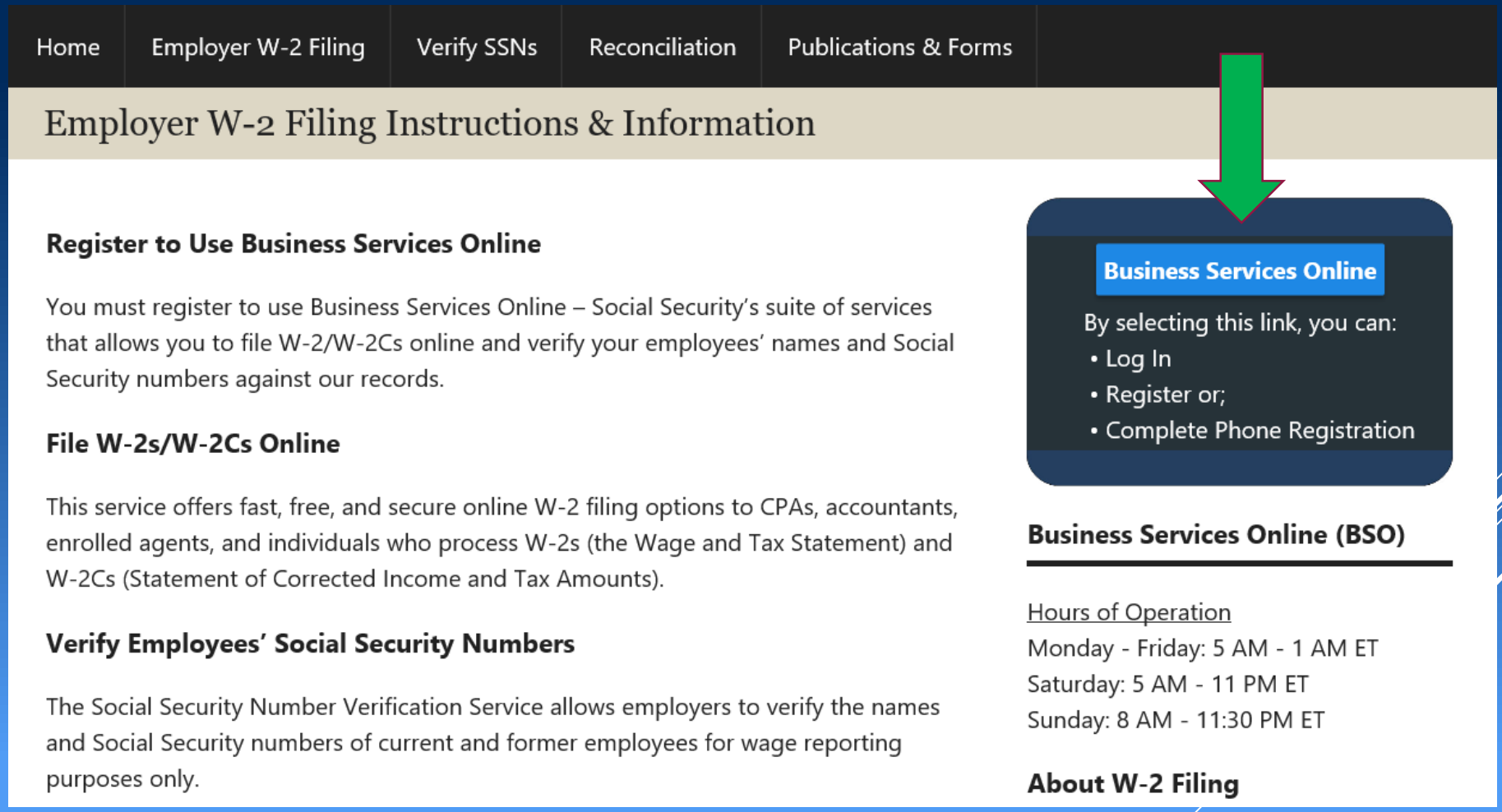
PAYROLL POINTERS FOR FILERS OF FORMS W-2/W-3

my Social Security

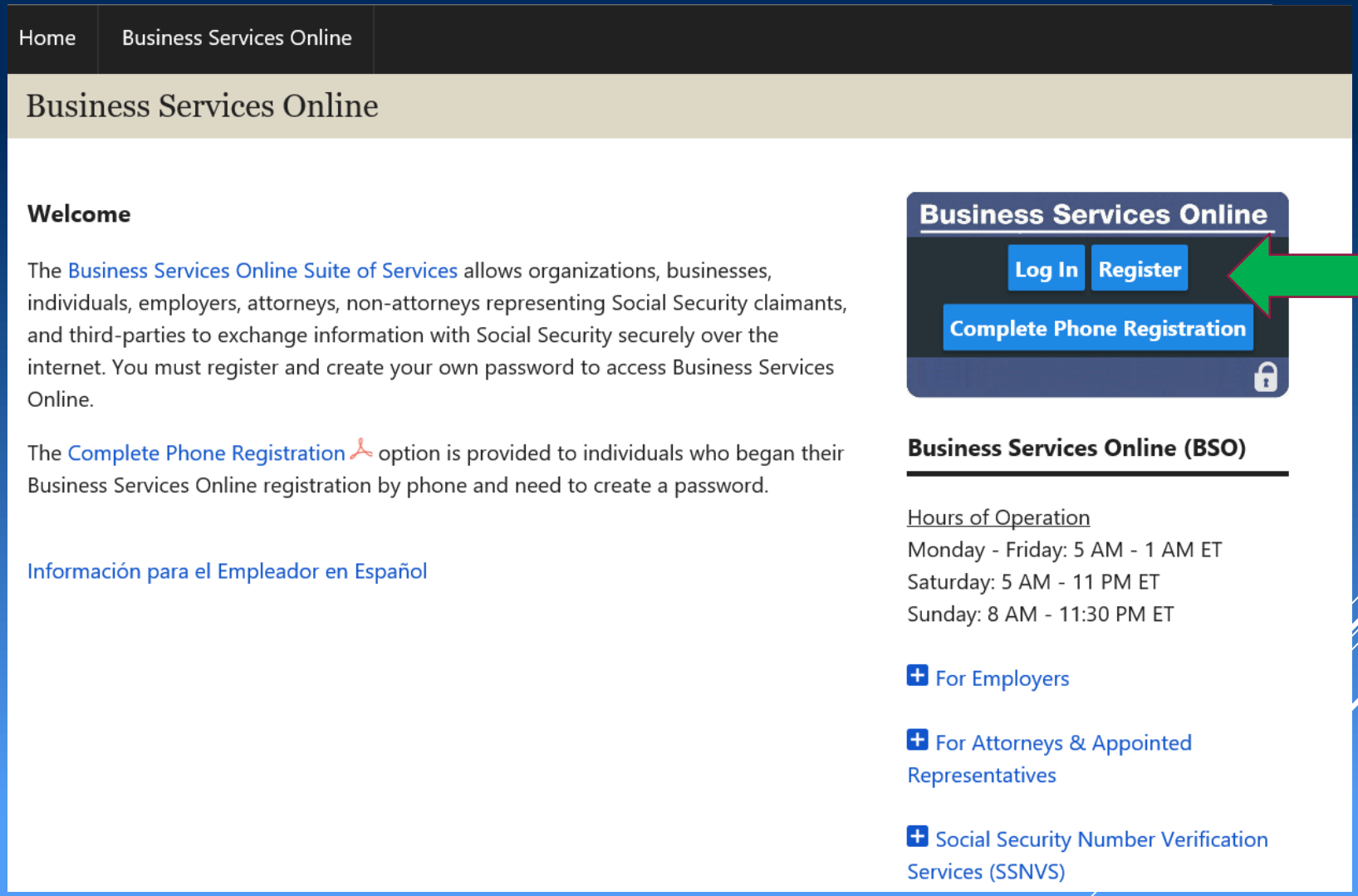
www.ssa.gov/myaccount

EMPLOYER SERVICES WELCOME PAGE



www.ssa.gov/employer

BSO WELCOME PAGE



www.ssa.gov/bso/bsowelcome

BUSINESS SERVICES ONLINE

- Register for a User ID and password
- File W-2s
  - W-2 Online
  - W-2c Online
  - Test Wage File (AccuWage Online)
  - Upload Wage File
- Notices via e-mail
- Verify Employee Names and SSNs

WHAT DO I DO FIRST?

- Register – as an individual on behalf of the employer
- User ID
  - Electronic signature of person, not company, attesting to proper use of the service
  - Allows a person access to Business Services Online (BSO)
- Must use your BSO User ID issued by SSA, not your “my Social Security” username

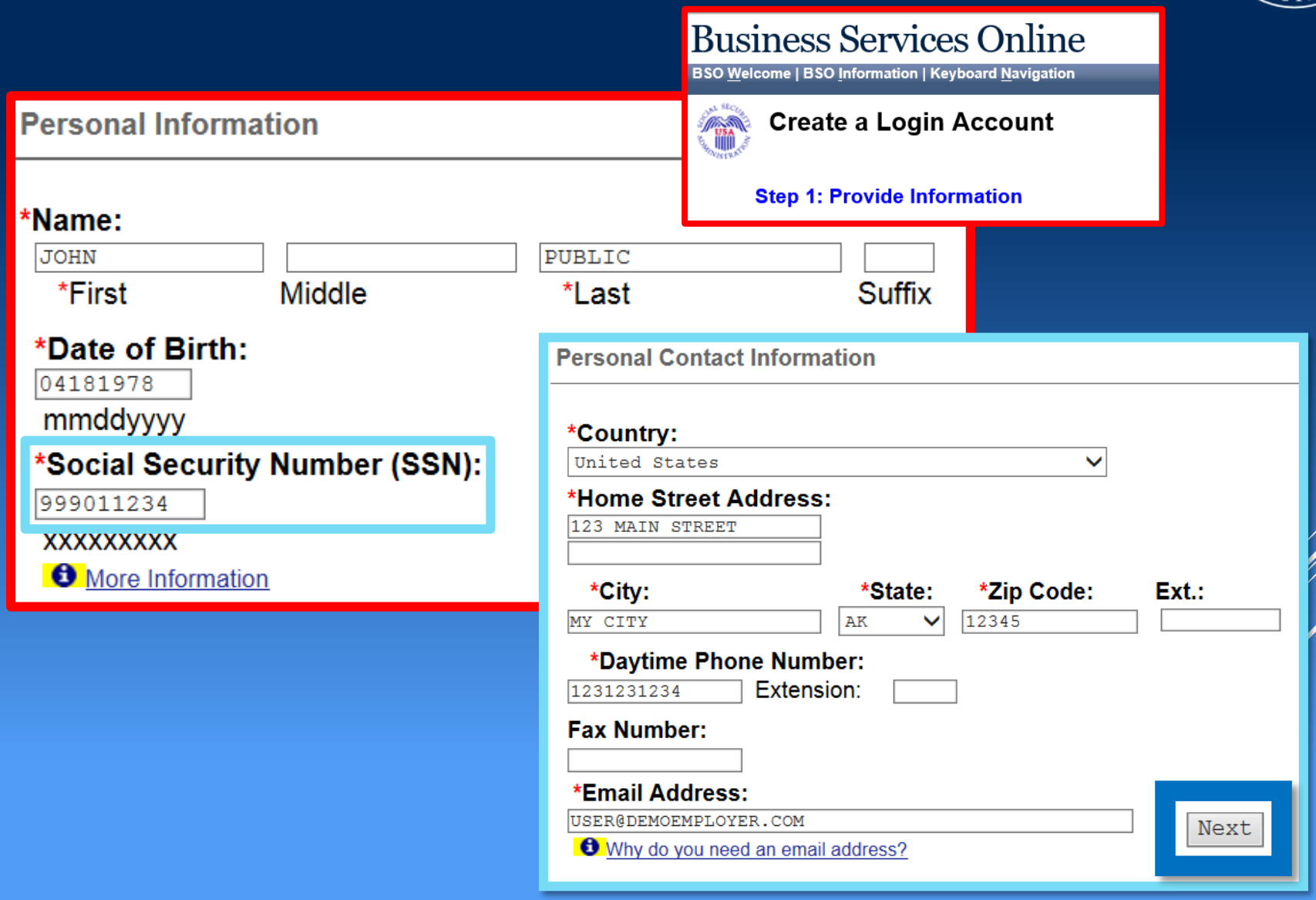
REGISTRATION PROCESS

- Provide registration information (you the user)
- Choose your own password
- Receive your User ID
- Choose your role(s)
- Employer information
- Notices
  - Sent to user
  - Sent to employer (Activation Code)

REGISTRATION REMINDERS

- User IDs valid indefinitely
- Passwords valid for 90 days
- Receive your User ID
- For Assistance – Call 1-800-772-6270

REGISTRATION PROCESS



CREATE YOUR PASSWORD

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:

Business Services Online

BSO Welcome | BSO Information | Keyboard Navigation

Create a Login Account

Step 2: Create Your 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

Next

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.

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

Next

REMINDERS FOR TY 2018

- Employee Tax Rate 7.65%
- Self-Employed Tax Rate 15.30%
- Social Security (OASDI only) Maximum Taxable Earnings $128,400
- Medicare (HI only) – No limit taxable earnings
- January 31st - deadline to file W-2s using BSO or to submit paper Form W-2.
- January 31- deadline to distribute Forms W-2 to employee(s)

