

REPORT SPECIFICATIONS SHEET

RETURN TO: (Address on reverse side of reporting form) U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, IL 60611-2092	IMPORTANT NOTE: This form must be completed and submitted with reports of information required by law under Section 9 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA) for the purpose of paying RRA and RUIA benefits.
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1 CORPORATE NAME AND ADDRESS OF EMPLOYER	3 DATE REPORT BEING SUBMITTED	4 EMPLOYER BA NUMBER
	5 PERSON TO CONTACT REGARDING THIS REPORT	
	6 TITLE	

2 OTHER EMPLOYER NAME, IF ANY	7 TELEPHONE NUMBER	8 FACSIMILE NUMBER
	9 E-MAIL ADDRESS	

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

I AM NOT SUBMITTING A GROSS EARNINGS REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES WITH A SOCIAL SECURITY NUMBER ENDING IN "30."

10 TYPE OF REPORT (CHECK ONLY ONE) <input type="checkbox"/> ANNUAL REPORT (FORM BA-3); REPORT INCLUDES: (Check ALL that apply) <input type="checkbox"/> Regular Compensation and Service <input type="checkbox"/> Sick Pay and Miscellaneous Compensation <input type="checkbox"/> Employee Addresses <input type="checkbox"/> ADJUSTMENT REPORT (FORM BA-4); REPORT INCLUDES: (Check ALL that apply) <input type="checkbox"/> Regular Compensation and Service <input type="checkbox"/> Sick Pay and Miscellaneous <input type="checkbox"/> SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9) <input type="checkbox"/> GROSS EARNINGS REPORT (FORM BA-11) <input type="checkbox"/> ADDRESS REPORT (FORM BA-6A)	11 REPORT MEDIUM (CHECK ONLY ONE) <input type="checkbox"/> MAGNETIC TAPE CARTRIDGE <input type="checkbox"/> CD-ROM or 3 1/2" DISKETTE <input type="checkbox"/> FTP (File Transfer Protocol) INTERCHANGE <input type="checkbox"/> SECURE E-MAIL <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> NOTE: Report Record Lengths: Form BA-3 = 300 Form BA-4 = 200 Form BA-6A = 180 Form BA-9 = 120 </div> <input type="checkbox"/> PAPER - Go to Item 13.
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12 (A) LABEL USED (CHECK ONLY ONE): NONE STANDARD IBM NON-STANDARD HEADER/TRAILER LEADING TAPE MARK

(B) FILE NAME:

(C) REEL NUMBER(S)

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13 IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPANY(S), LIST ALL EMPLOYER NUMBERS. ATTACH A SEPARATE SHEET IF NECESSARY.

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14 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 or the Railroad Unemployment Insurance 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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