FORM APPROVED OMB NO. 3220-XXXX

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 1 CORPORATE NAME AND ADDRESS OF EMPLOYER	Ti in Ro Ui Ri	TANT NOTE: his form must be completed a formation required by law un- etirement act (RRA) and Sec nemployment Insurance Act RA and RUIA benefits. REPORT BEING SUBMITTED	der Section 9 of the Railroad		
TOTAL STATE OF THE PARTY OF THE POTENTIAL PROPERTY OF THE PARTY OF THE	DAIL!				
	5 PERSO	ON TO CONTACT REGARDING	THIS REPORT		
	6 TITLE				
2 OTHER EMPLOYER NAME, IF ANY	7 TELEPI	HONE NUMBER	8 FACSIMILE NUMBER		
	9 E-MAIL	ADDRESS			
I AM NOT SUBMITTING AN ANNUAL REPORT BECAUSE MY COMPANY	Y HAS NO	EMPLOYEES ▶ (Go to Co	ertification Statement at bottom)		
I AM NOT SUBMITTING A GROSS EARNINGS REPORT BECAUSE MY C	COMPAN	THAS NO EMPLOYEES WI	TH A SOCIAL SECURITY		
10 TYPE OF REPORT (CHECK ONLY ONE)		1 REPORT MEDIUM (CHE	CK ONLY ONE)		
ANNUAL REPORT (FORM BA-3); REPORT INCLUDES:		MAGNETIC TAPE CARTRIDGE			
(Check ALL that apply) Regular Compensation and Service		CD-ROM or 3½" DISKETTE			
Sick Pay and Miscellaneous Compensation		FTP (File Transfer	Protocol) INTERCHANGE		
☐ Employee Addresses ☐ ADJUSTMENT REPORT (FORM BA-4); REPORT INCLUDES:		SECURE E-MAIL			
(Check ALL that apply)		NOTE: Report Re	cord Lengths:		
Regular Compensation and Service Sick Pay and Miscellaneous			B = 300 Form BA-4 = 200 BA = 180 Form BA-9 = 120		
SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9)					
GROSS EARNINGS <u>REPORT</u> (FORM BA-11) ADDRESS <u>REPORT</u> (FORM BA-6A)		PAPER - Go to Ite	m 13.		
12 (A) LABEL USED (CHECK ONLY ONE): NONE STANDARD IBM	NON-S	TANDARD HEADER/TRAIL	ER LEADING TAPE MARK		
(B) FILE NAME: (C) REEL NUMBER(S)	_				
(C) REEL NOWIDER(S)					
CONTRACTOR STANDARDS ONLY CARE RECEMBER 10 0 000					
13 IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPANY(S), LIST ALL E	EMPLOYE	R NUMBERS. ATTACH A SE	PARATE SHEET IF NECESSARY.		
			4.		
CHE SECTION STRUKERE ESE EN CA					
14 I understand that civil and criminal penalties can be imposed against me to misrepresent a fact material to determining a right to payment under Insurance Act. I certify that, to the best of my knowledge, the information	the Railr	oad Retirement Act or th	e Railroad Unemployment		
SIGNATURE OF CERTIFYING OFFICER/DATE		REMARKS			

Page	of
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RECAPITULATION SHEET

NOTE: If more than 15 pages per report, photocopy this page before using.

Recapitulation Sheet Instructions

Item 1. Check only one box per report.

- Item 2. Report Page # Enter the page number shown in Item 4 on Form BA-3 or Item 3 on Form BA-4 that you are recapping. NOTE: 15 pages from one report can be recapped on a single Recapitulation Sheet.
- Item 3. Report Record Count Enter the total number of lines shown in Item 13 on Form BA-3 or Item 14 on Form BA-4 for each page you are recapping.

NOTE: For Items 4, 5, and 6, below, enclose negative amounts in parentheses, i.e., "(10,000.00)".

Item 4. Net Compensation Totals - Enter the totals shown in Item 14 on Form BA-3 or Item 15 on Form BA-4 for each page you are recapping.

Item 5. Recap Sheet Page Totals - Summarize the record counts from Item 3 and the compensation amounts from Item 4a-f of this sheet and enter the totals in the respective columns.

Item 6. Recap Sheet Grand Totals - Single page recapitulation sheet - Enter the totals from Item 5, below.

	3.			eport			
DEDODT		4. NET COMPENSATION			<u> </u>		
REPORT REPORT RECORD COUNT	RUIA COMPENSATION		RRA COMPENSATION				
	a. QUALIFYING AMOUNT	b. MAXIMUM BENEFIT AMOUNT	c. TIER I	d. TIER II	e. MISCELLANEOUS COMPENSATION	f. SICK PAY	
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(3)	 		 	 			
14)	<u> </u>			 			
5)			 	 		 	 -
Recap Sheet	1		 	-	<u> </u>	 	
Page Totals Recap Sheet		 		 			<u> </u>

We estimate this form takes from 15 to 75 minutes per response, including the time for reviewing instructions, getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsors and respondents are not required to respond to a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to CHIEF OF INFORMATION RESOURCES MANAGEMENT, RAILROAD RETIREMENT BOARD, 844 N. RUSH STREET, CHICAGO, IL 60611-2092.

Form G-440 (Not Approved For Use)