SUBMIT, UPLOAD OR PROCESS W-2S AND W-2CS

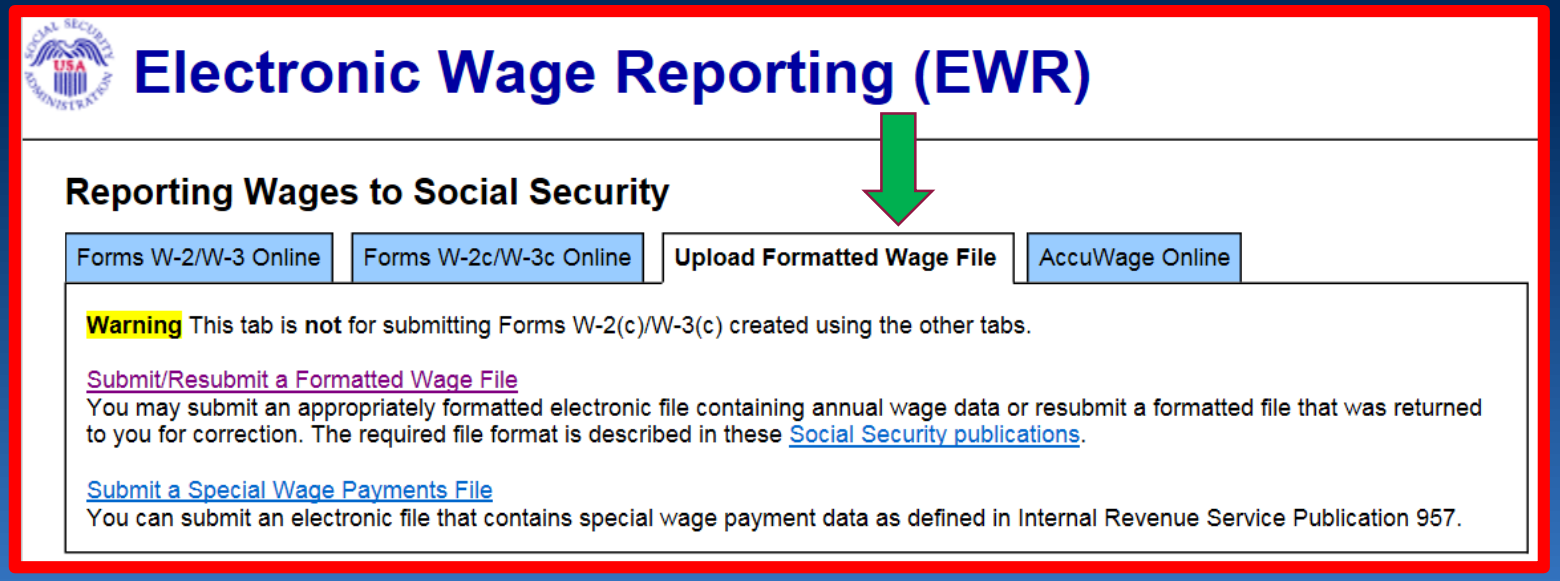
- **Upload EFW2 or EFW2C file**
  - **Prepared by your software**
  - **Large or small filers**

No forms or tax software required!!!

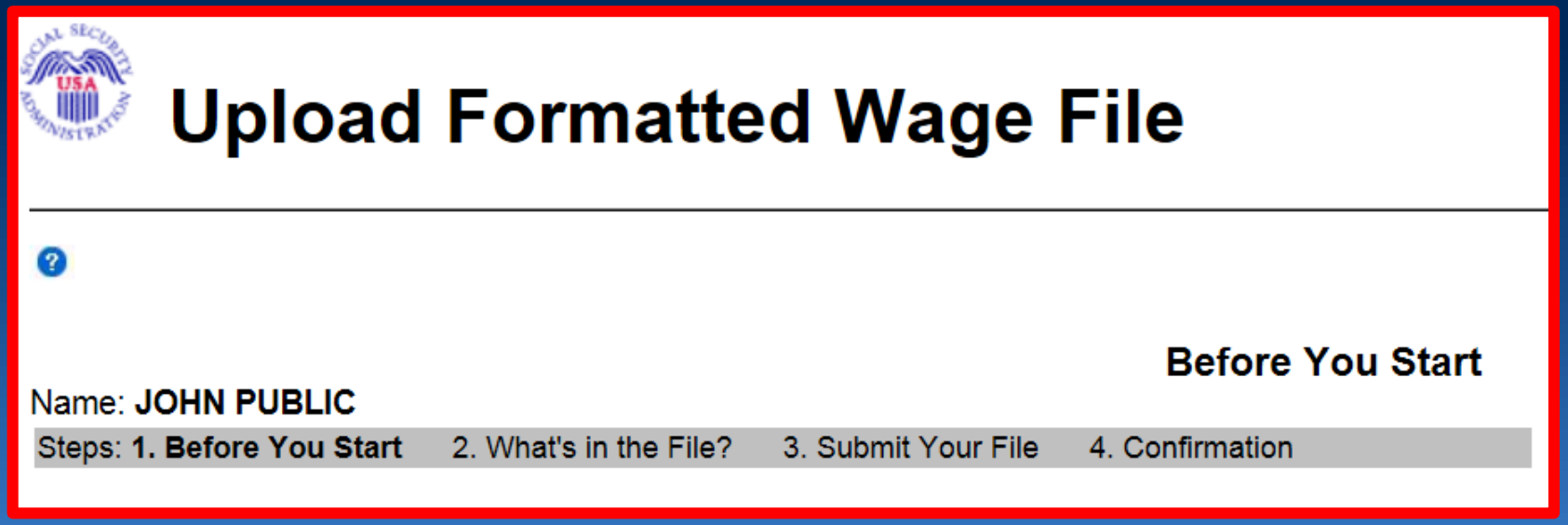
- **W-2/W-2C Online**
  - **Ideal for small filers or special needs**
  - **Blank W-2 displayed via Internet**
  - **W-3/W-3C totaled for your records**
  - **Name/SSN verification occurs immediately**
  - **Employee Copies**
  - **Prefill information you submitted in W-2 Online last year**

REPORT WAGES TO SOCIAL SECURITY

ELECTRONIC WAGE REPORTING (EWR)



BEFORE YOU START (EFW2)



Upload Formatted Wage File

Before You Start

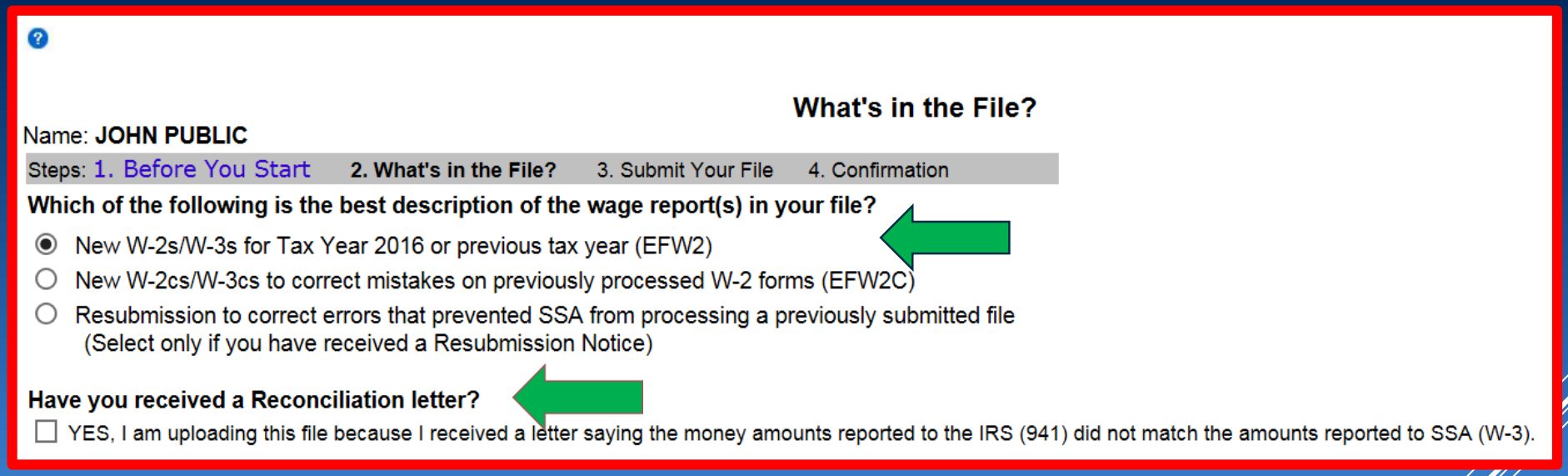
Name: **JOHN PUBLIC**

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

1. Review your file(s) for correct formatting.
We provide AccuWage error-checking software for both W-2 and W-2c wage report formats. Reviewing your file with this software program can prevent it from being rejected and returned.
What does this application check?
Which errors are most critical to fix?
AccuWage Application

