

PROPOSED

**SELF-EMPLOYMENT AND
SUBSTANTIAL SERVICE
QUESTIONNAIRE**

DO NOT WRITE IN THIS SPACE
APPROVED BY

Paperwork Reduction Act/Privacy Act Notice[s]

The Railroad Retirement Board (RRB) 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 whether your self-employment will affect your railroad retirement benefits under the RRA. You are not required to provide the information requested by this form. However, your failure to provide us with the requested information may result in our being unable to pay you any benefits.

We estimate this form takes between 40 and 70 minutes per response, 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 any comments regarding the accuracy of our estimate or any other aspects of this form including suggestions for improving the completion time, to the Chief of Information **[Resources]** Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

The information you provide may be disclosed for purposes of verification to the employer(s) named in item 8. A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB.

SECTION 1-GENERAL INSTRUCTIONS

Always complete Sections 2 and 3 and Sections 5 through 7 of this form. Complete Section 4, as applicable, as explained in the instructions at the beginning of that section.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 6 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 6, 2007, as:

MONTH		DAY		YEAR		
0	6	0	6	2	0	07

If you are completing this questionnaire on behalf of someone else, you must answer each question as it applies to **the applicant**.

SECTION 2-IDENTIFYING INFORMATION

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 3 for accuracy.

- ▶ If the information is correct, **go to Item 4**.
- ▶ If the information is not correct, cross out the incorrect information and enter the correct information above it.
- ▶ If the information is missing, fill it in.

EMPLOYEE IDENTIFICATION

1 RAILROAD RETIREMENT BOARD CLAIM NUMBER →

2 RAILROAD EMPLOYEE'S SOCIAL SECURITY NUMBER →

3 RAILROAD EMPLOYEE'S NAME →

4 YOUR NAME →

APPLICANT IDENTIFICATION

If you are also completing *Form AA-1, Application for Employee Annuity, or Form AA-3, Application for Spouse/Divorced Spouse Annuity*, go to Item 7. Otherwise complete Items 5 and 6.

5 MAILING ADDRESS →

STREET ADDRESS →

CITY AND STATE →

ZIP CODE →

6 DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) → ☎

SECTION 3- INFORMATION ABOUT YOUR SELF-EMPLOYMENT

Enter

7a. ~~Print~~ the name of your business and the legal form of that business (i.e., corporation, sole proprietorship, partnership, consultant, etc.).

7b. See Attachment ② # 1

TYPE OF WORK

~~8. List your title or position. Describe the type of service you perform and the skill level required. Enter the name(s) and address(es) of the persons or organizations for whom you perform this service. (As used in this questionnaire, "person" means individual, organization, or company.)~~

8b

8c. Enter

8a. See Attachment ② # 2

9b. List the

~~9a. State whether or not you are a former employee of one or more of the person(s) listed in item 8. If so, list the name(s) of that employer(s). Otherwise, go to item 10.~~

9a

Yes - Go to Item 9b
 No - Go to Item 11

FORMER SERVICE

~~10a. State whether or not the service you perform is the same as the service you performed as an employee. If not, explain how your current service differs from the service you performed as an employee.~~

10a

Yes - Go to Item 11
 No - Go to Item 10b

Attachment 2

#1

8.	b.	<p>Enter an "X" in the appropriate box to indicate your form of business.</p> <table border="0"> <tr> <td><input type="checkbox"/> Corporate</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Consultant</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Describe) : _____</td> </tr> </table>	<input type="checkbox"/> Corporate	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other (Describe) : _____			
<input type="checkbox"/> Corporate	<input type="checkbox"/> Sole Proprietorship									
<input type="checkbox"/> Partnership	<input type="checkbox"/> Consultant									
<input type="checkbox"/> Other (Describe) : _____										
9.	a.	<p>Enter an "X" in the appropriate box to indicate your job title.</p> <table border="0"> <tr> <td><input type="checkbox"/> Owner/Partner</td> <td><input type="checkbox"/> Project Manager/Team Leader</td> </tr> <tr> <td><input type="checkbox"/> Sales Person</td> <td><input type="checkbox"/> Officer of Corporation</td> </tr> <tr> <td><input type="checkbox"/> Consultant/Independent Contractor</td> <td><input type="checkbox"/> Minister</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Describe): _____</td> </tr> </table>	<input type="checkbox"/> Owner/Partner	<input type="checkbox"/> Project Manager/Team Leader	<input type="checkbox"/> Sales Person	<input type="checkbox"/> Officer of Corporation	<input type="checkbox"/> Consultant/Independent Contractor	<input type="checkbox"/> Minister	<input type="checkbox"/> Other (Describe): _____	
<input type="checkbox"/> Owner/Partner	<input type="checkbox"/> Project Manager/Team Leader									
<input type="checkbox"/> Sales Person	<input type="checkbox"/> Officer of Corporation									
<input type="checkbox"/> Consultant/Independent Contractor	<input type="checkbox"/> Minister									
<input type="checkbox"/> Other (Describe): _____										

#2

PLACE OF SERVICE

11 Describe ^{do} Where you perform your service (i.e., home, your own office, premises of the "person" shown in item 8.)

ADVERTISE

12 Enter an "X" in the appropriate box:

Do you advertise ^{your} services ~~to the public~~?

Yes

No

SERVICE DATES

13 Enter the date you began performing your service.

MONTH	DAY	YEAR

14a. State whether or not ^{ARE} your services ^{are} scheduled to end ^{on a certain date}, and if so, what that date is. ~~If they are not scheduled to end on a certain date, describe the agreement you have concerning the length of your service.~~ ^{14c}

14b. Enter the date your services are scheduled to end.

