

CURRENT



U.S. Railroad Retirement Board
Office of Programs - Operations
P.O. Box 10695
Chicago, Illinois 60610-0695

In Reply Refer To
ER No.

SUPPLEMENTAL REPORT OF COMPENSATION

A report of compensation for calendar year _____ is needed for the employee identified below. The report is needed to determine the amount of benefits payable to the employee under the Railroad Unemployment Insurance Act (RUIA). Our authority for requesting this report is section 5(b) of the RUIA. Failure to report can result in a fine or imprisonment or both (45 USC 359).

Paperwork Reduction Act Notice: 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. We estimate that this form takes an average of 8 minutes to complete, including the time for reviewing the instructions, obtaining the needed data, and reviewing the completed form. If you wish, send comments regarding the accuracy of our estimate or any aspects of this form, including suggestions for reducing completion time, to Chief of Information Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, Illinois 60611-2092

Employee
SS No.

Address
Payroll No.
ICC Code
ER No.

Return Report To:
Railroad Retirement Board
Office of Programs -
Operations
P.O. Box 10695
Chicago, Illinois 60610-0695

Report For
For each month, enter the amount of
compensation earned up to
per month

JAN	_____
FEB	_____
MAR	_____
APR	_____
MAY	_____
JUN	_____
JUL	_____
AUG	_____
SEP	_____
OCT	_____
NOV	_____
DEC	_____
TOTAL	_____

Signature: _____
Title: _____
Railroad: _____
Date: _____