

CURRENT

SELF-EMPLOYMENT AND SUBSTANTIAL SERVICE QUESTIONNAIRE

Do NOT WRITE IN THIS SPACE
APPROVED BY

Paperwork Reduction/Privacy Act Notice

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 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 1-3 and Sections 5-7 of this form. Complete Section 4, as applicable, as explained in the instructions at the beginning of that section. Print all answers in ink or use a typewriter. If you are completing this form on behalf of someone else, you must answer each question as it applies to that person. 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 January 1, 2000, as:

MONTH		DAY		YEAR			
0	1	0	1	2	0	0	0

SECTION 2-INFORMATION THAT IDENTIFIES YOU

Look over the information entered by the RRB for items 1, 2 and 3 to be sure it is correct. If it is correct, go to item 4. If the information is not correct, line it out and enter the correct information.

IDENTIFYING INFORMATION

1 RAILROAD RETIREMENT BOARD CLAIM NUMBER →

2 RAILROAD EMPLOYEE'S SOCIAL SECURITY NUMBER →

3 RAILROAD EMPLOYEE'S NAME →

4 YOUR NAME →

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 →

A 6 DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) → ☎

SECTION 3—INFORMATION ABOUT YOUR SELF-EMPLOYMENT

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

TYPE OF

-
- 8 List your title or position. Describe the type of service you perform and the skill level required. List 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.)

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- 9 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 11.

FORME SERVICE

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

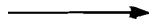
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11 Describe where you perform your service (i.e., home, your own office, premises of the "person" shown in item 8).

PLACE OF SERVICE

ADVERTISE

12 Enter an "X" in the appropriate box:
I advertise my services to the public.



Yes

No

13 Enter the date you began performing your service.



MONTH	DAY	YEAR

14 State whether or not 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.

SERVICE DATES

▲

15 State whether or not you determine your own working hours. If you do not determine your working hours, state who determines them.

SERVICE HOURS

▲

-
- ▼ 16 State whether or not you are supervised. If you are supervised, describe the extent to which you are supervised and provide the title of the person who supervises you.

SUPERVISION

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



SECTION 4—INFORMATION ABOUT SUBSTANTIAL SERVICE

Complete items 18 through 20 (and item 21 if your RRB annuity began before this year) only 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 go to Section 5. (Note that this is the only section on this form that may be left blank, as applicable.)

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- ▼ 18 Print the approximate value of the business and the percent of the business that you own.

LIVE MEN

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- 19 Print 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.

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SUBSTANTIAL SERVICE	20	Enter a monthly breakdown of the amount of time you spent in self-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 self-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 self-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 self-employment performed last year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
SEPT			OCT	NOV	DEC	
INCOME REPORT	24	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.).				

▼ 25 State whether or not you pay self-employment tax based on the income received for the services you provide. If you do not pay self-employment taxes, state the reason.

SELF EMPLOYMENT TAXES



▼ 26 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.


FRINGE BENEFITS



▼ 27 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.

CONTRACT



▼ 28 Enter an "X" in the appropriate box:
I risk personal financial loss in my business.  Yes
 No



29 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.

NATURE OF PAYMEN



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.



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REMARKS

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SECTION 7-CERTIFICATION

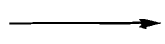
31 I certify that all the information I have provided in completing this form is true to the best of my knowledge. I know that if I have made a false or fraudulent statement on this form or if my refusal to provide this information reflects a fraudulent intent to obtain benefits not authorized by law,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

WITNESSES

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.

1. Signature of Witness

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

2. Signature of Witness

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

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: