

# **Employee Verification Service**

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## **(EVS)**

Verification of Names  
and Social Security Numbers



## **Employer and Third-Party Submitter Instructions**

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Social Security Administration  
Office of Central Operations  
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# Employee Verification Service (EVS)

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# **Employee Verification Service (EVS)**

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## **General Information**

This booklet contains instructions for employers and third-party submitters (accountants, service bureaus, etc.) to use the Social Security Administration's (SSA) Employee Verification Service (EVS). This service matches your record of current or former employee names and Social Security numbers (SSN) with SSA's records. It's ideal to use before you prepare and submit Forms W-2 (Wage and Tax Statements) to SSA. Accurate name/SSN information on the W-2 allows us to properly credit your employees' earnings record, which will be important information in determining their social security benefits in the future.

EVS requests can be submitted at any time and generally take about 30 days to process. There are several methods to choose from based on the number of employee names/SSNs that you want to verify:

### **Up to 5 names/SSNs**

Call our toll-free number for employers, 800-772-6270, or the general SSA number at 800-772-1213. Both numbers are open for service weekdays from 7:00 a.m. to 7:00 p.m., Eastern Time.

### **Up to 50 names/SSNs**

Up to 50 names/SSNs can be submitted on paper to your local Social Security office. Your local office will provide you with format and submission instructions. Some offices accept faxed listings. Check your local phone book or visit SSA online at [www.ssa.gov](http://www.ssa.gov) to find the office nearest you.

### **Over 50 names/SSNs**

A simple registration process is required for verification requests of more than 50 names/SSNs **or requests submitted on magnetic media** (regardless of how many items you want verified). Just follow the registration instructions on page 2. When SSA processes your registration form and signed privacy act statement, you'll be issued a Requester Identification Code needed to submit your data file or paper listing.

Large verification requests are ideal for verifying an entire payroll database or if you hire more than 50 workers at a time. Due to system limitations, we ask that magnetic tape or diskettes submissions contain no more than 250,000 items at a time.

Media Accepted: Paper, magnetic tape (9 track, 2"), 3480/3490 cartridge, and 3½" diskettes. (SSA no longer accepts EVS requests on 5¼" diskettes.)

The remainder of this booklet provides registration information and formatting/submission instructions for requests of more than 50 names/SSNs.

## **EVS Registration Instructions**

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To register for EVS, both individual employers and third-party submitters should:

1. Complete the Registration Form found on page 3. The company address in block 2 should show a street address, city, state and ZIP code. A P.O. Box may be included in the address, but a **P.O. Box alone will not be accepted**.

The registration form must be signed by a manager or authorized official of the company. The title of the signer **must** follow the signature.

2. There are two Federal privacy act statements included in this booklet - one for individual employers and one for third-party submitters. Sign and date the appropriate form.
3. Mail or fax both the registration form and privacy act statement to:

Social Security Administration  
OCO, DES, EVS  
300 N. Greene Street, 5-E-10 North Building  
Baltimore, Maryland 21290-0300  
Fax (410) 966-3366 or (410) 966-9439

Once SSA has processed your registration request, we will mail you a Requester Identification Code. This code should be shown on your paper or in your magnetic media submission and on any EVS correspondence with SSA concerning a change in address, contact person or telephone number. EVS correspondence should be sent to the address or fax number shown above.

If you misplace your Requester Identification Code, call the EVS information line at (410) 965-7140.

## EVS Registration Form

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Complete this form, along with the appropriate privacy act statement (see pages 5 and 6) and mail or fax it to:

### Social Security Administration

OCO, DES, EVS

5-E-10 North Building

300 N. Greene Street

Baltimore, Maryland 21290-0300

Fax (410) 966-3366 or (410) 966-9439

1. Name of Company
2. Company Street Address, City, State, Zip Code (P.O. Box alone is not acceptable)
3. EIN (Employer Identification Number) Provide primary EIN if your company uses more than one.
4. Contact Name and Telephone Number (include area code)
5. Fax number (if applicable)
6. How will you be submitting your data files for processing?  <input type="checkbox"/> 3½" Diskette <input type="checkbox"/> 3480 or 3490 Cartridge  <input type="checkbox"/> Paper <input type="checkbox"/> Magnetic Tape (Standard density 6250 BPI. (If 1600 BPI is needed, check here <input type="checkbox"/> )
7. How many SSNs do you want to verify? _____
8. Are you a Third-Party submitter?    Yes ___    No ___
9. Authorized Signature (Company Manager or Authorized Representative)  _____ Signature  _____ Title                                      _____ Date

## EVS Federal Privacy Act Statement

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## Individual Employers

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I understand that the Social Security Administration will verify Social Security Numbers (SSNs) solely to ensure that the records of my employees are correct for the purpose of my completing Internal Revenue Service Forms W-2 (Wage and Tax Statement).