Continue

WHAT'S IN THE FILE? (EFW2)



What's in the File?

Name: **JOHN PUBLIC**

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

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

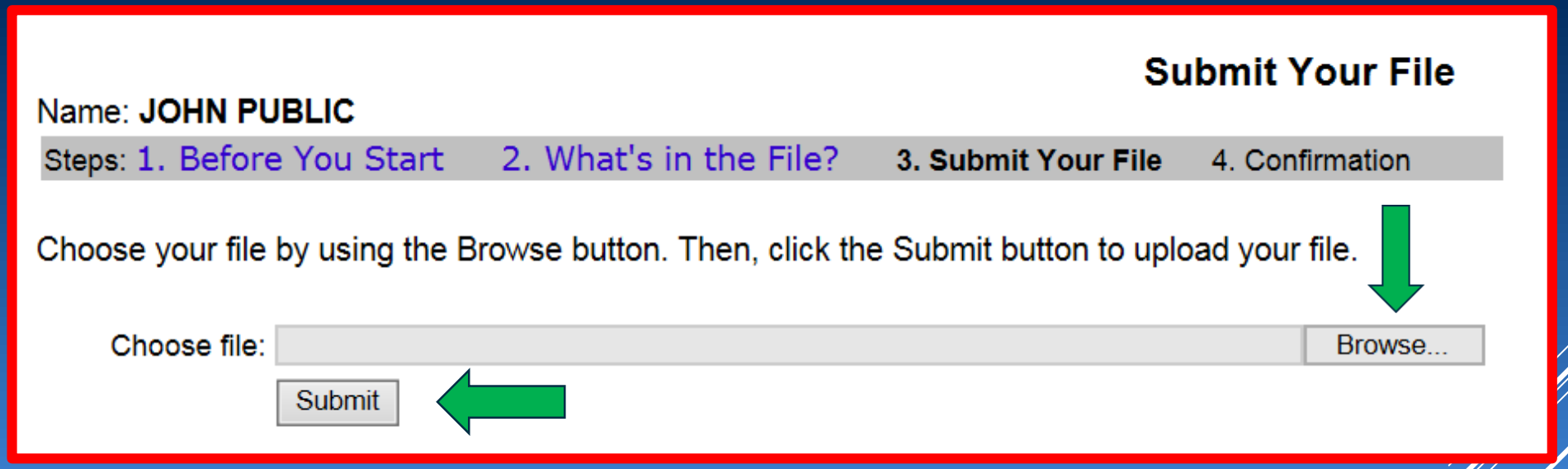
- (●) New W-2s/W-3s for Tax Year 2016 or previous tax year (EFW2)
- ( ) New W-2cs/W-3cs to correct mistakes on previously processed W-2 forms (EFW2C)
- ( ) Resubmission to correct errors that prevented SSA from processing a previously submitted file (Select only if you have received a Resubmission Notice)

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).

Continue

SUBMIT YOUR FILE (EFW2)



CONFIRMATION – YOUR FILE WAS RECEIVED (EFW2)

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: 01/07/2017 02:55 PM Eastern Standard Time

Wage File Identifier (WFID): KWB495

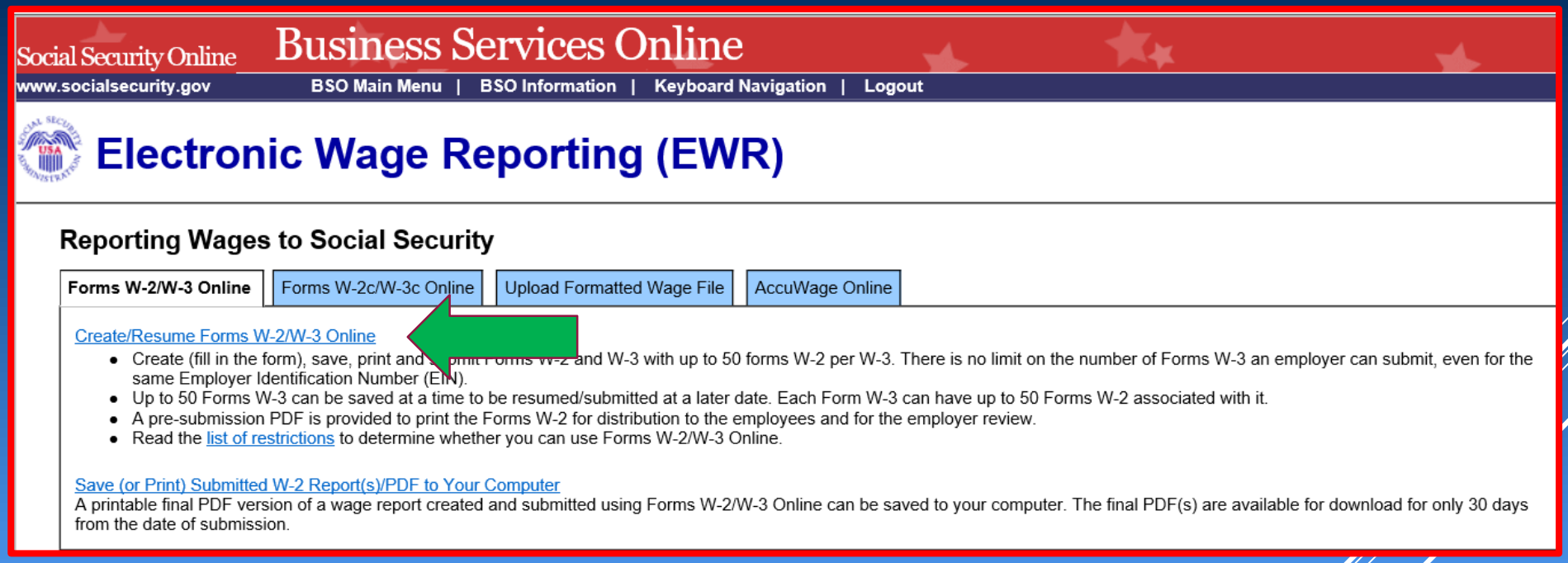
Submitter (EIN): 112222222

Your File Name: fileUpload.txt

File Size: 3,383 bytes (3.3 Kb)

