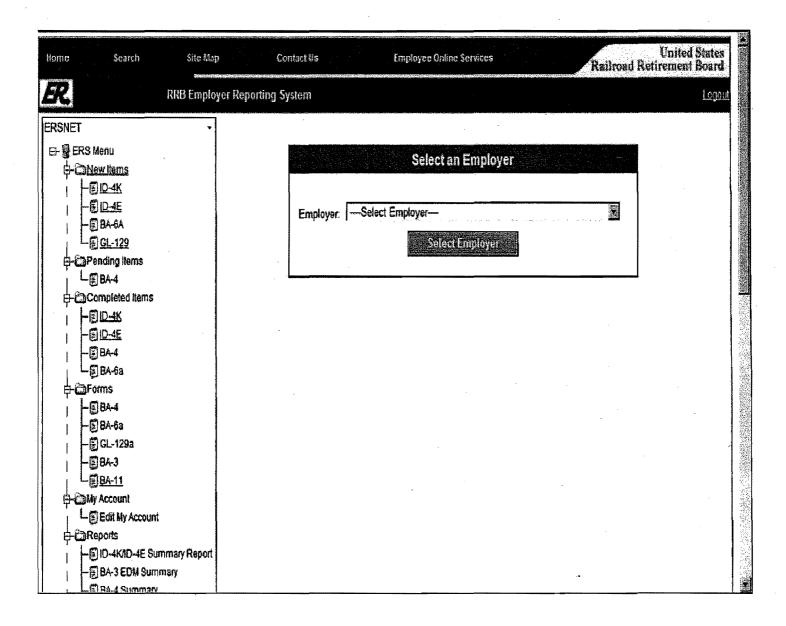
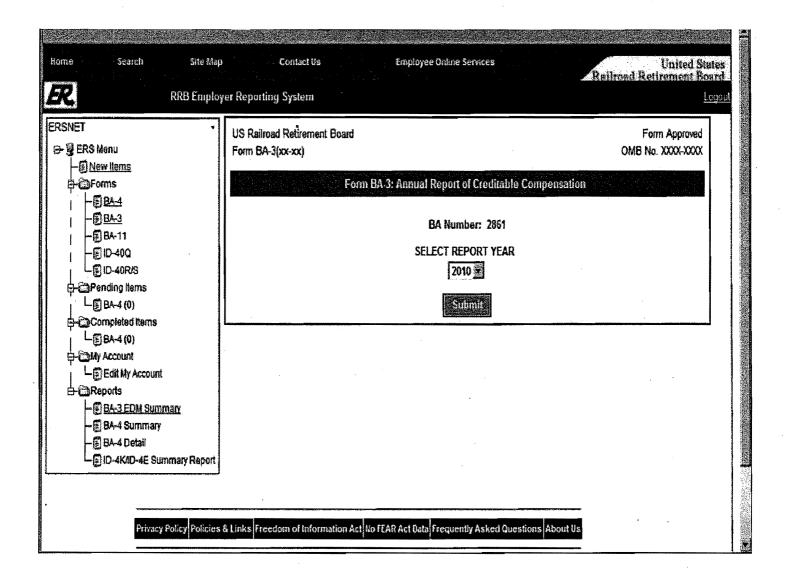
