

# User Registration Process

Social Security Online


Business Services Online

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**Online Services Availability**  
Monday – Friday: 5am – 1am EST  
Saturday: 5am – 11pm EST  
Sunday: 8am – 11:30pm EST

**DON'T USE YOUR BROWSER'S BACK BUTTON**

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

 **User Registration Attestation** [HELP](#)

Please read the following information about registering to use Business Services Online.

Please select the link below to read about SSA's legal authority for collecting information.

[Paperwork Reduction Act Statement](#)

**Registering for Business Services Online**

To obtain a User ID and password, complete the user registration form and select the submit button on the following page. The information you submit will be verified against our records.

Upon successful registration, you will have your User ID and password.

You may update your registration information or change your password at any time.

I understand that the Social Security Administration (SSA) will validate the information I provide against the information in SSA's files.

**User Certification for SSA Business Services Online**

I certify that:

- I understand that SSA may ban me from the use of these services if SSA determines or suspects there has been misuse of these services.
- I understand that I may be subject to penalties if I submit fraudulent information. I agree that I am responsible for all actions taken with my User ID.
- I am aware that any person who knowingly and willingly makes any representation to falsely obtain information from Social Security records and/or intends to deceive the Social Security Administration as to the true identity of an individual could be punished by a fine or imprisonment or both.

**By selecting the "I Accept" button, you certify that you have read, understand and agree to the user certification of Business Services Online.**

Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.

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Social Security Online

# Business Services Online

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## Paperwork Reduction Act Statement

[BSO HELP](#)

### Online Services Availability

- Monday-Friday: 5 AM - 1 AM EST
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BUTTON**

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our estimate of the time needed to complete the form to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.

Close Browser Window

Have a question? Call **1-800-772-6270** Monday through Friday, 7:00 a.m. to 7:00 p.m. Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call **1-800-325-0778**.

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BSO Welcome > User Registration

HELP

Online Services Availability  
Monday – Friday: 5am – 1am EST  
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DON'T USE YOUR BROWSER'S BACK BUTTON

### User Registration

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 provide will be compared with our records in order to verify your identity. Select [this link](#) for more help with completing this form.

Please enter your name and SSN as they appear on your Social Security Card. If you do NOT have a U.S. Social Security Number please leave this field blank. [More info.](#)

First Name:

Middle Name:  (Optional)

Last Name:

Suffix:  (Optional)

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

Date of Birth: (mmdyyyy)

Please enter a permanent U.S. or foreign residence address. When requesting services you will have an opportunity to enter a work location address, if appropriate. [More info.](#)

Permanent Address Line 1:

Permanent Address Line 2:  (Optional)

City:

Country:

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.

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.](#)

Mother's Maiden Name:

Name of High School:

Name of First Pet:

Favorite Color:

Grandfather's First Name:

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.](#)


Enter Password: (not case sensitive)

Reenter Password: (not case sensitive)

Cancel

REGISTER

# Complete Phone Registration Process

<b>Social Security Online</b> <b>Business Services Online</b>	
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<b>Online Services Availability</b> Monday – Friday: 5am – 1am EST Saturday: 5am – 11pm EST Sunday: 8am – 11:30pm EST	 <b>Complete Phone Registration</b> <a href="#">HELP</a>
<b>DON'T USE YOUR BROWSER'S BACK BUTTON</b>	A User identification (User ID) and password are required to use Business Services Online. Your User ID was issued to you over the phone during the registration process. You must now choose your personal password to complete registration.
Effective October 2007, your Personal Identification Number (PIN) is now referred to as your User ID.	User ID: <input type="text"/>
Enter your Social Security Number or leave blank if you do NOT have an SSN.	First Name: <input type="text"/>
Your password must be at least 8 characters long and be a combination of letters and numbers. For example, there must be at least one letter and one number in your password. Passwords are NOT case sensitive. Do not use special characters.	Last Name: <input type="text"/>
	US Social Security Number: <input type="text"/>
	Date of Birth: <input type="text"/> <small>(MMDDYYYY)</small>
	Enter Password: <input type="password"/>
	Re-enter Password: <input type="password"/>
	<input type="button" value="Cancel"/> <input type="button" value="Complete Phone Registration"/>
	Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.
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# Login with combined Attestation