Assigned File Name: 12ACEA7B851EDB93_2011KVZ24001

FORMS W-2/W-3 ONLINE



W-2 ONLINE FACSIMILE

Forms W-2/W-3 Online

Steps: ① Employer Information ❷ **Form(s) W-2** ③ W-2 List ④ W-3 Preview ⑤ Print & Review ⑥ Sign & Submit

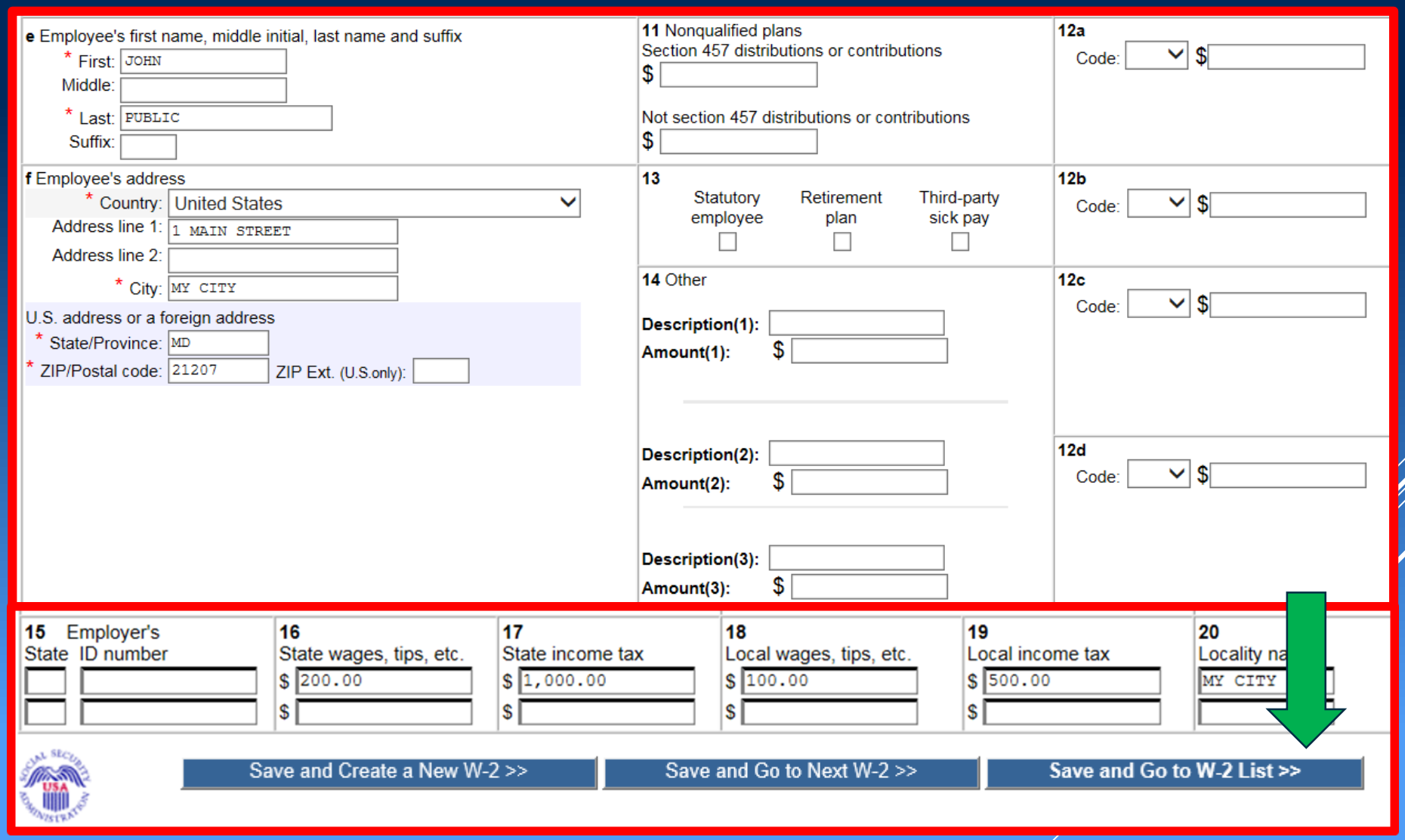
❷ Enter W-2 Information

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 - 6789	For official use only OMB No. 1545-0008	
b Employer identification number **11 - 2222222**	**1** Wages, tips, other compensation $ 1,234.00	**2** Federal income tax withheld $ 345.00
c Employer's name, address, and ZIP code **DEMO EMPLOYER** **123 MAIN STREET** **MY CITY, MD 21207**	**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 $
d Control number	**9** Not Applicable	**10** Dependent care benefits $

W-2 ONLINE FACSIMILE



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

* First: JOHN
Middle:
* Last: PUBLIC
Suffix:

f Employee's address

* Country: United States
Address line 1: 1 MAIN STREET
Address line 2:
* City: MY CITY

U.S. address or a foreign address

* State/Province: MD
* ZIP/Postal code: 21207 ZIP Ext. (U.S.only):

