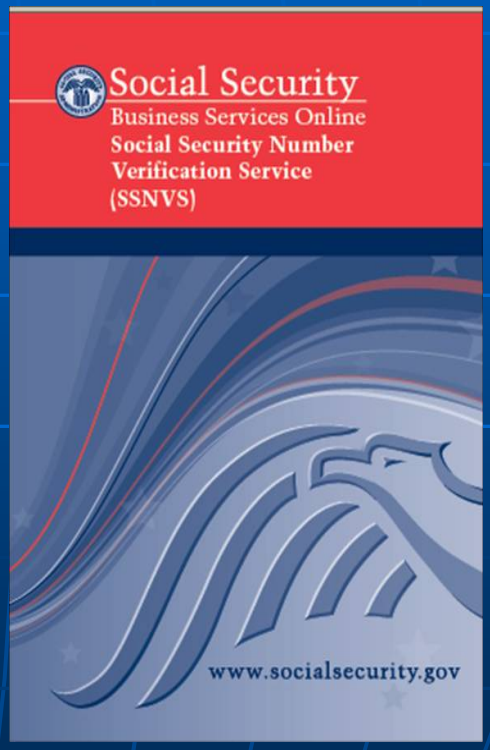
Reminders!

- 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

www.ssa.gov/employer/bsohbnew.htm





www.ssa.gov/employer/ssnvs_handbk.htm

SSA Contacts

- Employer Website
  www.socialsecurity.gov/employer
- Business Services Online (BSO)
  www.socialsecurity.gov/employer/bso/bsowelcome.htm
- Employer Reporting Assistance
  1-800-772-6270
- BSO Technical Assistance
  1-888-772-2970
- Employer Services Liaison Officers

Social Security Regional Employer Services Liaison Officers

EMPLOYER REPORTING SERVICE CENTER:
1-800-772-6270

Boston-CT, ME, MA, NH, RI, VT
Regina Bachini
617-565-2895 / Fax: 617-565-4814
regina.bachini@ssa.gov

New York-NJ, NY, PR, VI
Tyrone Benefield
212-264-1117 / Fax: 212-264-2071
tyrone.s.benefield@ssa.gov

Philadelphia-DE, DC, MD, PA, VA, WV
Frank O'Brien
215-597-4632 / Fax: 215-597-2989
frank.obrien@ssa.gov

Atlanta-AL, FL, GA, KY, MS, NC, SC, TN
Kirk Jockell
404-562-1315 / Fax: 404-562-1313
kirk.jockell@ssa.gov

Chicago-IL, IN, MI, MN, OH, WI
Paul Dieterle/Pat Hayes
312-575-4244 / Fax: 312-575-4245
paul.dieterle@ssa.gov
patricia.a.hayes@ssa.gov

Kansas City-IA, KS, MO, NE
Kelli Chappelow
816-936-5657 / Fax: 816-936-5951
kelli.chappelow@ssa.gov

Denver-CO, MT, ND, SD, UT, WY
Carolyn Sykes
303-844-2364 / Fax: 303-844-7320
carolyn.sykes@ssa.gov

Dallas-AR, LA, NM, OK, TX
Deborah Forsythe
281-449-2955 / Fax 281-590-1324
debbie.forsythe@ssa.gov

San Francisco-AZ, CA, GU, HI, NV, AS
Bill Brees
510-970-8247 / Fax: 510-970-8101
bill.brees@ssa.gov

Seattle-AK, ID, OR, WA
Tim Beard
206-615-2125 / Fax: 206-615-2643
tim.beard@ssa.gov