

# SC BOO\$T Payment Guide



1 Once you receive your email from [donotreply@dss.sc.gov](mailto:donotreply@dss.sc.gov) click the link in the email.

2 Here you will fill in your case number that is included in the email.

DSS Provider Portal EN ES

/BOO\$T/Bonus Confirmation

### SC BOO\$T Wage Enhancement Bonus Confirmation

**Attention!**  
BEFORE you begin, you will need to complete an I.R.S. Form W-9. The completed Form W-9 must be uploaded in order for you to complete your authorization. You can download the blank form from the I.R.S. here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Case Confirmation

To confirm your identity, please provide your case number and the last 4 digits of your SSN:

Case Number: \*  Last 4 Digits of Your SSN: \*  Authenticate

**DSS** SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
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### 3 Then fill in the last 4 of your SSN.

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### 4 In the yellow box at the top of the page is a link to a W-9 click on that link that will open a new page.

Click "<https://www.irs.gov/pub/irs-pdf/fw9.pdf>"

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Case Number is required

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This page will allow you to fill in your information and once complete save it to your computer.

**Form W-9**  
Request for Taxpayer Identification Number and Certification

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.

2 Business name/deregistered entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2).

5 Address number, street, and apt. or suite no. 2 See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by broker)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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Then go back to the SC BOO\$T Wage Enhancement Bonus Confirmation page and click the blue "Authenticate" box. Once you click "Authenticate" it will then take you to the next page.

DSS Provider Portal

/BOO\$T/Bonus Confirmation

**SC BOO\$T Wage Enhancement Bonus Confirmation**

**Attention!**

BEFORE you begin, you will need to complete an I.R.S. Form W-9. The completed Form W-9 must be uploaded in order for you to complete your authorization. You can download the blank form from the I.R.S. here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Case Confirmation

To confirm your identity, please provide your case number and the last 4 digits of your SSN:

Case Number: \*  Last 4 Digits of Your SSN: \*

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Here you will enter your full SSN (twice) and make any changes to the name and address fields as well. Your name should match what is on your SSN card.

Authorization

Please review your first and last name, and make any corrections necessary.

- Make sure that your name shown here matches your name on your SSA card.
- Please do not use any special characters in your first name or last name.

First Name:  Last Name:

Please review your CURRENT MAILING ADDRESS below, and make any corrections necessary.

Address 1:  Address 2:

City:  State:  Zip Code:

Please enter your full SSN, Re-Enter, and upload completed W9:

SSN (digits only): \*  Re-enter SSN: \*

*Note: Mailing address on W9 must match address on this screen.*

Now use the Select W-9 File button to upload a copy of your I.R.S. Form W-9.

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Then click the blue "select your file" box so that you can upload your completed W-9 that you just saved to your computer.

Authorization

Please review your first and last name, and make any corrections necessary.

- Make sure that your name shown here matches your name on your SSA card.
- Please do not use any special characters in your first name or last name.

First Name:  Last Name:

Please review your CURRENT MAILING ADDRESS below, and make any corrections necessary.

Address 1:  Address 2:

City:  State:  Zip Code:

Please enter your full SSN, Re-Enter, and upload completed W9:

SSN (digits only): \*  Re-enter SSN: \*

*Note: Mailing address on W9 must match address on this screen.*

Now use the Select W-9 File button to upload a copy of your I.R.S. Form W-9.

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Once you have uploaded your W-9, click the blue submit button below. Please allow 6 to 8 weeks for your payment to be mailed directly to you.

Authorization

Please review your first and last name, and make any corrections necessary.

- Make sure that your name shown here matches your name on your SSA card.
- Please do not use any special characters in your first name or last name.

First Name:  Last Name:

Please review your CURRENT MAILING ADDRESS below, and make any corrections necessary.

Address 1:  Address 2:

City:  State:  Zip Code:

Please enter your full SSN, Re-Enter, and upload completed W9:

SSN (digits only): \*  Re-enter SSN: \*

*Note: Mailing address on W9 must match address on this screen.*

Now use the Select W-9 File button to upload a copy of your I.R.S. Form W-9.