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): $

12a Code: $

12b Code: $

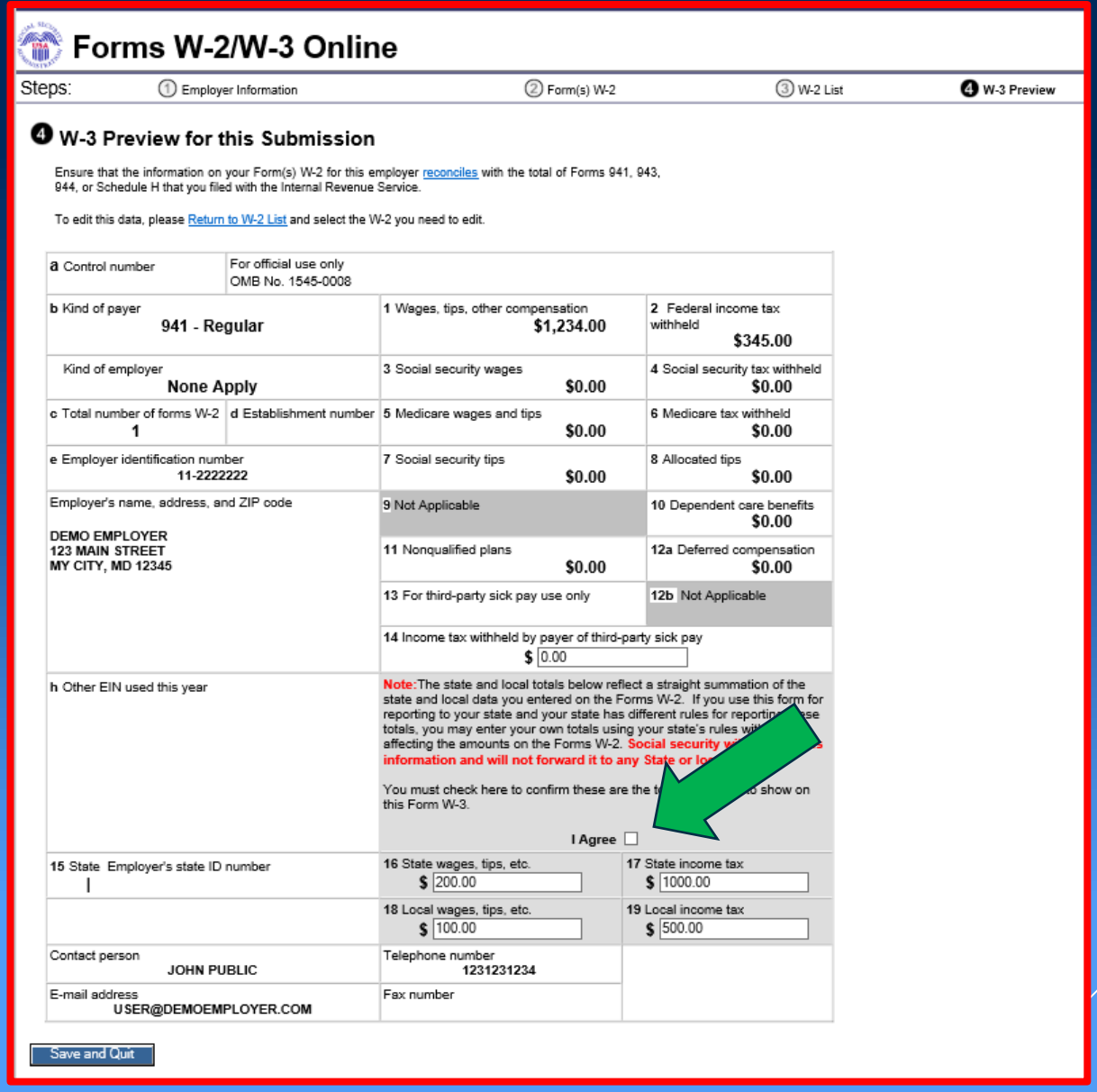
12c Code: $

12d Code: $

15 Employer's State ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality na
	$ 200.00	$ 1,000.00	$ 100.00	$ 500.00	MY CITY
	$	$	$	$	

Save and Create a New W-2 >> | Save and Go to Next W-2 >> | Save and Go to W-2 List >>

FORMS W-2/W-3 ONLINE



Forms W-2/W-3 Online

Steps: ① Employer Information ② Form(s) W-2 ③ W-2 List ④ W-3 Preview

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.

a Control number	For official use only OMB No. 1545-0008		
b Kind of payer 941 - Regular		1 Wages, tips, other compensation $1,234.00	2 Federal income tax withheld $345.00
Kind of employer None Apply		3 Social security wages $0.00	4 Social security tax withheld $0.00
c Total number of forms W-2 1	d Establishment number	5 Medicare wages and tips $0.00	6 Medicare tax withheld $0.00
e Employer identification number 11-2222222		7 Social security tips $0.00	8 Allocated tips $0.00
Employer's name, address, and ZIP code DEMO EMPLOYER 123 MAIN STREET MY CITY, MD 12345		9 Not Applicable	10 Dependent care benefits $0.00
		11 Nonqualified plans $0.00	12a Deferred compensation $0.00
		13 For third-party sick pay use only	12b Not Applicable
		14 Income tax withheld by payer of third-party sick pay $ 0.00	
h Other EIN used this year		Note: 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. Social security wages information and will not forward it to any State or local You must check here to confirm these are the totals to show on this Form W-3. I Agree ☐	
15 State Employer's state ID number		16 State wages, tips, etc. $ 200.00	17 State income tax $ 1000.00
		18 Local wages, tips, etc. $ 100.00	19 Local income tax $ 500.00
Contact person JOHN PUBLIC		Telephone number 1231231234	
E-mail address USER@DEMOEMPLOYER.COM		Fax number	

Save and Quit

FORMS W-2/W-3 ONLINE

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

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.

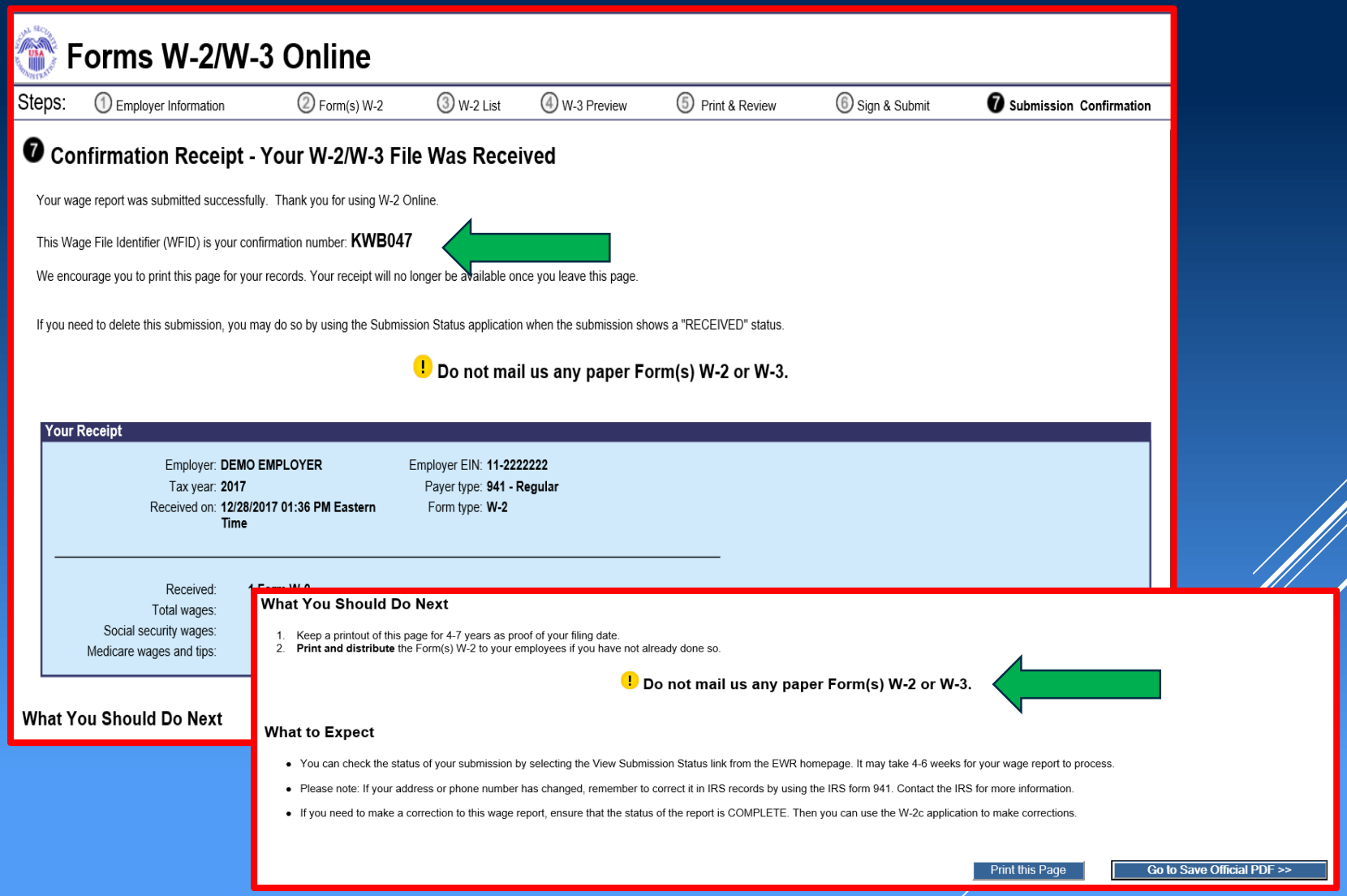
Print Unsubmitted W2/W3 277133122.tmp

What's in this PDF?