I also understand that any information which I receive from records maintained by the Social Security Administration is governed by 5 USC 552a(I) of the Federal Privacy Act. Under this Act, anyone who obtains this information under false pretenses, or uses it for a purpose other than that for which it was requested, may be punished by a fine or imprisonment or both.

Further, EVS information does not imply that you or your employee intentionally provided incorrect information about the employee's name or SSN. It is not a basis, in and of itself, for you to take any adverse action against the employee. EVS should **only** be used to verify workers currently employed or an entire payroll database. Company policy concerning the use of EVS should be applied consistently to all workers, e.g., if used for new hires, verify all new hires; if used to verify your data base, verify the entire data base. Any employer that uses the information SSA provides regarding name/SSN verification as a pretext for taking adverse action against an employee may violate state or federal law and be subject to legal consequences.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

## **EVS Federal Privacy Act Statement**

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### **Third-Party Submitters**

The information on this page and your signature on the Federal privacy act statement on Page 6 serve as a formal agreement between your company and SSA. The agreement will govern the verification of employee SSNs for those employers who have executed wage reporting contracts with you. Under this agreement, the contracts between your organization and the employers must be available for inspection in the event that SSA should need to audit your records. EVS promotional material must also be available for review.

You can use a fee-based approach when offering EVS to your clients. However, caution should be taken. SSA offers services, like EVS, free of charge. Some companies in the private sector offer those same services for a fee and develop misleading brochures and advertisements. To discourage the use of misleading mailings about Social Security and Medicare, Congress enacted specific prohibitions in Section 312 of the Social Security Independence and Program Improvements Act of 1994 that broadened the existing deterrents. The prohibitions are codified at Title 42 of the U.S. Code, Section 1320b-10. You should ensure that you are aware of these legal provisions and conform to their requirements.

In a snapshot, you should:

- Be cautious not to suggest to your clients that this service is only available through you;
- Advise all customers that this service is available at no cost from SSA and that this service is not a unique or exclusive arrangement between SSA and your company; and
- Be sure not to give any impression when describing your EVS service to your clients that your company has an arrangement that allows direct access to SSA data bases, program software, etc.

To register, sign and date the statement found on Page 6 and send it along with your registration form to: Social Security Administration, OCO, DES, EVS, 300 N. Greene Street, 5-E-10 North Building, Baltimore, Maryland 21290-0300. Forms may also be faxed to: (410) 966-3366 or (410) 966-9439



# **EVS Federal Privacy Act Statement**

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## **Third-Party Submitters**

\_\_\_\_\_  
Company Name

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

The \_\_\_\_\_<sup>1</sup> certifies that it is authorized, under valid contracts with all outside employers of any individual for whom it will request Social Security number (SSN) verification, to handle annual wage reporting responsibilities with the Social Security Administration (SSA). The \_\_\_\_\_<sup>1</sup> hereby acknowledges that it is authorized, under this agreement, to request SSN verification from SSA only for the purpose of handling annual wage reporting responsibilities for these employers. The \_\_\_\_\_<sup>1</sup> understands that SSA agrees to verify SSNs solely to help ensure the accuracy of wage reporting.

The \_\_\_\_\_<sup>1</sup> also understands that information received from records maintained by SSA must be handled in accordance with the Privacy Act of 1974 (5 U.S.C. 552a). Under the terms of this Act, anyone who knowingly and willfully request or obtains from a Federal agency under false pretenses, any record concerning an individual or uses it for a purpose other than that for which it was requested, shall be subject to a criminal penalty (5 U.S.C. 552a(1)(3)). Misuse of a SSN also is a violation of the Social Security Act (42 U.S.C. 408).

