STATEMENT REGARDING **CONTRIBUTIONS AND SUPPORT**

6 DAYTIME TELEPHONE NUMBER

OFFICIALL MONTH	Y FILED DAY	YEAR	OFFICE NUMBER				
APPROVED							

SECTION 1 - GENERAL INSTRUCTIONS

The information requested on this form is authorized by Section 7(b)6 of the Railroad Retirement Act, The information asked for in this form is necessary to determine your entitlement to benefits under the Railroad Retirement Act, You do not have to provide the information requested. However, if you fail to do so, we may not be able to pay you benefits. We estimate this form takes an average of 147-180 minutes per response, 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 the completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

INFORMATION REQUESTED ON THIS FORM IS FOR THE 12-MONTH PERIOD:

	Монтн	Day	YEA	R		Монтн	DAY	YEA	AR.
WHICH BEGAN					AND ENDED				

Type or print all answers legible in ink. If you need more space than is provided to answer a question, use Section 6 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter January 1, 2005, as:

Монтн DAY YEAR 2 0 0 5 1 0 | 1 |

Some items in this application will not apply to you so you will not need to answer them. Based on your answers to a question, you may be told to skip to another item number or section. Follow the instructions that tell you to "Go to" another item. They are designed to help you move through the application form quickly and provide only necessary information. If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.

If you are completing this form on behalf of someone else, you must answer each question as it applies to the applicant.

SECTION 2 - IDENTIFYING INFORMATION

Check the information provided for Items 1 through 6 for accuracy. ▶ If the information is correct, **go to Section 3.** If the information is not correct, cross out the incorrect information and enter the correct information above it. If the information is missing, fill it in. ► EMPLOYEE ► IDENTIFICATION 1 EMPLOYEE'S NAME 2 EMPLOYEE'S SOCIAL SECURITY NUMBER 3 EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER 4 APPLICANT'S NAME 5 a APPLICANT'S STREET ADDRESS APPLICANT DENTIFICATION **b** CITY AND STATE c ZIP CODE d COUNTY

		SECTION 3 - INFORMA	TION A	BOUT A	PPLICAI	T			
▶В ІКТНОАТЕ∢	7	Enter your Date of Birth.		→	Монтн	Day	Y	EAR	
ONE-HALF ▶ RELATIONSHIP ▶ BRITHDATE.	8	Enter an "X" in only one box to show your relationship to the	to show your relationship to the employee.						
► SUPPORT ►	9	Enter an "X" in the appropriate box: Did you receive one-half of your support from the employeduring the 12-month period?	receive one-half of your support from the employee						
		SECTION 4 - SUPPO	RT AND	LIVING	Costs				
▼	 Enter the total amount of the employee's income during the 12-month period. If you do not know, enter "Unknown." Enter the amount the employee contributed to your support during the 12-month period. Include money and the value of goods and services such as food, clothing, rent-free living or transportation that the employee provided for you. 								
PLOYEE	12 Enter the frequency of contributions (weekly, monthly, irregularly, etc.) —>								
SUPPORT FROM EMPLOYEE	13	Enter the date the employee last contributed.		→	Month	DAY	Y	EAR	
∩S		explain here. If you need more space, continue in Section	n 6.						,
<u>▲</u>	15	Enter an "X" in the appropriate box: Did you and the employee live together in the same house during the 12-month period?	ehold	→	Yes No		Go to Ite		
	16	Enter an "X" in the box next to each month in which you lived with the employee during the 12-month period shown on the first page. If you did not live with the employee in any of the 12 months, enter an "X" in "None."	JAN JUL NONE	FEB	MAR		PR CT	MAY NOV	JUN
LIVING ARRANGEMENTS AND COSTS	Only 17	y complete Item 17 if you are the employee's husband or If you separated and resumed living together during the 1 the separation. If you need more space, continue in Sect	l2-month p				umstance	es surrou	nding

Costs
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18	Enter an "X" in the appropriate box: Did you own the dwelling in which you lived during the 12-month period?	— Yes — Go to Item 23 ☐ No — Go to Item 19					
19	Enter the name and relationship of the person v	vho owned th	e dwelling in	which you lived.			
	NAME OF OWNER		RELATIONSHIP TO YOU (IF NONE, ENTER NONE)				
20	Enter an "X" in the appropriate box: Did you pay either the rent or the costs of maint such as repairs, association fees, mortgages, a	•	operty,	☐ Yes —	Go to Item 23 Complete Items 21 and 22		
21	Enter the name of each person who paid the rent or costs of maintaining the property; what each paid for; and how much.						
	NAME OF PERSON WHO PAID		ITEM PAID	FOR	AMOUNT PAID		
					\$		
					\$		
			,		\$		
22	Enter the monthly rental value of the dwelling in If unknown, estimate to the best of your ability.	→	\$				
							

- 23 Enter below information about anybody (other than the employee) who, during the 12-month period, either:
 - · lived with you; or
 - contributed to your support or to the support of your household. Include as contributions:
 - Payments for room and board, rent, or maintenance fees
 - Cash given for support
 - Payments for household expenses (insurance premiums, medical expenses, gifts, etc.)
 - Food or clothing cost

If any of the contributions were for the support of other members of the household, use Section 6 or a separate sheet to provide details.