Problems Printing Form(s) W-2 ?

Save and Quit << Return to W-2 List Continue >>

FORMS W-2/W-3 ONLINE



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

7 Confirmation Receipt - Your W-2/W-3 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: **11-2222222**
Tax year: **2017**
Payer type: **941 - Regular**
Received on: **12/28/2017 01:36 PM Eastern Time**
Form type: **W-2**

Received:
Total wages:
Social security wages:
Medicare wages and tips:

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.

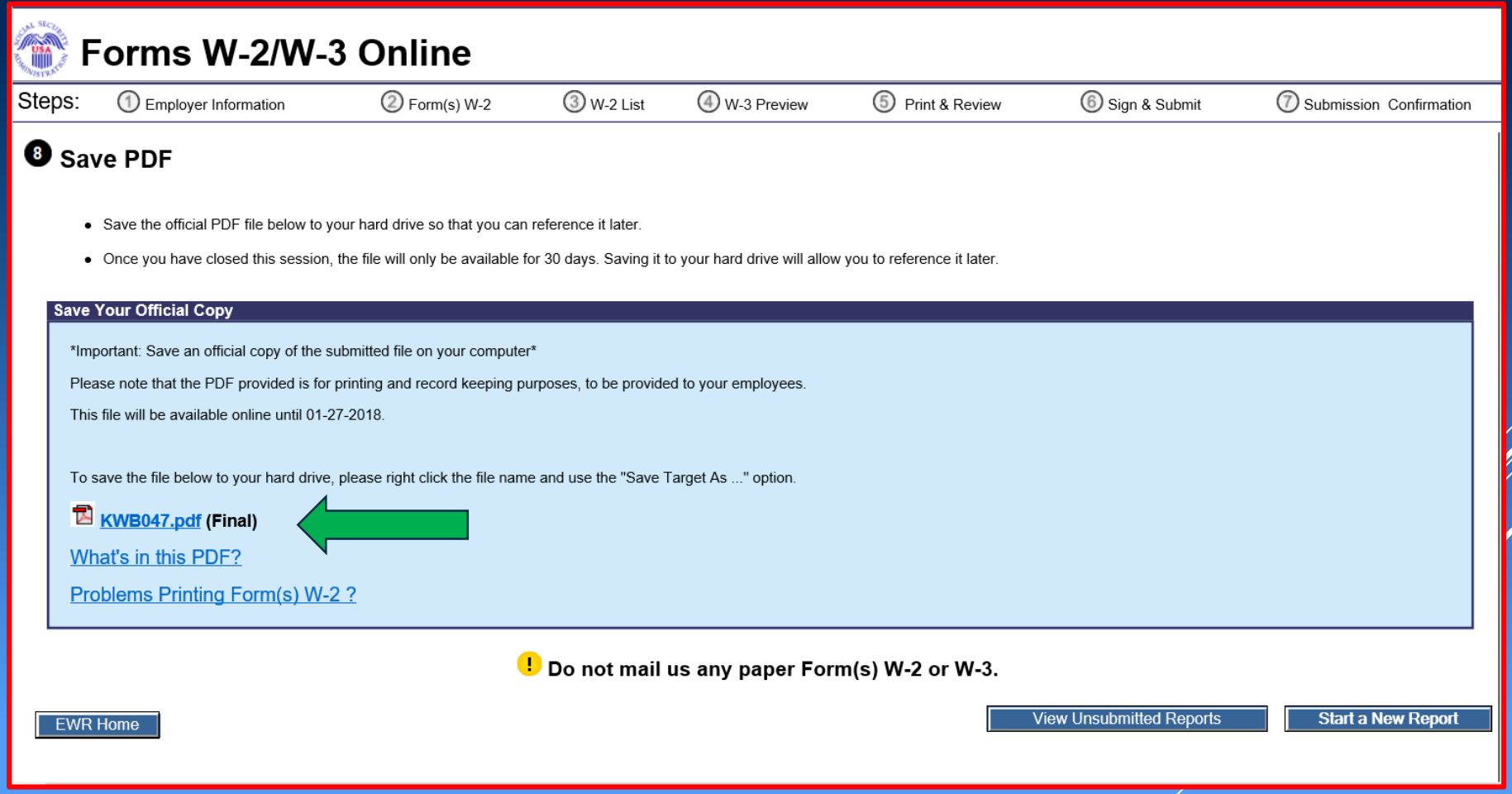
Do not mail us any paper Form(s) W-2 or W-3.

What to Expect

- You can check the status of your submission by selecting the View Submission Status link from the EWR homepage. It may take 4-6 weeks for your wage report to process.
- Please note: If your address or phone number has changed, remember to correct it in IRS records by using the IRS form 941. Contact the IRS for more information.
- If you need to make a correction to this wage report, ensure that the status of the report is COMPLETE. Then you can use the W-2c application to make corrections.

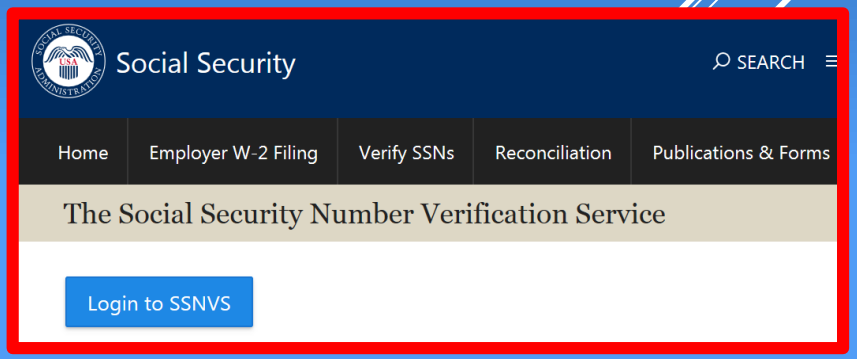
Print this Page | Go to Save Official PDF >>