Further, EVS information does not imply that you or your client intentionally provided incorrect information about the employee's name or SSN. It is not a basis, in and of itself, for your client to take any adverse action against an employee. EVS should only be used to verify workers currently employed or an entire payroll database. Your client's policy concerning the use of EVS should be applied consistently to all workers, e.g., if used for new hires, verify all new hires; if used to verify a client's data base, verify the entire data base. Any client/employer that uses the information SSA provides regarding name/SSN verification as a pretext for taking adverse action against an employee may violate state or federal law and be subject to legal consequences.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

<sup>1/</sup> Enter Your Company's Name

# Paper Requirements and Mailing Instructions

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Follow these instructions to submit a paper listing with 50 or more names/SSNs:

1. Complete and send the registration form and privacy act statement to SSA. When you receive your four-digit Requester Identification Code, you are ready to submit your paper listings.

**Keep a copy of your privacy act statement.** You will need to send a copy of the statement with each listing you want verified.

2. Format your listing to include the following data:

Social Security Number  
Last Name, First Name, Middle Initial  
Date of Birth (MMDDYYYY)  
Gender Code (M-Male; F-Female)

This listing may be formatted across a page in a columnar format, such as:

Social Security Number	Last Name	First Name	Middle Initial	Date of Birth	Gender
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3. Send the paper listing, your 4-digit Requester Identification Code and a **signed copy of your privacy act statement** to:

Social Security Administration  
Wilkes-Barre Data Operations Center  
P.O. Box 6500  
Wilkes-Barre, PA 18767-6500

**Do not send paper listings to Baltimore or your local office** with your registration form. Paper listings with 50 or more SSNs must be sent to the Wilkes-Barre address above.

Call the EVS information line, 410-965-7140, if you have questions or need additional information.

## Diskette Technical Requirements

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1. A 3½" diskette **must** contain the file EVSREQ2K. (SSA no longer accepts EVS requests on 5¼" diskettes.)
2. The file name EVSREQ2K **must** be in the root directory.  
Do not use file extensions, i.e., .txt, .wpd when naming your file.
3. A diskette must contain only one file named EVSREQ2K. Put multiple files on separate diskettes. No files other than EVSREQ2K should be included on a diskette.
4. Operating System: All diskettes must be created using a MS-DOS operating system format. SSA will not process any diskettes that are not MS-DOS compatible. They will be returned to you.

If you do not have a MS-DOS operating system, you may still be able to create MS-DOS compatible diskette files. Some operating systems, e.g., UNIX, XENIX and APPLE may have a DOS shell that can be used to create these files. Check your operating system manual.

5. Data must be recorded on 3½" diskettes using the text file format.
6. Each record in a file **must** be 130 characters in length. Data must be entered in each record in the exact positions shown in the layout.
7. Reports sent on MS-DOS 3½" double sided diskettes **must** be formatted to high density 1.44 megabytes; double density 720 kilobytes.

Formatting diskettes to a density other than that specified above will prevent SSA from processing your report.

**DO NOT COMPRESS DATA. SSA CANNOT PROCESS SINGLE SIDED DISKETTES.**

8. Record delimiters are not to be used, i.e., do not place a comma or any other character after any field that would make it the end of the data field.
9. Complete the transmittal form found in Appendix 1 and send it along with your diskette to the address on the form.

## Magnetic Tape/Cartridge Technical Requirements

Use the following specifications for submitting tapes or cartridges to Social Security:

Dataset Name : VATPR2K

Tape : Use 9 track, 2 inch magnetic tape or a 3480/3490 cartridge

Density : Use the density of 6250. 1600 can be requested in Block 6 of the Registration Form.

Recording Code : EBCDIC

Fixed Length Record : 130 characters

Blocking Factor : 200 preferred

Fixed block size : 26,000 recommended  
Tapes with a block size other than 26,000 may cause a delay in processing.

Data : Unpacked (The user control data field may be packed.)  
Standard IBM OS Headers and Trailers, separated from data by tape marks. If unable to do so, put two tape marks at the end of the file.

Internal Label : Standard IBM or no label at all.

External Label: Prepare a label for the outside of your tape showing the following data:

Dataset Name : VATPR2K

Requester ID Code: Unique 4-position code assigned by Social Security.

External Tape No : If you use one of the tapes provided by Social Security, please peel off or obliterate Social Security's label and tape number or this tape may be erased and returned to stock unprocessed.

