

BA-4 (INTERNET) CURRENT

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US Railroad Retirement Board
Form BA-4 (12-03)

Form Approved
OMB No. 3220-9088

Form BA-4: Report of Creditable Compensation Adjustments

Year: Employer BA Number:

Social Security Number: Increase:

Last Name: Initial(s): Decrease:

Service Months

To adjust service months, click the appropriate checkbox in the "Adjusted" row.
Adjustment and New Amount Values will be calculated automatically.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Current:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Current Amount	Adjustment Amount	New Amount
Months:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

Compensation Amounts

Start | SE | In | P | RE | Ad | RR | 8:14 AM

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Compensation Amounts

Enter only adjusted compensation amounts.
New amount values will be calculated automatically.

	Current Amount	Adjustment Amount	New Amount
RUIA:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Tier I:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
Tier II:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>


Check here if employee received sick pay in excess of \$23100 for year 2005.

Is the adjustment amount outside the statute of limitations?
If no, skip this section. If yes, select the applicable reason.

Public Law Board Award: <input type="radio"/>	Settlement Allocation: <input type="radio"/>	Wage Continuation Plan: <input type="radio"/>
RRB Request: <input type="radio"/>	Other Pay for Time Lost Allocation: <input type="radio"/>	<input type="button" value="Clear Selection"/>

The information contained in this report is required by law under Section 9 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA). By approving this form, I affirm that to the best of my knowledge, the information I have given is true, complete, and correct. I

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RUIA:

Tier I:

Tier II:

Check here if employee received sick pay in excess of \$23100 for year 2005.

**Is the adjustment amount outside the statute of limitations?
If no, skip this section. If yes, select the applicable reason.**

Public Law
Board Award:

Settlement
Allocation:

Wage
Continuation
Plan:

RRB Request:

Other Pay for
Time Lost
Allocation:

The information contained in this report is required by law under Section 8 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA). By approving this form, I affirm that to the best of my knowledge, the information I have given is true, complete, and correct. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

Paperwork Reduction Act Notice

Discussions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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We estimate this form takes an average of 15 minutes to complete, 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 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 St, Chicago, IL 60611-2092.

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