


BSO Welcome

Help for which subject
Social Security Online
www.socialsecurity.gov

Business Services Online


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 **BSO Welcome Page**


[Seguro Social En Español](#)

Business Services Online (BSO)

BSO is a [suite of business services](#) for companies to conduct business with the Social Security Administration. You must be a registered BSO user to use these services. Other services may be added in the future.

 **Login**

If you have already registered and need to use BSO services or maintain your BSO account, or if you need to [complete your phone registration](#), select Login.

 **Registration**

If you would like to register for BSO, and need to obtain a Personal Identification Number (PIN) and password, select Registration. **Note: You must have an Employer Identification Number (EIN) to request access to the full range of Business Services Online. If you are self-employed, you may request limited access without an EIN [Apply For EIN](#).**

BSO and Registration:

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**.

Employer Services Liaison Officers (ESLO):

Our Employer Services Liaison Officers and staff across the country can help you with information and expertise.
To find the specialist in your area, check out the current list of [Employer Services Liaison Officers](#).

Business Services Online Website Index

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BSO News

Enter your e-mail address during BSO Registration and receive important filing information. Because your time is valuable, we will only e-mail you about 4 to 6 times a year – for instance, when it's time to change your password or when changes are announced for the new filing season. Already registered? Login and select Update your Contact Information.

Software/Hardware Requirements:


Your browser settings must accept cookies. We recommend using a Windows-based PC to use our Internet services. Using Macintosh Computers, Web TV, or other non-Windows-based PCs may cause inconsistent results.

Encryption Notice:

If your browser can not use [128-bit encryption](#), you will need to [upgrade it](#) before you can use our Internet applications.

Online Services Are Available:

| | |
|---------------|--------------|
| Monday-Friday | 5 AM - 1 AM |
| Saturday | 5 AM - 11 PM |
| Sunday | 8 AM - 11 PM |
| All times EST | |

FirstGov | [Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | 

General Login Attestation



Social Security Online
Business Services Online
Social Security's Business Services Online (BSO)

General Login Attestation

User Certification for SSA Business Services Online

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

I certify that:

- 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 PIN.
- 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.
- I am the individual authorized to do business under this PIN.

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

BSO Login

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BSO Help

Business Services Online Login


Type your Personal Identification Number (PIN) and password, then select Login.

PIN: Password:

[Select this link if you forgot your password.](#)
[Select this link if you need to complete your phone registration.](#)

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.

BSO Complete Phone Registration



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[BSO Help](#)

Business Services Online Complete Phone Registration

Form Approved: OMB No. 0960-0760

A Personal Identification Number (PIN) and password are required to use Business Services Online. Your PIN was issued during the registration process. You must now self-select your personal password to complete registration.

To self-select a password, enter your PIN, First Name, Last Name, Social Security Number, Date of Birth, EIN and Password (two times) then select Complete Phone Registration.

Personal Identification Number (PIN):

First Name:

Last Name:

U. S. Social Security Number:
(leave blank if you DO NOT have an SSN)

Date of Birth (mm dd cc yy):

Employer Identification Number (EIN):
(leave blank if you DO NOT have an EIN)

Your password must be eight characters long and be a combination of letters and numbers. For example, there must be at least one letter and at least one number in your password.

Enter Password:

Reenter Password:

Please 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.

[Select this link to return to the Login page.](#)

Paperwork Reduction Act Statement

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 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address.

Privacy Act Notice

The Social Security Administration (SSA) is allowed to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to register your company and your authorized employee(s) to use our system for verifying Social Security Numbers and to contact you, if necessary. Giving us this information is voluntary. However, without the information we will not be able to provide this service to your company. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the appropriate use of the service.

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.

Phone Registration Complete



BSO Home Page



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Welcome to Business Services Online (BSO), **NAME**

Your BSO Registration Password will expire on **09-30-2005**.

You must [change your password](#) before this date to prevent it from expiring.

Consent Based SSN Verifications:

- ▶ [Submit an Electronic File for SSN Verification](#)
Submit a file containing Names and Social Security Numbers to be verified by Social Security.
- ▶ [View Status and Retrieval Information](#)
View the current status of a submission.