Mailing Instructions: Complete the transmittal form found in Appendix 2 and send it, along with your tape or cartridge, to the address on the form.

## **File Format for Employer/Third-Party Submissions to SSA**

**Tape/Cartridge Dataset Name:** VATPR2K

**Diskette File Name:** EVSREQ2K

### **SOCIAL SECURITY NUMBER**

Must include all 9 digits including lead zeros. Position—1-9. Field Size—9. Field Type—Numeric. This field must be filled.

### **ENTRY CODE “TPV”**

Must insert “TPV” in Position 10-12. Field Size—3. Field Type—Alpha. This field must be filled.

### **PROCESSING CODE 214**

Must insert “214” in Position—13-15. Field Size—3. Field Type—Numeric. This field must be filled.

### **LAST NAME**

Do not use hyphens, apostrophes, blanks, periods, suffixes (Jr.), or prefixes (Dr.). Must contain at least one character. Position—16-28. Field Size—13. Field Type—Alpha/Numeric. This field must be filled.

### **FIRST NAME**

Do not use hyphens, apostrophes, blanks, periods, suffixes (Jr.), or prefixes (Dr.). Must contain at least one character. Position—29-38. Field Size—10. Field Type—Alpha/Numeric. This field must be filled.

### **MIDDLE NAME/INITIAL**

Do NOT use hyphens, apostrophes, blanks, periods, suffixes (Jr.), or prefixes (Dr.). Must contain at least one character. Position—39-45. Field Size—7. Field Type—Alpha/Numeric. This field is not required for verification. They are required if the input SSN fails to verify and SSA searches for a different SSN.

### **DATE OF BIRTH (MMDDYYYY)**

If unknown, leave blank. Position—46-53. Field Size—8. Field Type—Numeric. This field is not required for verification.

### **GENDER CODE**

M=Male, F-Female, U=Unknown: Position—54. Field Size—1. Field Type—Alpha. This field is not required for verification. They are required if the input SSN fails to verify and SSA searches for a different SSN.

### **BLANKS**

SSA use only. Position - 55-89. Field Size—35. Field Type—Blanks.

### **USER CONTROL DATA**

Employer Use Only. Position - 90-103. Field Size - 14. Field Type – Alpha/Numeric.

## **File Format for Employer/Third-Party Submissions to SSA** **Continued**

### BLANKS

SSA use only. Position - 104-123. Field Size – 20. Field Type – Blanks.

### REQUESTER IDENTIFICATION CODE

Enter the Registration Code supplied by SSA during the registration process – see page 1.

Position—124-127. Field Size—4. Field Type—Alpha/Numeric. This field must be filled.

MULTIPLE REQUEST INDICATOR – Employer use only. Ideal for submitting multiple files at the same time. Position—128-130. Field Size—3. Field Type—Numeric. This field is not required for verification.

NOTE: If a field marked “This field must be filled” does not contain an entry, the item is automatically a non-verified record.

## File Format for SSA's Return File to Employer/Third-Party

Tape Dataset Name : PUR.VATPV2K.Jxxxx (xxxx = Requester identification code)  
Cartridge Dataset Name: PUR3480/3490.VATPV2K.Jxxxx  
Diskette File Name : EVSVER2K

### SOCIAL SECURITY NUMBER

Data identical to input provided by requester. Position—1-0. Field Size—9. Field Type—Numeric.

### LAST NAME

Data identical to input provided by requester. Position—10-22. Field Size—13. Field Type—Alpha/  
Numeric.

### FIRST NAME

Data identical to input provided by requester. Position—23-32. Field Size—10. Field Type—Alpha/  
Numeric.

### MIDDLE NAME/INITIAL

Data identical to input provided by requester. Position—33-39. Field Size - 7. Field Type - Alpha/  
Numeric.

### DATE OF BIRTH (MMDDYYYY)

Data identical to input provided by requester. Position—40-47. Field Size—8. Field Type—Numeric.

### GENDER CODE

Data identical to input provided by requester: Position-48. Field Size-1. Field Type-Alpha.

### BLANKS – SSA USE ONLY

Position—49-83. Field Size—35. Field Type—Not Applicable.

### USER CONTROL DATA

Data identical to input provided by requester. Position—84-97. Field Size—14. Field Type—Alpha/  
Numeric.

