



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**

Form Approved  
OMB No. 3220-0184

In reply refer to

The Railroad Retirement Board (RRB) requires earnings information to determine the amount of benefits you are entitled to for certain years.

Please furnish earnings information for the years indicated on the next page by completing items 1, 2 and 3. Also complete items 4, 5 and 6 if an "X" appears in the box next to the item. Be sure to sign and date the form, and provide your telephone number.

- If you were employed by someone else, report your total wages before payroll deductions (even if some of your wages were not covered by Social Security). **Furnish copies of your Forms W-2 for the years indicated.**
- If you were self-employed, use your income tax returns or business records to get the exact amount of your self-employment earnings. **Furnish copies of Schedule SE, Form 1040, for the years indicated.**
- If you or your family have **incorporated** a business, report your earnings as wages, not self employment.

If you have any questions about this letter, or if you need additional information, please contact this office. If you wish to visit the office in person, please bring this letter and your earnings information with you. Our office is open to the public during normal business hours. If you write to us, please furnish your daytime telephone number.

Sincerely,

Enclosure: Envelope

SEE NEXT PAGE

G-19F (07-04)

**EARNINGS INFORMATION REQUEST  
(EMPLOYMENT FOR HIRE OR SELF-EMPLOYMENT)**

Paperwork Reduction and Privacy Act Notice

The Railroad Retirement Board is authorized to collect the following requested information under section 7(b)(6) of the Railroad Retirement Act (RRA). This information is needed to determine if your earnings affect payment of your railroad retirement benefits. You are not required to provide us with the information requested by this form. However, we may not be able to pay you benefits if you fail to provide us with this information. The information you provide may be disclosed for purposes of verification to the employers you name in this report.

We estimate this form takes an average of 8 minutes to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time, to the Chief of Information Management, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-2092.

1. Did you work for yourself or anyone else in any of the years: \_\_\_\_? \_\_\_\_?  
 YES - Go to Item 2     NO - Go to Item 5

2. Enter name and address of employer (if self-employed, show "self").

\_\_\_\_\_

\_\_\_\_\_

3. Show your total earnings from employment for hire or your total net earnings from self-employment for each year shown below:

Calendar Year \_\_\_\_ Total Annual Earnings \$ \_\_\_\_\_

Calendar Year \_\_\_\_ Total Annual Earnings \$ \_\_\_\_\_

**COMPLETE ITEMS BELOW ONLY IF "X" APPEARS IN BOX ( ) ON LEFT SIDE OF ITEM**

4.  For the calendar year \_\_\_\_, show the gross amount earned each month in employment for hire or the net amount earned each month in self-employment and the hours worked in each month.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Earnings												
Hours												

For the calendar year \_\_\_\_, show the gross amount earned each month in employment for hire or the net amount earned each month in self-employment and the hours worked in each month.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Earnings												
Hours												

5.  Do you expect to work for yourself or anyone else in \_\_\_\_?     YES     NO

If "Yes," furnish estimate of earnings. \_\_\_\_\_

6.  Have you stopped working?     YES     NO

If "Yes," furnish date of last employment. \_\_\_\_\_

**SIGN AND DATE AT BOTTOM**

7. REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE:** I certify that the information I am giving is true, complete and correct. I understand that criminal and civil penalties may be imposed on me for false or fraudulent statements.

Sign here: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ Date: \_\_\_\_\_