

PROPOSED

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.
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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THIS SECTION IS FOR REVERSE USE ONLY DATE RECEIVED: _____

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

THIS SECTION IS FOR REVERSE USE ONLY

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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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.

Multi-page recapitulation sheet - Summarize Item 5 from each sheet and then enter sum total.

1. Check One: <input type="checkbox"/> Form BA-3, Annual Report <input type="checkbox"/> Form BA-4, Adjustment Report							
2. REPORT PAGE #	3. REPORT RECORD COUNT	4. NET COMPENSATION TOTALS					
		RUIA COMPENSATION		RRA COMPENSATION			
		a. QUALIFYING AMOUNT	b. MAXIMUM BENEFIT AMOUNT	c. TIER I	d. TIER II	e. MISCELLANEOUS COMPENSATION	f. SICK PAY
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
5. Recap Sheet Page Totals							
6. Recap Sheet Grand Totals							

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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.