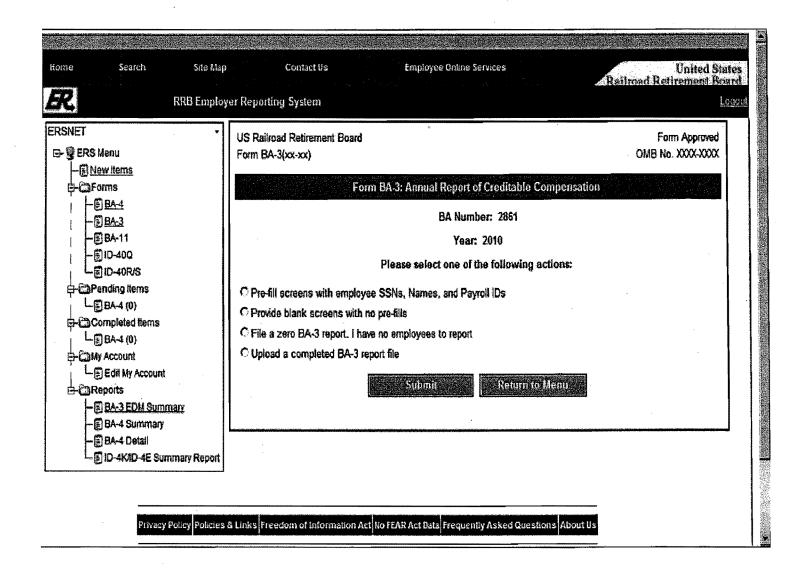
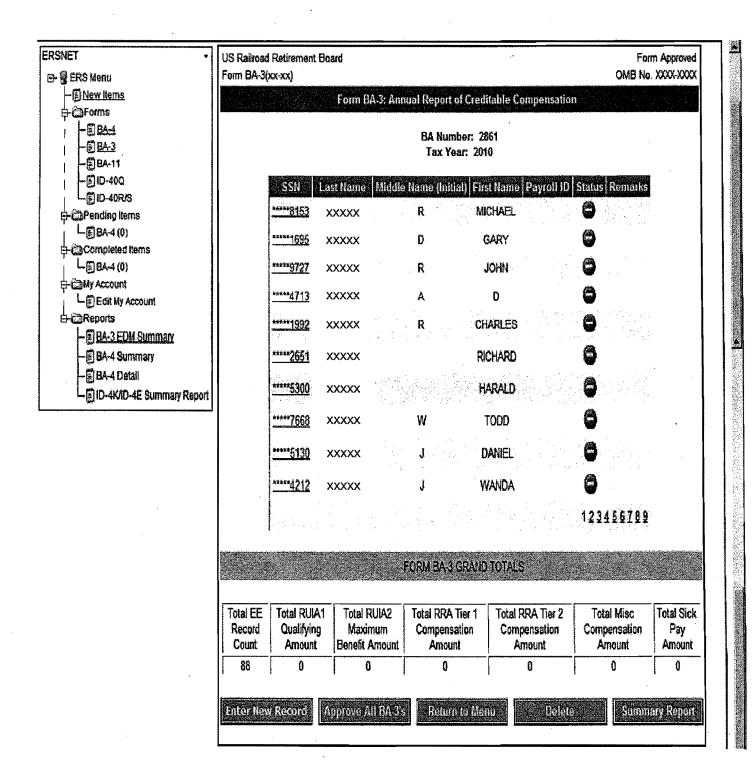
PROPOSED BA-3 (INTERNET)

