

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 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;">TYPE OF REPORT (Check only one)</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;">REPORT MEDIA (Check only one)</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
--------------------------------------	---------

