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	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. 3 DATE REPORT BEING SUBMITTED 4 EMPLOYER BA NUMBER			
	5 PERSON TO CONTACT REGARDIN		3 THIS REPORT	
	6 TITLE			
2 OTHER EMPLOYER NAME, IF ANY	7 TELE	PHONE NUMBER	8 FACSIMILE NUMBER	
	9 E-MAIL ADDRESS			
I AM NOT SUBMITTING AN ANNUAL REPORT BECAUSE MY COMPAN	Y HAS	NO EMPLOYEES > (Go to I	tem 14, Certification Statement)	
I AM NOT SUBMITTING A GROSS EARNINGS REPORT BECAUSE MY NUMBER ENDING IN "30."	COMPA	NY HAS NO EMPLOYEES W	ITH A SOCIAL SECURITY	
10 TYPE OF REPORT (CHECK ONLY ONE)		11 REPORT MEDIUM (CHE	CK ONLY ONE)	
ANNUAL REPORT (FORM BA-3); REPORT INCLUDES:		MAGNETIC TAPE CARTRIDGE		
(Check ALL that apply)		CD-ROM or 3½" DISKETTE		
Regular Compensation and Service Sick Pay and Miscellaneous Compensation		FTP (File Transfer Protocol) INTERCHANGE		
Employee Addresses	SECURE E-MAIL			
ADJUSTMENT REPORT (FORM BA-4); REPORT INCLUDES:		SECURE E-IVIAIL		
(Check ALL that apply) Regular Compensation and Service		NOTE: Report Record Lengths:		
Sick Pay and Miscellaneous		Form BA-3 = 300 Form BA-4 = 200 Form BA-6A = 180 Form BA-9 = 120		
SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9)		Form BA-11 = 120		
GROSS EARNINGS <u>REPORT</u> (FORM BA-11) ADDRESS <u>REPORT</u> (FORM BA-6A)		PAPER - Go to Item 13.		
12 (A) LABEL USED (CHECK ONLY ONE): NONE STANDARD IBM		N-STANDARD HEADER/TRA	LER LEADING TAPE MARK	
(B) FILE NAME:				
(C) REEL NUMBER(S)		AN APPRING THE CHECKEN PROPERTY OF THE PROPERT		
THIS SECTION IS FOR RRB USE ONLY DATE RECEIVED IN CESC:				
13 IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPANY(S), LIST ALL	EMPLO	YER NUMBERS. ATTACH A S	EPARATE SHEET IF NECESSARY.	
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THIS SECTION IS FOR RRB USE ONLY	ji V. Yp.ji			
THIS SECTION IS FOR RRBUSE ONE!	Translativille			
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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 the payment of the least of the payment of the information of the payment of the pa	the Rai	Iroad 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				

Page	of	

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: Form BA-3, Annual Report Form BA-4, Adjustment Report 4. NET COMPENSATION TOTALS 3. **RUIA COMPENSATION RRA COMPENSATION** REPORT REPORT a. **RECORD** PAGE **MAXIMUM BENEFIT MISCELLANEOUS** QUALIFYING COUNT TIER I TIER II SICK PAY COMPENSATION **AMOUNT AMOUNT** (10)(12)13) 5. Recap Sheet \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Page Totals 6. Recap Sheet

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 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 STREET, CHICAGO, IL 60611-2092.

Grand Totals