Screen 1









ERSNET E- ERS Menu - Divew items ⊢**⊡**Forms - BBA-4 - E BA-3 -国BA-11 EID-400 国ID-40R/S @Pending Items L图 BA-4 (0) Completed Items LS BA-4 (0) E-CIMY Account Edit My Account ☐-CaReports - B BA-3 EDM Summary - BBA-4 Summary - BA-4 Detail © ID-4K/ID-4E Summary Report US Railroad Retirement Board Form Approved Form BA-3(99-99) OMB No. 3220-0008

Form BA-3: Annual Report of Creditable Compensation

Year:

Last Name:

Employer:

2010

XXX-XX-XXXX

XXXXXXXXXXX

2861

Social Security Number:

Payroll ID Number:

First Name:

RICHARD

I Not U.S. SSN? Middle Initial:

SERVICE MONTHS

Click on the "All Months Worked" Box if reporting all 12 months as worked.

All Months Worked

otherwise

Enter a "1" for each month being reported as worked.

Enter optional codes 8 or 9 for months not worked, if employee's status is known for all not worked. (8 = employee had a relationship for all or part of month; 9 = employee had no relationship for any part of month)

Enter "0" for all months not worked.

1

1

1

Total Months Reported 12 (Number of Months for Which a "1" was Entered)

COMPENSATION

Click the "Set All Compensation Amounts" Box if reporting maximum compensation for reporting year.

Set All Compensation Amounts

Otherwise

Enter reported compensation amount earned for reporting year

RUIA I

RUIA II

RRA Tier I

RRA Tier II

RRA Misc Comp

RRA Sick Pay

15960.00

20616.00

106800.00

79200.00

0.00

0.00

1

Qualifying

(Optional Entry)

Earnings Monthly

Maximum Benefit Earnings Monthly

2010 Annual Compensation Maximum

RIIIA I 15960.00 RINA II

RRA Tier I 106800.00

RRA Tier II 79200.00

20616.00

DAILY PAY RATE

\$200,00 or less

ADURESS

The Railroad Retirement Board currently has an address on file for this employee. If you want to make a change click here

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 accurate. 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.

Save And Return

Heset Record

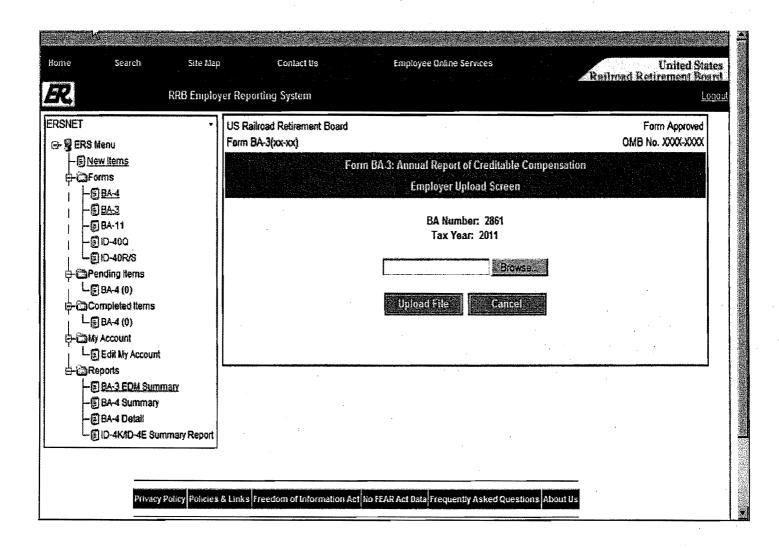
Delete Record

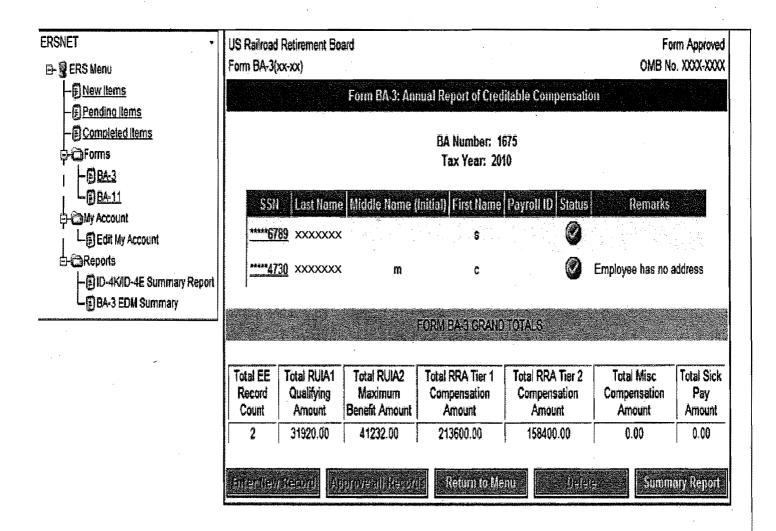
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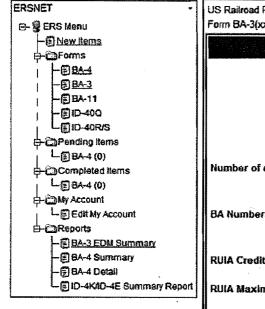
Paperwork Reduction Act Notice