 	
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<b>DON'T USE YOUR BROWSER'S BACK BUTTON</b>	<h2>Log In to BSO</h2> <a href="#">HELP</a>
Effective October 2007, your Personal Identification Number (PIN) is now referred to as your User ID.  <a href="#">Need to complete your phone registration?</a>	<p>User ID: <input type="text"/> (formerly referred to as PIN)</p> <p>Password: <input type="password"/> <a href="#">Forgot your password?</a> (not case sensitive)</p> <p>I understand that the Social Security Administration (SSA) will validate the information I provide against the information in the SSA's files.</p> <p>I certify that:</p> <ul style="list-style-type: none"><li>• I understand that I may be subject to penalties if I submit fraudulent information. I agree that I am responsible for all actions taken with my User ID.</li><li>• I understand that SSA may ban me from the use of these services if the SSA determines or suspects that there has been misuse of the services.</li><li>• I am aware that any person who knowingly and willingly makes any representation to falsely obtain information from Social Security records and/or intends to deceive the Social Security Administration as to the true identity of an individual could be punished by a fine or imprisonment, or both.</li><li>• I am authorized to do business under this User ID.</li></ul> <p><b>By checking the box below you certify that you have read, understand, and agree to the user certification of Business Services Online.</b></p> <p><input type="checkbox"/> I Accept.</p> <p><input type="button" value="Cancel"/> <input type="button" value="Log In"/></p> <p>Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.</p>
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# Forgot Password Process

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Sunday: 8am – 11:30pm EST

**DON'T USE YOUR BROWSER'S BACK BUTTON**

If you cannot answer the questions, please select "Request Password by Mail" and you will be asked to enter your First Name, Last Name, Social Security Number (if you have one), and Date of Birth, and a temporary password will be sent to you by first class mail usually within two weeks.

Your User ID and password are required to access Business Services Online.

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.](#)

**Request to replace forgotten password**

To select a new password, you must answer three questions that you previously supplied the answers to. If you correctly answer the questions, your new password will replace your forgotten password.

Mother's Maiden Name:

Name of High School:

Name of First Pet:

**Choose your new password.**

Input New Password:

Confirm New Password:

**To maintain a secure system, your password needs to meet the following requirements:**

- Online services accounts must have a minimum password length of 8 characters.
- Passwords must consist of both alpha and numeric characters. (Letters and numbers but NOT special characters.)
- Passwords are NOT case sensitive.

Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.

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**Online Services Availability**

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## Request Password by Mail

[HELP](#)

**DON'T USE YOUR  
BROWSER'S BACK  
BUTTON**

**You have requested to receive a temporary password by mail to replace your forgotten password.**

To request a temporary password, enter your First Name, Last Name, Social Security Number (if you have one), and Date of Birth, then select "Request Temporary Password".

First Name:

Last Name:

US Social Security Number:

Date of Birth:   
(MMDDYYYY)

Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/  
TTY call 1-800-325-0778.

# Account Maintenance


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**DON'T USE YOUR BROWSER'S BACK BUTTON**

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

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[Request Access to BSO Services](#)  
Select the option or options that best describe what you plan to do using this web site. The services available must be selected separately to request activation. For some services, we use the U.S. Postal Service to send an activation code.

[Activate Access to BSO Services](#)  
Enter activation code(s) to gain full access to requested online service(s).

[Re-request Activation Codes](#)  
Re-request activation code(s) if you have not received or have misplaced them.

[Remove Access to BSO Services](#)  
Disable your access to selected online services.

[Deactivate Your User ID](#)  
Deactivate your user identification and disable your access to all online services.

[Change Your Password](#)  
Your password expires on **July 28, 2008** and must be changed before that date to keep your User ID active.