MONTH	DAY	YEAR
1	1	1 1 1

SERVICE HOURS

15a. State whether or not you determine your own working hours. ^{Do} If you do not determine your working hours, ^{15b} state who determines them. ~~your work hours?~~ ^{15b}

^{15b} state who determines them ^{your work hours?}

IS YOUR WORK ACTIVITY

Yes - Go to Item 16b No - Go to Item 17

16a State whether or not you are supervised? If you are supervised, describe the extent to which you are supervised.
Provide the title of the person who supervises you. **NAME AND**

SUPERVISION

IN YOUR WORK ACTIVITY DO

Yes - Go to Item 17b No - Go to Section 4

17a State whether or not you supervise people when you perform your service. If so, state why you supervise them and describe their duties. **17b. explain**

SECTION 4 - INFORMATION ABOUT SUBSTANTIAL SERVICE

bold **only** Complete Items 18 through 20 (and Item 21 if your RRB annuity began before this year) **remove bold** if you are claiming that you did not perform substantial service in self-employment for one or more months in that year. Otherwise, leave these items blank and **bold** go to Section 5 **bold** (Note that this is the only section on this form that may be left blank, as applicable.) **ITRUBS**

18 **enter** Enter the approximate value of the business and the percent of the business that you own. \$ _____

INVESTMENT

19 **enter** Enter the amount of your earnings from the business that would continue based solely on the capital you have invested in it without any service performed by you. \$ _____

SUBSTANTIAL SERVICE	20	Enter a monthly breakdown of the amount of time you spent in the employment this year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC
	21	Enter a monthly breakdown of the amount of time you spent in the employment last year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC

SECTION 5—INFORMATION ABOUT YOUR EARNINGS

NET INCOME	22	Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of the employment performed this year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC
	23	Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of the employment performed last year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC

24 a. ~~State whether or not~~ the payments you receive are reported to the Internal Revenue Service (IRS) by the person(s) for whom you perform the services. ~~If the payments are reported to the IRS, state how they are reported (i.e., as wages, non-employee compensation, etc.).~~

ARE

to the IRS

Yes - Go to Item 24b

NO - Go to Item 25

24b *the PAYMENTS*

SELF EMPLOYMENT TAXES

^{Do}
25a State whether or not you pay self-employment tax based on the income received for the services you provide.
b you do not pay self-employment taxes. State the reason.

FRINGE BENEFITS

^{Do}
26a State whether or not you participate in a fringe benefit program (i.e., group medical insurance) of the person named in Item 8. If you do participate in a fringe benefit program, describe the benefits.
 Yes - Go to Item 26b
 No - Go to Item 27

CONTRACT

^{Is}
27a State whether or not there is a written contract in accordance with which you perform your services. If so, submit a copy of the contract. If there is no written contract, describe the verbal agreement under which you perform services.
27b

Yes - Read 'Note' then go to Item 28
 No - Go to Item 27b

Note: If answered "Yes," you must L

See Attachment 3 for visual illustration

LOSS

28 Enter an "X" in the appropriate box:
^{Do you} risk personal financial loss in ^{your} business? \longrightarrow Yes
 No

Attachment 3

28.	a.	Is there a written contract in accordance with which you perform your services? <input type="checkbox"/> Yes – Read Note then go to Item 29 <input type="checkbox"/> No – Go to Item 28b <div style="border: 1px solid black; padding: 2px; display: inline-block;">Note: <i>If answered "Yes," you must submit a copy of the contract.</i></div>
	b.	Describe the verbal agreement.

Yes - Go to Item 29b No - Go to 29c

29a State whether or not you receive money for your services. If you do receive money for your services, describe your pay schedule (i.e., weekly, bi-weekly, monthly). If you do not receive money for your services, describe the nature of payment or reimbursement you receive for your services. List any expenses you have that are not reimbursed.

²⁰
²¹ WHAT IS
²² CP

29d.

NATURE OF PAYMENT

SECTION 6-REMARKS

This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

30

REMARKS

SECTION 7-CERTIFICATION

31 I certify that all the information I have provided in completing this form is true to the best of my knowledge. I know that if I have made a false or fraudulent statement on this form or if my refusal to provide this information reflects a fraudulent intent to obtain benefits not authorized by law, I am committing a crime which is punishable under Federal law by fine or imprisonment or both.

CERTIFICATION

SIGNATURE

(First Name, Middle Initial, Last Name)

DATE

MONTH	DAY	YEAR

32 ~~Witnesses are required only if this questionnaire is signed by mark ("X"), if signed by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses.~~ *If this certification is taken by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.*

WITNESSES

a. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

b. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

see Attachment 4 for format

MAIL THIS QUESTIONNAIRE TO THE ADDRESS SHOWN BELOW. MOST RAILROAD RETIREMENT BOARD OFFICES ARE OPEN TO THE PUBLIC FROM 9:00 AM THROUGH 3:30 PM MONDAY THROUGH FRIDAY.

REFER ANY QUESTIONS TO: _____

33	If this certification is signed by mark ("X") in Item 32, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.									
a. Signature of Witness										
Address (Number and Street)										
City, State, ZIP Code										
Daytime Telephone Number _____ →						Area Code	Telephone Number			
b. Signature of Witness										
Address (Number and Street)										
City, State, ZIP Code										
Daytime Telephone Number _____ →						Area Code	Telephone Number			