Where applicable, enter "None."

NAME	RELATION- SHIP TO	TO PERSON	TOTAL AMOUNT OF CONTRIBU-	I A OT OOUTDIDUTION					
NAIVIE	YOU		TIONS DURING THE PERIOD	MONTH	DAY	YEAR	AMOUNT		
			\$				\$		
			\$				\$		
			\$				\$		

If no one listed in this item lived with you, go to Item 26.

		SEC	TION 5 - O	THER IN	ICOME AND) FINA	NCIAL	ACT	VITIES			
▼ 2	4	Enter the monthly cost, per provided to anyone who li		om and bo	ard you		\$					
2	25		Enter an "X" in the appropriate box: Do you have records of the cost shown in Item 24?									
2	26	Enter an "X" in the appropriate of the public or private aid during	he household, r		me kind of			Yes — No —		to Item		
2	7	Enter the following informa	ation. Include pa	yments for	room and boar	d, clothir	ıg, medic	al, hous	ehold and	other e	expenses.	
		NAME OF PERSON FOR NAME AND ALL WHOM AID WAS GIVEN OF AGEN			TOTAL AMOI	TIONS	101-11	T	DATE AND	NTRIBUT	TION	
					DURING THIS PERIOD \$		MONTH	DAY	DAY YE		\$	
					\$						\$	
0					\$						\$	
INCOME AND OTHER BENEFITS RECEIVED				-	\$						\$	
2 2	8	Enter the following information about the income you received during the 12-month period.										
兼		SOURCE OF INCOME		NET INCOME			DATE YOU LAST RECEIVED INCOME AND AMOUNT					
5						MONTH DA		YEAR			AMOUNT	
		Wages, salary, commissions, etc.		\$						\$		
		Pensions, annuities, insurance (include benefits under the Social Security and Railroad Retirement Acts)		\$						\$		
		Stocks, bonds, securities, etc.		\$						\$		
		Trade, business, or self-employment		\$						\$		
		Real property	Real property							\$		
		Farming or gardening (in products raised and use	clude value of d in home)	\$						\$		
		Other sources of income amounts shown in answer questions on this form)		\$						\$		

7	29	Complete this item if you deposited or withdrew funds from a bank account during the 12-month period.									
		OWNER(S) OF ACCOUNT	BALANCE AT BEGINNING OF 12-MONTH PERIOD 12-MONTH PERIOD								
			\$ \$								
			\$ \$								
Other Financial Activities	30	Enter the amount and describe any other funds which were used to lf none, enter "None."	Enter the amount and describe any other funds which were used for support, or put into savings, during the 12-month period. If none, enter "None."								
	31	Enter the description, date incurred, and amount of your debts	at the end of the 12-month period. If none, enter "None."								
		DESCRIPTION	DATE INCURRED AMOUNT								
			MONTH DAY YEAR \$								
			\$								
_		SECTION 6 - ADDITIONAL F	FACTS AND REMARKS								
	32	This section is to be used for the continuation of answers to of of the answer you wish to continue. You may also use this received at least one-half of your support from the employee more space for your answeres, attach additional sheets.	s section to enter any additional facts that tend to show yo								

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SECTION		TIFICATION
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•	33		against me for false or fraudulent statements, or for withholding om the Railroad Retirement Board. I certify that the information is true, complete, and correct to the best of my knowledge.						
			- 						
		SIGNATURE (First Name, Middle Initial, Last Name)							
N O		DATE Month Day	YEAR						
CERTIFICATION	34	If this certification is signed by mark ("X") in Item 33, two witnesses who know the person signing must sign below giving their full addresses and daytime telephone numbers.							
J		a. SIGNATURE OF WITNESS	b. SIGNATURE OF WITNESS						
		ADDRESS (Number and Street, City, State, and ZIP Code)	ADDRESS (Number and Street, City, State, and ZIP Code)						
A		DAYTIME TELEPHONE NUMBER	DAYTIME TELEPHONE NUMBER ()						