[Update Your User Registration Information](#)  
Update or change your registration information – update name, address, phone number, e-mail address, or change questions or answers to forgot password questions.

[Add/Update Your Employer Information](#)  
Add or update employer information including your work location address, phone number, or e-mail address.

[Remove Your Employer Information](#)  
Remove your employer information and deactivate all services associated with that employer.

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Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.

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# Request Access to BSO Services Wizard Process

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**Request Access to BSO Services**  
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**Select Service Suite**  
You must request access to do specific functions within a service suite. Let us help you choose which functions to add.

**SSA Services Suite for Employers:**

**Electronic Wage Reporting Service**  
Allows use of one or more the following functions:

- Report Wages to Social Security
- View File/Wage Report Status, Errors and Error Notices **without** Name/SSN Errors
- View File/Wage Report Status, Errors and Error Notices **with** Name/SSN Errors

**AND / OR**

**Social Security Number Verification Service (SSNVS)**  
Allows the completion of an online form or submission of a file to request verification of names and Social Security Numbers of employees.

**Claimant Representative Services:**

**Form SSA-1694 Request for Business Entity Taxpayer Information**  
Allows attorneys or authorized representatives to register with Social Security for Form SSA-1694 Request for Business Entity Taxpayer Information and perform the following functions:

- Complete Form SSA-1694 Business Taxpayer Information
- Update Form SSA-1694 Business Taxpayer Information

**AND / OR**

**Form SSA-1696 Appointment of Representative**  
Allows attorneys or authorized representatives the ability to complete Form SSA-1696.

**Representative Payee Services:**  
Allows organizational and individual representative payees the ability to complete Form SSA-6234 and Form SSA-623.

**OCSE Services Suite:**  
Allows representatives of IV-D Child Support Agencies or Business Representatives to perform the following functions:

- Process Electronic Income Withholding Orders
- Report Multi-State New Hires to one State
- Match Financial Accounts against Outstanding Child Support Balances
- Match Insurance Claimant Information against Outstanding Child Support Balances

For SSA Services, call 1-800-772-6270 to speak with Employer Customer Service.  
For TDD/TTY call 1-800-325-0778.

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## Employer Information Attestation

Please read the following information about entering employer information to request access to BSO services.

**DON'T USE YOUR BROWSER'S BACK BUTTON**

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

### *Employer Information for Business Services Online*

To request access to BSO services, complete the employer information form and on the following page. The information you submit will be verified against our records.

After successfully entering employer information, you will be able to select individual services based upon the suite(s) of services you selected.

You may update your employer information any time.

I understand that the Social Security Administration (SSA) will validate the information I provide against the information in SSA's files.

### *User Certification for Business Services Online*

I certify that:

- I am currently employed by the employer associated with my employer information and am authorized to conduct business on behalf of the employer.

OR

I am the employer of an individual or individuals who work(s) for me in my household.

OR

I am a self-employed individual.

OR

I am a volunteer for an organization.

- I understand that SSA may ban me and/or the company or organization I represent from the use of these services if SSA determines or suspects there has been misuse of these services.
- I understand that I may be subject to penalties if I submit fraudulent information. I agree that I am responsible for all actions taken with my User ID.

**By selecting the "I Accept" button, you certify that you have read, understand and agree to the employer information certification of Business Services Online.**

Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.

**Online Services Availability**

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**DON'T USE YOUR BROWSER'S BACK BUTTON**

Please enter your Employer Identification Number. If you do NOT have an EIN then leave this field blank.

Please enter your work location address. [More info.](#)

If you previously removed employer information, all access to services associated with that employer has been deactivated. Select "Next" to request access to services for the current employer information.



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## Employer Information

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

You must have an Employer Identification Number (EIN) to request access to some of the Services you have chosen. If you are self-employed, you may request limited access without an EIN. [Apply for EIN.](#)

Note: Accountants, CPAs, etc, you only need to register once in your own firm's name. You can then conduct business for as many clients as you wish.