Registration Services:

- ▶ [Request Access to BSO Services](#)
Select the option or options that best describe the type of business you plan to conduct with Social Security. Once you have completed your request, an activation code may be mailed.
- ▶ [Activate Access to BSO Services](#)
Enter activation code(s) to gain full access to requested BSO 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 BSO services.
- ▶ [Deactivate your PIN](#)
Deactivate your Personal Identification Number (PIN).
- ▶ [Change your Password](#)
Your password must be changed at least once a year in order to keep your PIN active.
- ▶ [Update your Contact Information](#)
Update or change your registration information – correct address, phone number, company phone number, or e-mail address.

CBSV Attestation Page

(Top Half)



Social Security Online

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CONSENT BASED SSNVS VERIFICATION ATTESTATION

Form Approved: OMB No. 0960-0760

Proper Use of This Service

As noted in the User Agreement your company has signed,

- SSA will verify SSNs solely for the purpose(s) specified on the individual consent forms associated with the verification requests. Your company may use the verified SSN only for the purpose(s) specified by the individual signing the consent form. Exceeding the scope of the consent could violate state or Federal law and subject the requesting party to legal consequences.
- SSA will provide SSN verification information only about individuals from whom your company has obtained valid consent forms.
- Your company shall protect the confidentiality of consent forms (and the information contained on them) and protect the associated record of SSN verification.
- Information provided by SSA in response to an SSN verification request may not be used for any other purpose other than the reason identified on the previously approved consent form.
- Notwithstanding any other provision of this agreement, SSA reserves the right to unilaterally suspend access to these services if SSA concludes that your company has failed to properly obtain consent or otherwise failed to follow the terms of the agreements associated with this service.
- Anyone who knowingly and willfully uses this service to request or obtain information from SSA under false pretenses **violates Federal law** and may be punished by a fine or imprisonment or both.

User Certification for use of CBSV - Please Read Carefully!

I certify that:

- I have read and understand the above section titled "Proper Use of This Service".
- I have read, understand, and agree to abide by the General Instructions in the Consent Based SSN Verifications Users Guide.
- I am verifying SSNs solely for the purpose(s) specified on the individual consent forms associated with the verification requests.

CBSV Attestation Page

(Bottom Half)

- I am currently employed by the company signing the User Agreement and am authorized to conduct business on its behalf.
- I understand that my company must be in physical possession of the signed consent forms prior to requesting verifications of the SSNs.
- I understand that I and/or my company may be subject to penalties if I knowingly and willfully request or obtain any record concerning an individual under false pretenses, including submitting fraudulent information or requesting SSN verifications without obtaining valid consent.

Paperwork Reduction Act Statement

Paperwork Reduction Act Statement - This information collection meets the 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 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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

Submit A File – Before You Start

SSA Logo with Eagle - Header Image: Business Services Online - Social Security Administration Social Security's Business Services Online (BSO)

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Submit a File for Consent Based SSN Verification - Before You Start

Name: LAST NAME, FIRST NAME

Steps: 1. **Before You Start** 2. [Submit Your File](#) 3. Confirmation

1. Before You Start

The following items below are suggestions to follow before submitting your file for SSN verification.

- Review your files(s) for correct formatting**

Before submitting your file, we recommend that you ensure the file is error-free and can be sent quickly.

We provide the proper file format on the [CBSV Help](#) page and in the [CBSV Users Guide](#). Reviewing your file for proper formatting may prevent it from being rejected.

[Submission File Format](#)
- Zip your file**

If you have over 500 Name/SSN requests or a slow connection, the transmission will be faster if the file is zipped (compressed). WinZip and PKZip are examples of acceptable compression packages. This will substantially reduce the time required to transmit your file.

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.

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File Submittal

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Submit a File for Consent Based SSN Verification - Submit Your File

Name: LAST NAME, FIRST NAME

Steps: 1. [Before You Start](#) 2. **Submit Your File** 3. [Confirmation](#)

2. Submit Your File

- First, use the Browse button to locate your file.
- Second, select the Submit button to upload your file.