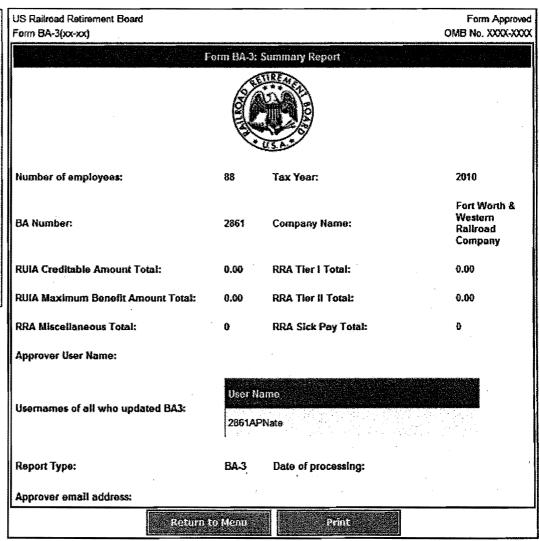
Reset Record Delete Record Paperwork Reduction Act Hotice

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⊕-C⊒M) Account		Click on the "Al	Months Worked"	Box if reporting all	12 months as worked.		
□ Edit My Account	All Months Worked						
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- €8A-4 Summary		Cotoo y *4* for anoth being accorded an another					
BA-4 Detail	.	Enter a "1" for each month being reported as worked.					
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	Enter optional codes 8 or 9 for months not worked, if employee's status is known for all not worked.						
		(8 = employee had a relationship for all or part of month; 9 = employee had no relationship for any part of month)					
		or					
			Enter "0" for all	months not work	ed.		
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	Click the	"Set All Compensat	ion Amounts" Box	if reporting maxim	um compensation for re	porting year.	
	Set All Compensation Amounts						
	Otherwise Enter reported compensation amount earned for reporting year.						
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		RUIA I	RUIA II	RRA Tier I	RRA Tier II	RRA Misc Comp	RRA Sick Pay
	0.00	0.00	0.00	0.00	0.00	0.00	
•		(Optional Entry)					
•		Qualifying Maximum Benefit Earnings Monthly Earnings Monthly					
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	15960.00	20616.00	10	6800.00	79200.00		
	1	DAILY DAY DATE					
		DAILY PAY RATE					
	0.00						
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		ADDRESS					
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	Street Address Lin	ie 1:					
	Street Address Lin	e 2:					
					The second secon		
	City:		Control of the contro				
	State:						
	Zip Code:				· *		
	*Effective Date(MM	I/DD/YYYY):					
		*(This is the date your recorded the employee's address. If the date is not known, leave this MM-DD-YYYY item blank.)					
•		, -					
	Unemployment Insurar	ice Act (RUIA). By appro-	ving this form, I affirm	that to the best of my	Retirement Act (RRA) and I knowledge, the information	; I have given is true,	
	complete, and accurat	e. I understand that failu	ere to report or the mal	ting of a false or frau	dulent report can result in c	riminal prosecution or piv	
	persone a, or bow.						
	Unemployment Insurar complete, and accurat penalties, or both.	ice Act (RUIA). By appro-	ving this form, I affirm	that to the best of my	knowledge, the information dulent report can result in o	s I have given is tru	









Paperwork Reduction Act Notice

We estimate this form takes an average of 46.25 minutes per response to complete and that "negative" reports (no employees) will take an average of 15 minutes per response to complete. Responses include the time needed for reviewing the instructions, getting the needed data, and reviewing the completed screens.

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 N. RUSH STREET, CHICAGO, IL 60611-2092.