Social Security Administration

Retirement, Survivors and Disability Insurance

Employer Correction Request

(Insert SSA Address)
(Insert SSA Address)

Date:
EIN:
Tax Year:
Receipt Year:
WFID:
Version #:
W3 Sequence#:
Processed W2 Count:

EMPLOYER'S NAME
STREET ADDRESS
CITY, STATE ZIP

Why You Are Getting This Letter

You reported **X#** employee names and Social Security numbers (SSN) on the Wage and Tax Statements (Forms W-2) for tax year xxxx that do not match our records. We need corrected information from you so that we can reconcile employer wage reports and credit your employees' earnings to their Social Security records. It is important because these records can determine if someone is entitled to Social Security retirement, disability, and survivors benefits, and how much he or she can receive. If the information you report to us is incorrect, your employee may not get benefits he or she is due.

There are a number of reasons why reported names and SSNs may not agree with our records, such as typographical errors, unreported name changes, and inaccurate or incomplete employer records.

IMPORTANT: This letter does not imply that you or your employee intentionally gave the government wrong information about the employee's name or SSN. This letter does not address your employee's work authorization or immigration status.

You should not use this letter to take any adverse action against an employee, such as laying off, suspending, firing, or discriminating against that individual, just because his or her SSN or name does not match our records. Any of those actions could, in fact, violate State or Federal law and subject you to legal consequences.

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What You Should Do

To view the names and SSN that could not be matched to our records, please use the Employer Report Status within Business Services Online (BSO). To begin using BSO, you must complete a one-time registration process. To register, go to www.socialsecurity.gov/bso/bsowelcome.htm. You may also file your Form W-2C corrections using W-2C online.

Additionally, we provide a free Social Security Number Verification Service (SSNVS) through BSO that allows you to verify employees' names and SSNs in our records in advance of filing your annual Forms W-2 submissions. Using SSNVS can significantly reduce errors through BSO.

Please review the name and SSN information you submitted on the Form W-2 and provide us necessary corrections on the Form W2-C within 60 days of receipt of this letter so we can maintain an accurate earnings record for each employee and make sure your employees get the benefits they are due.

If You Have Any Questions

If you have any questions, please call us toll-free at 1-800-772-6270 (TTY 1-800 325-0778) between 7 a.m. and 7 p.m., Eastern time, Monday through Friday. We can answer most questions over the phone. If you call, please have this letter with you. It will help us answer your questions. Also, general program information is available from our website at www.socialsecurity.gov/employer.

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