

## Statement of Employment and Wages Calendar Year

|                                    |                        |
|------------------------------------|------------------------|
| NAME (FIRST, MIDDLE INITIAL, LAST) | SOCIAL SECURITY NUMBER |
|------------------------------------|------------------------|

**Instructions:** If you believe you have both the required earnings and service to qualify for benefits, complete Items 1-5, and promptly return this form to the Railroad Retirement Board, Post Office Box 10695, Chicago, Illinois 60610-0695. **Remember to attach copies of your pay stubs for the year.** If you do not submit copies of your pay stubs or other substantiating evidence, we will have no basis on which to adjust our records of your service and compensation if your employer does not agree with your statement. The filing of this form is an irrevocable request to have the record of your base year earnings changed to match the information you provide on this form, if the change will qualify you for benefits.

|   |   |
|---|---|
| <b>1</b> Payroll Name (List All Names You Have Used In Railroad Employment) | <b>2</b> Social Security Number (List All Numbers You Have Ever Used) |
|---|---|

|                         |  |
|-------------------------|--|
| <b>3a</b> Date of Birth | <b>3b</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|-------------------------|--|

|   |  |
|---|--|
| <b>3c</b> Father's Name (First, Middle Initial, Last) | <b>3d</b> Mother's Name at Birth (First, Middle, Last) |
|---|--|

**4** Complete the items below for all railroad wages from January 1 to December 31 for the year shown above. If you need more space use the reverse side of this form.

| Month | Name of Railroad or Other Employer | Occupation | Name of Foreman or Supervisor | Place of Employment |       | Wages Earned In Month |
|-------|------------------------------------|------------|-------------------------------|---------------------|-------|-----------------------|
|       |                                    |            |                               | City or Town        | State |                       |
| Jan   |                                    |            |                               |                     |       |                       |
| Feb   |                                    |            |                               |                     |       |                       |
| Mar   |                                    |            |                               |                     |       |                       |
| Apr   |                                    |            |                               |                     |       |                       |
| May   |                                    |            |                               |                     |       |                       |
| June  |                                    |            |                               |                     |       |                       |
| July  |                                    |            |                               |                     |       |                       |
| Aug   |                                    |            |                               |                     |       |                       |
| Sept  |                                    |            |                               |                     |       |                       |
| Oct   |                                    |            |                               |                     |       |                       |
| Nov   |                                    |            |                               |                     |       |                       |
| Dec   |                                    |            |                               |                     |       |                       |

**5** I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

Signature (Do Not Print) \_\_\_\_\_ Date \_\_\_\_\_

**Please Read The Important Notices On The Next Page**

### **Paperwork Reduction/Privacy Act Notice**

The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the Railroad Unemployment Insurance Act. This information will be used to verify your years of service, counting both railroad service and military service. You do not have to provide this information; but if you fail to respond, you may lose some benefits.

We estimate this form takes an average of 5 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 Rush Street, Chicago, Illinois 60611-2092.