



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
<OFFICE NAME>
844 NORTH RUSH STREET
CHICAGO, IL 60611-2092

Form Approved
OMB No. 3220-0179

CURRENT

OFFICE HOURS: 9:00 AM TO 3:30 PM
MONDAY THROUGH FRIDAY EXCEPT FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

In reply refer to

Date of Birth:

Work Deduction Amount: \$

Our records show that part of your annuity is being reduced because you are working for your last pre-retirement, nonrailroad employer. In order for us to determine if we withheld the correct amount, please complete the enclosed questionnaire and return it to us. Be sure to provide a monthly breakdown of your earnings. If your annuity has been recently adjusted to remove work deductions, please disregard this notice.

The questionnaire is divided into three parts. By following the instructions on the last page, you should complete the parts of the questionnaire corresponding to the type of employment you had in . Attach a copy of your Forms W-2 and a copy of your Schedule SE if you were self-employed in . Below are some guidelines and instructions that will help you complete the questionnaire.

- You are not required to give us a monthly breakdown of your earnings and/or hours of work if your earnings and/or hours of work were about the same in each month, including months you were on vacation, were sick or injured, or were on continuation of pay. Write "Same" instead.
- The total earnings you report in Items 1, 4, and 7 should match the totals on your Forms W-2 (generally the higher amount from Box 1, 3, or 5), or the amount shown on your Schedule SE in the item labeled "Net Earnings from Self Employment." Enter your total earnings for even if you do not provide a monthly breakdown of your earnings.
- Remember to provide an estimate of your earnings for all months in calendar year 1 in Items 2, 5, and 8.

Be sure to sign and date the form in the spaces provided. Attach your Forms W-2 or Schedule SE. To avoid penalties, you must return the questionnaire within 30 days of the date of this letter. If you need more time, let us know as soon as possible. We can allow additional time if you have special circumstances.

If you have questions about how to complete the questionnaire or about how earnings affect your annuity, contact us at the address shown at the bottom of the enclosed questionnaire. If you write to us, please include a copy of the questionnaire with your letter. If you visit us in person, bring the questionnaire and any other information you have about your claim.

Before completing the enclosed form, please read "Important Notices" below.

Sincerely,

Enclosures

Annual Earnings Questionnaire
Return Envelope

IMPORTANT NOTICES

Paperwork Reduction Act and Privacy Act Notices

The U.S. Railroad Retirement Board is authorized to collect the requested information under Section 7b(6) of the Railroad Retirement Act. This information is needed to determine whether your earnings will affect your retirement benefits. You are not required to provide us with the information. However, if you fail to provide the required information, we might be unable to pay you any benefits. The information you provide may be disclosed for purposes of verification to the employers you name in the report.

We estimate the form takes an average of 15 minutes per response 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 the completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-2092.

Computer Matching and Privacy Protection Act Notice

The Computer Matching and Privacy Act of 1988 requires the U.S. Railroad Retirement Board (RRB) to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with those kept by other Federal, state, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

ANNUAL EARNINGS QUESTIONNAIRE

PART A			PART B			PART C					
COMPLETE THIS PART FOR EARNINGS THAT ARE FROM YOUR LAST PRE-RETIREMENT (NONRAILROAD) EMPLOYER			COMPLETE THIS PART FOR NET SELF-EMPLOYMENT EARNINGS			COMPLETE THIS PART FOR OTHER EARNINGS THAT ARE NOT REPORTED IN PART A OR PART B					
<u>LAST PRE-RETIREMENT</u>			<u>NET SELF-EMPLOYMENT</u>			<u>OTHER POST RETIREMENT</u>					
EMPLOYER			TYPE OF WORK			EMPLOYER					
ADDRESS			ADDRESS			ADDRESS					
EMPLOYER IDENTIFICATION NO. (EIN)						EMPLOYER IDENTIFICATION NO. (EIN)					
MONTH	EARNINGS IN MONTH		MONTH	EARNINGS IN MONTH		MONTH	EARNINGS IN MONTH				
JANUARY			JANUARY			JANUARY					
FEBRUARY			FEBRUARY			FEBRUARY					
MARCH			MARCH			MARCH					
APRIL			APRIL			APRIL					
MAY			MAY			MAY					
JUNE			JUNE			JUNE					
JULY			JULY			JULY					
AUGUST			AUGUST			AUGUST					
SEPTEMBER			SEPTEMBER			SEPTEMBER					
OCTOBER			OCTOBER			OCTOBER					
NOVEMBER			NOVEMBER			NOVEMBER					
DECEMBER			DECEMBER			DECEMBER					
1. TOTAL : \$0.00			4. TOTAL : \$0.00			7. TOTAL : \$0.00					
2. 1 EARNINGS ESTIMATE FOR THIS EMPLOYMENT: \$			5. 1 EARNINGS ESTIMATE FOR NET SELF-EMPLOYMENT: \$			8. 1 EARNINGS ESTIMATE FOR THIS EMPLOYMENT: \$					
3. IF NO LONGER EMPLOYED, SHOW THE DATE YOUR WORK ENDED:			6. IF NO LONGER EMPLOYED, SHOW THE DATE YOUR WORK ENDED:			9. IF NO LONGER EMPLOYED, SHOW THE DATE YOUR WORK ENDED:					
DATE	MO.	DAY	YEAR	DATE	MO.	DAY	YEAR	DATE	MO.	DAY	YEAR

Do your best to complete all items that pertain to your earnings, especially Items 1 through 9. **Be sure to enclose copies of your Forms W-2 for and a copy of Schedule SE if you were self-employed.**

I CERTIFY THAT THE INFORMATION I AM GIVING IS TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT CRIMINAL AND CIVIL PENALTIES MAY BE IMPOSED ON ME FOR FALSE AND FRAUDULENT STATEMENTS.

SIGNATURE _____ **DATE** _____

Daytime Telephone Number
 (In case we have questions about your responses.)



Area Code			Telephone Number								

**MAIL YOUR COMPLETED QUESTIONNAIRE TO:
 U.S.**

Instructions for Completing the Annual Earnings Questionnaire

PART A - Use Part A to report earnings from your last pre-retirement non-railroad employer. This is generally the employment you performed immediately before your annuity beginning date.

PART B - Use Part B to report earnings from self-employment. If you claim self-employment but are incorporated, report your earnings in Part C, instead of Part B. **If you were age 70 or older as of January 1, , do not complete Part B.**

PART C - Use Part C to report work and earnings that are not reported in Parts A or B. **If you were age 70 or older as of January 1, , do not complete Part C.**

Follow these instructions for completing Parts A, B, and C:

1. Enter the name and address of your employer. If you were self-employed, show the type of work you performed and your business address.
2. Show your earnings (and the hours you worked in self-employment) for each month in . **Complete this item only if your earnings and/or self-employment hours were not about the same in each month.** In most cases, a monthly breakdown is not required and this step can be skipped.
3. Enter the amount of your total earnings for (Items 1, 4, and 7). The amount you enter should be the same as the amount(s) shown on your Forms W-2, or Schedule SE if you were self-employed.
4. Enter an estimate of your earnings for 1 (Items 2, 5, and 8).
5. If you stopped working, show the date you stopped work (Items 3, 6, and 9).

Do your best to complete all items that apply to your earnings, especially Items 1 through 9.

Always attach copies of your Forms W-2, and Schedule SE if you were self-employed.