

# PROPOSED BA-3 (INTERNET)

Screen 1

The screenshot displays the RRB Employer Reporting System interface. At the top, a navigation bar includes links for Home, Search, Site Map, Contact Us, and Employee Online Services. The United States Railroad Retirement Board logo is in the top right corner. Below the navigation bar, the RRB logo and the text 'RRB Employer Reporting System' are visible, along with a Logout link.

The main content area is divided into two sections. On the left is the 'ERSNET' navigation menu, which is expanded to show the following categories and items:

- ERS Menu
  - New Items
    - ID-4K
    - ID-4E
    - BA-6A
    - GL-129
  - Pending Items
    - BA-4
  - Completed Items
    - ID-4K
    - ID-4E
    - BA-4
    - BA-6a
  - Forms
    - BA-4
    - BA-6a
    - GL-129a
    - BA-3
    - BA-11
  - My Account
    - Edit My Account
  - Reports
    - ID-4K/ID-4E Summary Report
    - BA-3 EDM Summary
    - BA-4 Summary

On the right side of the main content area, there is a form titled 'Select an Employer'. The form contains a text input field with the placeholder text '---Select Employer---' and a 'Select Employer' button below it.

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**ER**    RRB Employer Reporting System

**ERSNET**

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    - ID-40R/S
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    - BA-4 Summary
    - BA-4 Detail
    - ID-4KID-4E Summary Report

US Railroad Retirement Board  
Form BA-3(xx-xx)    Form Approved  
OMB No. XXXX-XXXX

**Form BA-3: Annual Report of Creditable Compensation**

BA Number: 2861


SELECT REPORT YEAR

2010

Submit

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 **RRB Employer Reporting System** United States  
Railroad Retirement Board [Logout](#)

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**ERSNET**

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US Railroad Retirement Board Form Approved  
OMB No. XXXX-XXXX

Form BA-3(px-xx)

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**Form BA-3: Annual Report of Creditable Compensation**

BA Number: 2861  
Year: 2010

Please select one of the following actions:

- Pre-fill screens with employee SSNs, Names, and Payroll IDs
- Provide blank screens with no pre-fills
- File a zero BA-3 report. I have no employees to report
- Upload a completed BA-3 report file

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US Railroad Retirement Board  
Form BA-3(pxx-xx)

Form Approved  
OMB No. XXXX-XXXX

Form BA-3: Annual Report of Creditable Compensation

BA Number: 2861  
Tax Year: 2010

| SSN       | Last Name | Middle Name (Initial) | First Name | Payroll ID | Status | Remarks |
|-----------|-----------|-----------------------|------------|------------|--------|---------|
| *****8153 | XXXXX     | R                     | MICHAEL    |            | ⊖      |         |
| *****1696 | XXXXX     | D                     | GARY       |            | ⊖      |         |
| *****9727 | XXXXX     | R                     | JOHN       |            | ⊖      |         |
| *****4713 | XXXXX     | A                     | D          |            | ⊖      |         |
| *****1992 | XXXXX     | R                     | CHARLES    |            | ⊖      |         |
| *****2651 | XXXXX     |                       | RICHARD    |            | ⊖      |         |
| *****5300 | XXXXX     |                       | HARALD     |            | ⊖      |         |
| *****7668 | XXXXX     | W                     | TODD       |            | ⊖      |         |
| *****5130 | XXXXX     | J                     | DANIEL     |            | ⊖      |         |
| *****4212 | XXXXX     | J                     | WANDA      |            | ⊖      |         |

123456789

FORM BA-3 GRAND TOTALS

| Total EE Record Count | Total RUIA1 Qualifying Amount | Total RUIA2 Maximum Benefit Amount | Total RRA Tier 1 Compensation Amount | Total RRA Tier 2 Compensation Amount | Total Misc Compensation Amount | Total Sick Pay Amount |
|-----------------------|-------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|-----------------------|
| 88                    | 0                             | 0                                  | 0                                    | 0                                    | 0                              | 0                     |

- Enter New Record
- Approve All BA 3's
- Return to Menu
- Delete
- Summary Report

ERSNET

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US Railroad Retirement Board  
Form BA-3(99-99)

Form Approved  
OMB No. 3220-0008

**Form BA-3: Annual Report of Creditable Compensation**

Year: 2010 Employer: 2861  
 Social Security Number: XXX-XX-XXXX Payroll ID Number:  Not U.S. SSN?  
 Last Name: XXXXXXXXXXXX First Name: RICHARD 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.

or

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 worked.

JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

Total Months Reported  (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         |
| Qualifying Earnings Monthly Base | (Optional Entry) Maximum Benefit Earnings Monthly Base |            |             |               |              |

**2010 Annual Compensation Maximum**

| RUIA I   | RUIA II  | RRA Tier I | RRA Tier II |
|----------|----------|------------|-------------|
| 15960.00 | 20616.00 | 106800.00  | 79200.00    |

**DAILY PAY RATE**

\$200.00 or less

**ADDRESS**

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

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.

ERSNET

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US Railroad Retirement Board  
Form BA-3(99-99)

Form Approved  
OMB No. 3220-0008

**Form BA-3: Annual Report of Creditable Compensation**

Year: 2010      Employer: 2861  
 Social Security Number:       Payroll ID Number:        Not U.S. SSN?  
 (Optional, 10 digit number)  
 Last Name:       First Name:       Middle Initial:

**SERVICE MONTHS**

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

otherwise

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

or

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 worked.

JAN     FEB     MAR     APR     MAY     JUN     JUL     AUG     SEP     OCT     NOV     DEC

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

**COMPENSATION**

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

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                      |
|-----------------------------------|--------------------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/>                      | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| Qualifying Earnings Monthly Base  | (Optional Entry) Maximum Benefit Earnings Monthly Base |                                   |                                   |                                   |                                   |

**2010 Annual Compensation Maximum**

| RUIA I   | RUIA II  | RRA Tier I | RRA Tier II |
|----------|----------|------------|-------------|
| 15960.00 | 20616.00 | 106800.00  | 79200.00    |

**DAILY PAY RATE**

\$200.00 or less

**ADDRESS**

Optional: The Railroad Retirement Board currently does not have an address on file for this employee. Reporting an address for this employee is optional at this time. Your BA3 report will be processed without an address.

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip Code:

\*Effective Date(MM/DD/YYYY):

(This is the date you recorded the employee's address. If the date is not known, leave this MM-DD-YYYY item blank.)

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.

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**RRB Employer Reporting System**

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    - ID-4KID-4E Summary Report

US Railroad Retirement Board Form Approved  
OMB No. XXXX-XXXX

Form BA-3(xx-xx)

**Form BA 3: Annual Report of Creditable Compensation  
Employer Upload Screen**

BA Number: 2861  
Tax Year: 2011

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US Railroad Retirement Board  
Form BA-3(xc-xx)

Form Approved  
OMB No. XXXX-XXXX

**Form BA-3: Annual Report of Creditable Compensation**

BA Number: 1675  
Tax Year: 2010

| SSN       | Last Name | Middle Name (Initial) | First Name | Payroll ID | Status                              | Remarks                 |
|-----------|-----------|-----------------------|------------|------------|-------------------------------------|-------------------------|
| *****6789 | xxxxxxx   |                       | s          |            | <input checked="" type="checkbox"/> |                         |
| *****4730 | xxxxxxx   | m                     | c          |            | <input checked="" type="checkbox"/> | Employee has no address |

**FORM BA-3 GRAND TOTALS**

| Total EE Record Count | Total RUIA1 Qualifying Amount | Total RUIA2 Maximum Benefit Amount | Total RRA Tier 1 Compensation Amount | Total RRA Tier 2 Compensation Amount | Total Misc Compensation Amount | Total Sick Pay Amount |
|-----------------------|-------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|-----------------------|
| 2                     | 31920.00                      | 41232.00                           | 213600.00                            | 158400.00                            | 0.00                           | 0.00                  |

- Enter New Record
- Approve All Records
- Return to Menu
- Details
- Summary Report



- ERSNET**
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      - BA-4 (0)
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US Railroad Retirement Board  
Form BA-3(xx-xx)

Form Approved  
OMB No. XXXX-XXXX

**Form BA-3: Summary Report**



|                                           |      |                            |                                       |
|-------------------------------------------|------|----------------------------|---------------------------------------|
| <b>Number of employees:</b>               | 88   | <b>Tax Year:</b>           | 2010                                  |
| <b>BA Number:</b>                         | 2861 | <b>Company Name:</b>       | Fort Worth & Western Railroad Company |
| <b>RUIA Creditable Amount Total:</b>      | 0.00 | <b>RRA Tier I Total:</b>   | 0.00                                  |
| <b>RUIA Maximum Benefit Amount Total:</b> | 0.00 | <b>RRA Tier II Total:</b>  | 0.00                                  |
| <b>RRA Miscellaneous Total:</b>           | 0    | <b>RRA Sick Pay Total:</b> | 0                                     |

**Approver User Name:**

**Usernames of all who updated BA3:**

User Name  
2861APNate

**Report Type:** BA-3      **Date of processing:**

**Approver email address:**

Return to Menu

Print

### **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.