Select file

Except for peak submission periods, file results will usually be available the next government business day. You will receive a Confirmation Message and Tracking Number when your file submission is complete.

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.

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Submission Confirmation

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Submit a File for Consent Based SSN Verification - Confirmation

Name: LAST NAME, FIRST NAME

Steps: 1. [Before You Start](#) 2. [Submit Your File](#) 3. **Confirmation**

3. Confirmation Receipt - Your File Was Received

Your submission was **successful**. Use your browser menu to save or print this acknowledgement of receipt for your records. You will need the tracking number assigned by SSA to retrieve the results of your submission.

Tracking Number assigned by SSA: **2F6000E**

Date: 02/01/2005 Time: 09:27 AM Eastern Time

Your file name: V008_D0BTY04_SSNs.txt File size: 41472 bytes (40.5 Kb)

What You Should Do Next:

Check the size of your file. Right click on the file (or tab to it and select Shift+F10) and select *Properties*. The size given in bytes should match the size given on the Confirmation page. If it does not match, there may have been a problem with transmission. Please contact the Employer Reporting Branch at 1-800-772-6270. For TDD/TTY call 1-800-325-0778.

What to expect:

You may check your results from the View Status and Retrieval Information link on the BSO Home page. Except for peak submission periods, file results will usually be available the next government business day.

Thank you for submitting your file using Business Services Online.

[Submit Another File](#)

[BSO Home](#)

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.

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Status and Results Retrieval

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Submit a File for Consent Based SSN Verification - Status and Retrieval

Name:

There are three options for checking the status of the files:

Option 1- Tracking Number: Use your 8 character tracking number for a specific file status.

Option 2- Date Range: View status of your file by entering a range of submission dates.

Option 3- All Submissions: Retrieve a list of file submissions available to your PIN.

| | | | |
|-----------------|-------------------------------------|----------------------|---|
| Option 1 | Tracking Number | <input type="text"/> | <input type="button" value="Submit 1"/> |
| Option 2 | Range Start Date M M D D Y Y Y Y | <input type="text"/> | <input type="button" value="Submit 2"/> |
| | Range End Date M M D D Y Y Y Y | <input type="text"/> | |
| Option 3 | All Submissions | | <input type="button" value="Submit 3"/> |

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
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Submittal Status

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Status and Retrieval Results

| Submission Date | Tracking Number | SSNs Submitted | Needs Review | Status Code | Retrieval Option(s) | | Available Through |
|-----------------|-----------------|----------------|--------------|-------------|---------------------|---|-------------------|
| 03/15/2005 | XXX00002 | - | - | INPROC | - | - | - |
| 03/01/2005 | XXX00004 | 8 | 2 | AVLBLE | DWNLD | | 03/31/2005 |
| 03/01/2005 | XXX0000C | 10 | 6 | AVLBLE | DWNLD | | 03/31/2005 |
| 03/01/2005 | XXX00001 | 126 | 0 | VIEWED | - | | 03/31/2005 |
| 03/01/2005 | XXX00002 | - | - | FFRMSE | - | - | - |
| 03/01/2005 | XXX000X2 | 20 | 15 | DWNLOD | DWNLD | - | 03/31/2005 |

[New Status Request](#)

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.

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[SSNVS Help](#)

SSN Verification

Name: **JOHN BENT** Submitter EIN: **010217809**

Please Note:

- All verified, unverified, and deceased records will be returned.
- Mandatory fields are indicated by an *
- Field specific help is available by selecting the underlined links below.
- 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 and view the results.
 - Home Page - cancels the request, and any data entered on the SSN Verification form is not saved.

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

| | * SSN <small>(9 9 9 9 9 9 9 9)</small> | * First Name | Middle Name | * Last Name | Suffix | Date of Birth <small>(M M D D Y Y Y Y)</small> | Gender <small>(F / M)</small> |
|-----|---|--------------|-------------|-------------|--------|---|----------------------------------|
| 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.

Have a question? Call **1-800-772-6270** to speak with Employer Customer Service personnel.
For TDD/TTY call **1-800-325-0778**.