

## REPORT SPECIFICATIONS SHEET

<b>RETURN TO:</b> (Address on reverse side of reporting form) U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, IL 60611-2092	<b>IMPORTANT NOTE:</b> THIS FORM MUST BE COMPLETED AND ENCLOSED WITH EACH REPORT SUBMITTED. BE SURE TO COMPLETE THE RECAPITULATION SHEET ON THE REVERSE SIDE OF THIS FORM IF SUBMITTING FORMS BA-3A, BA-4, OR BA-10.	
DATE REPORT BEING SUBMITTED	EMPLOYER NUMBER (BA NUMBER)	
CORPORATE NAME AND ADDRESS OF EMPLOYER	PERSON TO CONTACT REGARDING THIS REPORT	
	TITLE	
OTHER EMPLOYER NAME(S), IF ANY	TELEPHONE NUMBER	FACSIMILE NUMBER

I AM NOT SUBMITTING A REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES ▶ (Go on to Certification Statement at bottom)

<p style="text-align: center;"><b>TYPE OF REPORT (Check only one)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ANNUAL REPORT (FORM BA-3a)  <input type="checkbox"/> Form BA-6a not submitted because no new hires   <input type="checkbox"/> ANNUAL REPORT WITH MISCELLANEOUS COMPENSATION (Magnetic Tape in BA-3d Format)   <input type="checkbox"/> ADJUSTMENT REPORT (FORM BA-4)                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ADDRESS REPORT (FORM BA-6a)   <input type="checkbox"/> SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9)   <input type="checkbox"/> MISCELLANEOUS COMPENSATION REPORT (FORM BA-10)   <input type="checkbox"/> GROSS EARNINGS REPORT (FORM BA-11)                 </td> </tr> </table>	<input type="checkbox"/> ANNUAL REPORT (FORM BA-3a) <input type="checkbox"/> Form BA-6a not submitted because no new hires  <input type="checkbox"/> ANNUAL REPORT WITH MISCELLANEOUS COMPENSATION (Magnetic Tape in BA-3d Format)  <input type="checkbox"/> ADJUSTMENT REPORT (FORM BA-4)	<input type="checkbox"/> ADDRESS REPORT (FORM BA-6a)  <input type="checkbox"/> SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9)  <input type="checkbox"/> MISCELLANEOUS COMPENSATION REPORT (FORM BA-10)  <input type="checkbox"/> GROSS EARNINGS REPORT (FORM BA-11)	<p style="text-align: center;"><b>REPORT MEDIA (Check only one)</b></p> <input type="checkbox"/> PAPER <input type="checkbox"/> 3½ DISKETTE <input type="checkbox"/> CD ROM <input type="checkbox"/> MAGNETIC TAPE/CARTRIDGE Also complete items (a)-(f) below.
<input type="checkbox"/> ANNUAL REPORT (FORM BA-3a) <input type="checkbox"/> Form BA-6a not submitted because no new hires  <input type="checkbox"/> ANNUAL REPORT WITH MISCELLANEOUS COMPENSATION (Magnetic Tape in BA-3d Format)  <input type="checkbox"/> ADJUSTMENT REPORT (FORM BA-4)	<input type="checkbox"/> ADDRESS REPORT (FORM BA-6a)  <input type="checkbox"/> SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9)  <input type="checkbox"/> MISCELLANEOUS COMPENSATION REPORT (FORM BA-10)  <input type="checkbox"/> GROSS EARNINGS REPORT (FORM BA-11)		

**MAGNETIC TAPE AND CARTRIDGE REPORTS ONLY (Items (a) through (f) must be COMPLETED)**

(a) Tape or Cartridge Labels	(b) Tape Density (Tape Only)	(c) Type of Tape or Cartridge	(d) Blocking Factor	(e) Reel Numbers	FOR RRB USE RRB-Reels
<input type="checkbox"/> Standard IBM Labels <input type="checkbox"/> No Labels <input type="checkbox"/> Non-standard Header and Trailer Labels <input type="checkbox"/> Leading Tape Mark Only	<input type="checkbox"/> 6250 BPI <input type="checkbox"/> 1600 BPI	<input type="checkbox"/> 3480 type cartridge <input type="checkbox"/> 3490 type cartridge <input type="checkbox"/> 9 Track Tape	Record format must be fixed blocked. Record size must be consistent with type of report indicated above. How Many <u>Characters</u> Per Block? <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		
(f) Data Set Name (DSN):	FORMS BA-3A, BA-4, BA-9, BA-10 AND BA-11 MUST BE IN 80 CHARACTER FORMAT. THE BA-3D AND FORM BA-6A MUST BE IN 120 CHARACTER FORMAT.			DATE RECEIVED IN OP-A&T-CESC	

ENTER EMPLOYER NUMBERS OF ALL SUBSIDIARY UNITS INCLUDED IN THE REPORT. ATTACH ADDITIONAL SHEET IF NECESSARY.

FOR RRB USE ONLY

**CERTIFICATION STATEMENT**

I UNDERSTAND THAT CIVIL AND CRIMINAL PENALTIES CAN BE IMPOSED AGAINST ME FOR FALSE OR FRAUDULENT STATEMENTS OR FOR WITHHOLDING INFORMATION TO MISREPRESENT A FACT MATERIAL TO DETERMINING A RIGHT TO PAYMENT UNDER THE RAILROAD RETIREMENT ACT. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION WHICH I HAVE GIVEN IS TRUE, COMPLETE, AND CORRECT.

SIGNATURE OF CERTIFYING OFFICER/DATE	REMARKS
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