Information about you, or your business or organization: We will compare this information with our records to verify you are currently employed by the business or organization you represent. Correspondence to your employer will be sent to the address we have on file, regardless of the address you provide below. Select [this link](#) for more help with completing this form.

- I have an SSN and I am an employee of a business or an organization that has an EIN:
- I do NOT have an SSN and I work outside the U.S. for a business or an organization that has an EIN:
- I am Self-Employed and have an EIN:
- I am Self-Employed and do NOT have an EIN:
- I am a Household Employer and have an EIN:
- I am a Volunteer for an organization that has an EIN:

Employer Identification Number (EIN):  (If you do NOT have an EIN leave this field blank)

Business or Organization Name:

Work Location Address Line 1:

Work Location Address Line 2:

City:

Country:

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

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

Phone Number:




Phone Extension:  (Optional)

E-mail:   
(Needed to notify you about services online updates)

Please check the following statement ONLY if applicable.

I am a 3<sup>rd</sup> party submitter registering to do business on behalf of another business or organization.

## Request OCSE Services

 	
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<b>DON'T USE YOUR BROWSER'S BACK BUTTON</b>	<h3>Request Access to BSO Services</h3> <p>Select one of the OCSE Services below:</p> <h4>OCSE IV-D CHILD SUPPORT SERVICES</h4> <p><b>Allows Processing of Electronic Income Withholding Orders.</b></p> <ul style="list-style-type: none"><li><input type="radio"/> IV- D Child Support Employee</li><li><input type="radio"/> IV- D Child Support Contractor</li></ul> <h4>OCSE CHILD SUPPORT BUSINESS SERVICES</h4> <p><b>Allow use of one or more of the following functions.</b></p> <ul style="list-style-type: none"><li>• Process Electronic Income Withholding Order</li><li>• Report Multi-State New Hires to one State</li><li>• Match Financial Accounts against Outstanding Child Support Balances</li><li>• Match Insurance Claimant Information against Outstanding Child Support Balances</li></ul> <ul style="list-style-type: none"><li><input type="radio"/> Business Services Employee</li><li><input type="radio"/> Business Services Contractor</li></ul> <p><input type="radio"/> I do NOT want to request OCSE Services.</p> <p><input data-bbox="678 1375 836 1407" type="button" value=" &lt;&lt; Previous "/> <input data-bbox="982 1375 1140 1407" type="button" value=" Next &gt;&gt; "/></p> <p>Call 1-800-xxx-xxxx to speak with the OCSE Help Desk. For TDD/TTY call 1-800-xxx-xxxx.</p>
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## Request Access to BSO Services

### OCSE Services Suite

#### Enter IV-D Contractor information

Please select the state(s) that you are authorized to perform business on behalf of (up to three states):

State 1:

State 2:

State 3:

Call 1-800-xxx-xxxx to speak with the OCSE Help Desk. For TDD/TTY call 1-800-xxx-xxxx.

**Online Services Availability**

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## Request Access to BSO Services

### OCSE Services Suite: IV-D Service

Please check the service you wish to include in your request.

- Process Electronic Income Withholding Orders**  
Process transactions for state-to-employer income withholding orders for child support enforcement.

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Call 1-800-xxx-xxxx to speak with the OCSE Help Desk. For TDD/TTY call 1-800-xxx-xxxx.

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## Request Access to BSO Services

### OCSE Services Suite

#### Enter Business Contractor information

Please enter the EIN of the employers that you are authorized to perform business on behalf of:

EIN 1:

EIN 2:

EIN 3:

EIN 4:

EIN 5:

Call 1-800-xxx-xxxx to speak with the OCSE Help Desk. For TDD/TTY call 1-800-xxx-xxxx.

**Online Services Availability**

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## Request Access to BSO Services

### OCSE Services Suite: Business Services

Please check the service(s) you wish to include in your request.

- Process Electronic Income Withholding Orders**  
Process transactions for state-to-employer income withholding orders for child support enforcement.
- Report Multi-State New Hires to one State**  
Register multi-state employers with a single reporting state to allow reporting to the National Directory of New Hires.
- Match Financial Accounts against Outstanding Child Support Balances**  
Match information on individuals owing past-due child support against account information maintained by financial institutions.
- Match Insurance Claimant Information against Outstanding Child Support Balances**  
Match information on individuals owing past-due child support against information maintained by insurers to identify pending insurance claims payable to delinquent child support obligations.




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Call 1-800-xxx-xxxx to speak with the OCSE Help Desk. For TDD/TTY call 1-800-xxx-xxxx.



# Change Password

 	
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<b>Online Services Availability</b> Monday – Friday: 5am – 1am EST Saturday: 5am – 11pm EST Sunday: 8am – 11:30pm EST	 <a href="#">Main Menu</a> > <a href="#">Account Maintenance Menu</a> > Change password <a href="#">LOGOUT</a> <a href="#">HELP</a>
<b>DON'T USE YOUR BROWSER'S BACK BUTTON</b>	<b>Change Password</b> User ID: FFQERT99
Effective October 2007, your Personal Identification Number (PIN) is now referred to as your User ID.	Input Old Password: <input type="text"/> Input New Password: <input type="text"/> Confirm New Password: <input type="text"/>
Your new password is valid for 90 days. You will be forced to change your password during the log in process if your password is older than 90 days.	<b>To maintain a secure system, your password needs to meet the following requirements:</b> <ul style="list-style-type: none"><li>• Online services accounts must have a minimum password length of 8 characters.</li><li>• Passwords must consist of both alpha and numeric characters. (Letters and numbers but NOT special characters.)</li><li>• Passwords are NOT case sensitive.</li></ul>
	<input type="button" value="Cancel"/> <input type="button" value="Change Password"/>
	Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.
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# Update User Registration

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**DON'T USE YOUR BROWSER'S BACK BUTTON**

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

Enter your permanent U.S. Domestic Address or Foreign Address.

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## Update Your User Registration Information

First Name:

Middle Name:  (Optional)

Last Name:

Suffix:  (Optional)

U.S. Social Security Number:

Date of Birth: (mmddyyyy)

Permanent Address Line 1:

Permanent Address Line 2:  (Optional)

City:

Country:

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)

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You may change the five questions and answers below that are used to verify your identity if you forget your password.

Mother's Maiden Name:

Name of High School:

Name of First Pet:

Favorite Color:

Grandfather's First Name:

Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/TTY call 1-800-325-0778.

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# Update Employer Information


Social Security OnlineBusiness Services Online

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**Online Services Availability**  
Monday – Friday: 5am – 1am EST  
Saturday: 5am – 11pm EST  
Sunday: 8am – 11:30pm EST

**DON'T USE YOUR  
BROWSER'S BACK BUTTON**

Please enter your U.S. domestic or foreign work location address.

Main Menu > Account Maintenance > Update Your Employer Information[HELP](#)

## Update Your Employer Information

This employer information form is used to gather information about the business you own or by which you are employed. We will compare this information with our records to verify you are currently employed by the business or organization you represent. Correspondence with your employer will be sent to the address we have on file. This is not necessarily the work location address you provided below.

To change your EIN you must first "Remove Your Employer Information" which will deactivate all active services with this employer and then re-request services from "Account Maintenance", "Request Access to Online Services".

I am an employee of a business or an organization that has an EIN.

Employer Identification Number (EIN): 01-9876543

Business or Organization Name:

Work Location Address Line 1:

Work Location Address Line 2:

City:

Country:

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

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

Phone Number:

Phone Extension:  (Optional)

E-mail:   
(Needed to notify you about services online updates)

Please check the following statement ONLY if applicable.

I am a 3<sup>rd</sup> party submitter registering to do business on behalf of another business or organization.

Call 1-800-772-6270 to speak with Employer Customer Service. For TDD/  
TTY call 1-800-325-0778.

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