FORMS W-2/W-3 ONLINE



WHAT IS THE SOCIAL SECURITY NUMBER VERIFICATION SERVICE (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

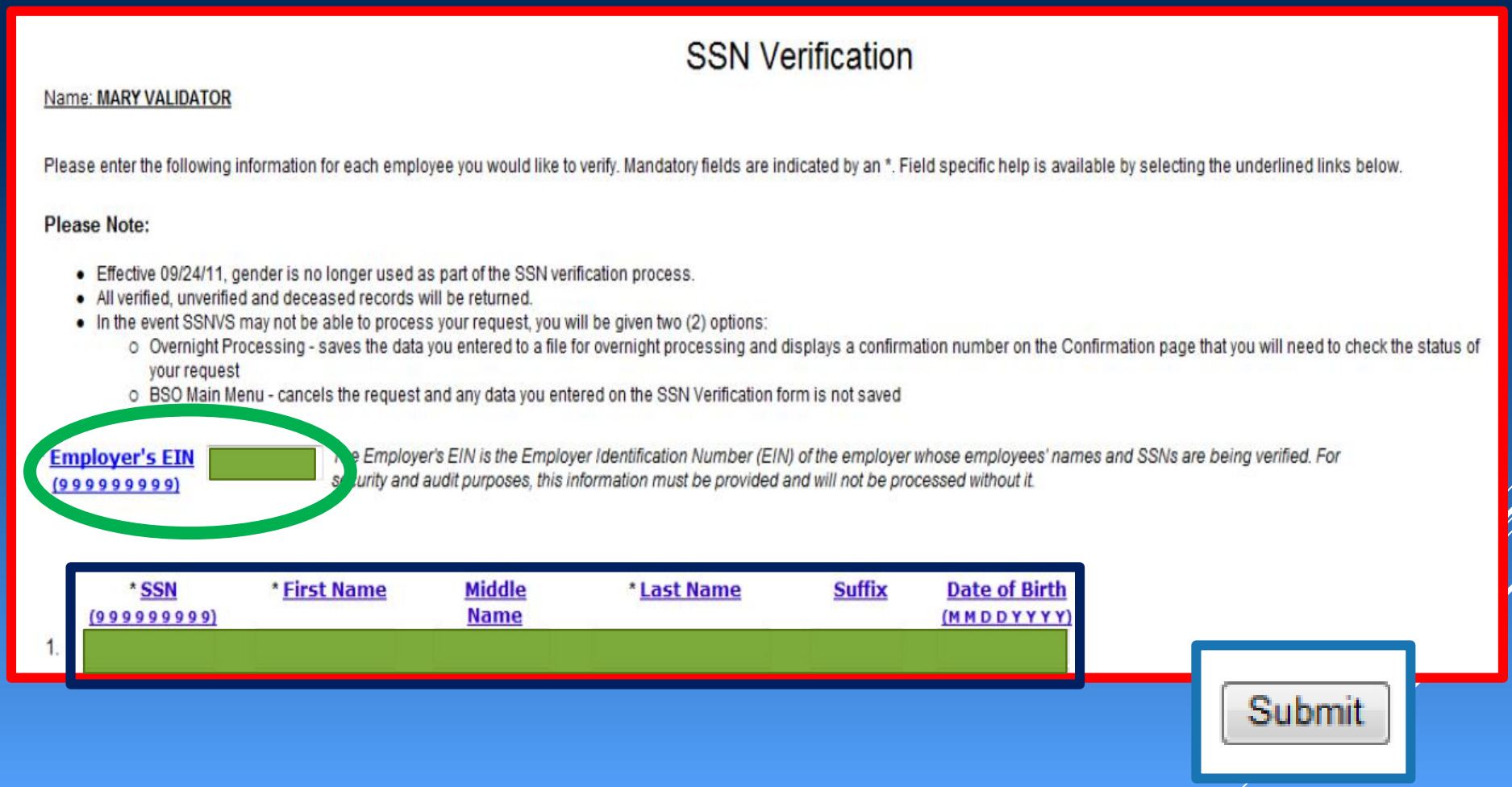


TWO METHODS FOR USING SSNVS

- Direct keying to SSNVS 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

SSN VERIFICATION PAGE



SSN Verification

Name: **MARY VALIDATOR**

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.*

	* SSN (999999999)	* First Name	Middle Name	* Last Name	Suffix	Date of Birth (MMDDYYYY)
1.						

Submit

SSN VERIFICATION RESULTS

SSNVS Help

Employer's EIN: 010000000 Name: JOHN BENT
Records Submitted: 4
Failed: 4
Verified Records: 0

T e following table displays your
r verified records and records w

Verify More SSNs
What to do if an SSN fails to verify
Field Office Locator

- **Failed** - Data does not ma
- **Deceased** - Data matches information line at 1-800-7
- **Verified** - Data matches S

Results	SSN 999999999	First Name	Middle Name	Last Name	Suffix	Date of Birth MMDDYYYY	Verification Results
Failed	[redacted]490703	KELLEY	RAE	REYNOLDS	-	10201965	1
Failed	[redacted]767000	SYLVESTER	-	WILLIAMS	-	08031955	1
Failed	[redacted]902002	THOMAS	EDWARD	NIESE	-	02201978	1
Failed	[redacted]215300	MELISSA	CAROL	MILLER	-	05271977	5

Verification Results	
Code	Description
1	SSN not in file (never issued).
5	Name does not match; DOB not checked.

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 Social 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 SSN card
- Ask employee to check with local Social Security office
- Document your efforts

SSNVS 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.**

SSA IS HERE TO HELP

- www.ssa.gov/employer
- General Wage Reporting Questions – 1-800-772-6270 or by email at employerinfo@ssa.gov
- BSO technical Help 1-888-772-2970 or by email at bso.support@ssa.gov
- Employer Services Liaison Officers (ESLO)
- Social Security Administration Website
- Business Services Online Registration Tutorial Video
- Electronic filing W-2 Handbook

ESLOS ACROSS THE NATION
PAGE 1

Boston – CT, ME, MA, NH, RI, VT **Regina Bachini** **617-565-2895 / Fax: 617-565-4814** BOS.RO.CPS.ESLO@ssa.gov Regina.Bachini@ssa.gov	**Kansas City – IA, KS, MO, NE** **Dallas – AR, LA, NM, OK, TX** **Kelli Chappelow** **816-936-5657 / Fax: 816-936-5951** KC.MO.RO.CPS.ESLO@ssa.gov Kelli.Chappelow@ssa.gov
New York – NJ, NY, PR, VI **Elizabeth Roback** **212-264-1462 / Fax: 215-597-2071** NY.RO.CDPS.ESLO@ssa.gov	**Denver – CO, MT, ND, SD, UT, WY** **Yvonne Candelaria** **303-844-7026** DEN.ESLO@ssa.gov
Philadelphia – DE, DC, MD, PA, VA, WV **Bernard Daniels** **215-597-2354 / Fax: 215-597-2989** Bernard.a.Daniels@ssa.gov	**Atlanta – AL, FL, GA, KY, MS, NC, SC, TN** **Kirk Jockell** **404-562-1315 / Fax: 404-562-1313** Kirk.Jockell@ssa.gov

ESLOS ACROSS THE NATION
PAGE 2

San Francisco – AZ, CA, GU, HI, NV, AS **Rey Arquero** **510-970-8247 / Fax: 510-970-8101** SF.CA.RO.CPS.ESLO@ssa.gov	**Chicago – IL, IN, MI, MN, OH, WI** **Janet Gioffre** **866-530-7818 X10854 / Fax: 440-245-3904** CH.RO.CRSISSI.ESLO@ssa.gov
Seattle – AK, ID, OR, WA **Armond Joseph** **206-615-2125 / Fax: 206-615-2643** SEA.RO.CPS.ESLO@ssa.gov	

www.ssa.gov/employer/wage_reporting_specialists.htm

QUESTIONS?

With you through life's journey...
Securing today
and tomorrow