### VERIFICATION CODE

Blank = Verified. For tape/cartridge/paper files, each SSN sent in file will be returned with a  
verification code. Position—98. Field Size—1. Field Type—Alpha/Numeric.

Blank means the record agrees with SSA's data file. For diskettes, only the SSNs that do not match will  
be returned to you.

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

2= Name and DOB match; gender code does not.

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

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

5= Name does not match; DOB and gender code not checked.

\* = Input SSN did not verify. Social Security located and verified a different SSN shown in positions  
112-120.

## **File Format for SSA's Return File to Employer/Third-Party** **Continued**

### PROCESSING CODE 214

Position - 99-101. Field Size-3. Field Type-Numeric.

### REQUESTER IDENTIFICATION CODE

Position—102-105. Field Size-4. Field Type-Alpha/ Numeric.

### MULTIPLE REQUEST INDICATOR

Data identical to input provided by requester: Position—106-108. Field Size—3. Field Type—Numeric.

### BLANKS

Position—109-111. Field Size—3. Field Type—Not Applicable.

### VERIFIED SSN LOCATED BY SSA

SSN located and verified on name, DOB and gender. Position—112-120. Field Size—9. Field Type—Numeric.

### BLANKS

Position—121-130. Field Size—10. Field Type—Not Applicable.



# **What to Do If An SSN Fails To Verify**

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## **Requests Submitted on Tape/Cartridge/Paper Listing**

Each SSN sent in the file will be returned to you with a verification code. If the verification code is blank, the record agrees with SSA's data file. Please annotate your records that this SSN has been verified.

If the verification code is not blank, follow these steps:

1. Ask to see the employee's Social Security card to assure that the SSN and name were correctly shown on the file.
2. Check to see if you made a typographical error. If so, correct the data and resend to SSA in a subsequent file. Please resend only the corrected data.
3. If the SSN shown on the card and the file match, ask the employee to check with any Social Security Office or call 1-800-772-1213 to determine and correct the problem. Ask the employee to give you the corrected name or Social Security number for your payroll records.

## **Requests Submitted on Diskette**

Only the SSNs that do not match SSA's data file will be returned to you on the diskette. Follow these steps for any SSNs that do not match:

1. Ask to see the employee's Social Security card to assure that the name and SSN were correctly shown on the file.
2. If an error was made on the file, correct your records and send the SSN and related data to SSA in a subsequent file.
3. If the Social Security card and the file match, ask the employee to check with any Social Security Office to determine and correct the problem.

## Diskette Only Mailing Form and Address

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Complete this form and mail it along with your diskette to:

**Social Security Administration  
OCO, DES, EVS  
5-E-10 North Building  
300 North Greene Street  
Baltimore, MD 21290-0300**

1. \_\_\_\_\_  
Name and Address of Company -- Show street, city, state and zip code.
  
2. \_\_\_\_\_  
If media should be returned to an address other than above, indicate that address here.
  
3. \_\_\_\_\_  
Contact Name and Phone Number (include area code) -- Show the name and phone number of the person Social Security should contact regarding this diskette.
  
4. \_\_\_\_\_  
EVS Requester Identification Code -- This code was provided by Social Security during the registration process.
  
5. \_\_\_\_\_  
Number of Diskettes -- (3½" High Density).
  
6. \_\_\_\_\_  
Record Count -- Show the number of SSNs on the file.
  
7. \_\_\_\_\_  
Date Mailed

## Magnetic Tape/Cartridge Only Mailing Form and Address

Complete this form and mail it along with your magnetic tape/cartridge to:

**Social Security Administration  
OCO, DES, EVS, 5-E-10 North Building  
300 North Greene Street  
Baltimore, MD 21290-0300**

- 
1. Name and Address of Company -- Show street, city, state and zip code.

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  2. If media should be returned to an address other than above, indicate that address here.

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  3. Contact Name and Phone Number (include area code) -- Show the name and phone number of the person Social Security should contact regarding this tape/cartridge.

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  4. EVS Requester ID Code -- This code was provided by Social Security during the registration process.

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  5. Volume Serial Number of Tape/Cartridge

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  6. Record Count -- Show the number of SSNs on the file.

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  7. Block size -- 26,000 is preferred

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  8. Date Mailed