

**SELF-EMPLOYMENT/CORPORATE OFFICER
 WORK AND EARNINGS MONITORING**

Paperwork Reduction Act and Privacy Act Notices

The Railroad Retirement Board (RRB) is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act (RRA). The information is needed to determine if your work/earnings affect your eligibility to continue receiving railroad retirement benefits. You are not required to provide the information requested by this form. However, you are required to report information to the RRB that could affect your eligibility to receive benefits. Your failure to provide us with the requested information may result in our being unable to pay you any benefits.

We estimate this form takes an average of 20 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 completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

Section 1 - Instructions

Type or print all answers in ink. If you are completing this form on behalf of someone else, you must answer each question as it applies to that person. If you need more space than is provided to answer a question, use the Remarks section on page 7, or a separate sheet of paper. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

Look over the information entered by the RRB for Items 1 through 6 to be sure it is correct. If it is correct, go to Section 3. If the information is not correct, line it out and enter the correct information.

Section 2 - Identifying Information

1.	Railroad Employee's Name
2.	RRB Claim Number
3.	Your Name <i>(If different from Item 1)</i>
4.	Your Social Security Number
5.	Your Mailing Address
	City, State, ZIP Code
6.	Your Daytime Telephone Number ()

Section 3 - Your Work and Earnings

7.	Enter the name, address, telephone number and a brief description of the business or businesses with which you were or are involved. If there were multiple businesses, describe in the Remarks section on page 7 or use a separate sheet of paper.
	Name of Business
	Business Address
	Business Telephone Number
	Description of Business

8. Enter an "X" in the appropriate box to indicate the form of business that you are involved in.

Corporation Partnership Sole Proprietorship LLC
 Other (Describe): _____

9. Enter an "X" in the appropriate box or boxes:

IF you perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by you, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
 IF you are a corporate officer of, own, or operate a corporation (including a corporation owned by a family member or friend) whether for pay or not.
 IF you receive anything of value in lieu of salary or wages for any work that you perform.
 Other (Describe): _____

10.	Provide a breakdown of how many employees work full-time and part-time in the business.	Full Time	Part Time

Only complete Items 11 and 12 below **if this box is checked**; otherwise, **go to Section 4.**

		JAN	FEB	MAR	APR	
11.	a	Enter a monthly breakdown of the amount of time you spent in this employment in <YEAR> .				
		If regular business hours varied during certain months of the year, state the reason for variance(s) (i.e., vacation, sickness, etc.) in the Remarks section on page 7.				
	b	Enter a monthly breakdown of the amount of time you spent in this employment in <YEAR> .				
		If regular business hours varied during certain months of the year, state the reason for variance(s) (i.e., vacation, sickness, etc.) in the Remarks section on page 7.				
12.	a	Enter gross wages or a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed in <YEAR> .				
	b	Enter gross wages or a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed in <YEAR> .				

Section 4 - Self-Employment

13.	Is your business incorporated?	<input type="checkbox"/> Yes - Go to Section 5 <input type="checkbox"/> No - Go to Item 14																		
14.	Enter the beginning date and ending date (if applicable) of your self-employment.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">MO</td> <td style="width:10%; text-align:center;">DAY</td> <td style="width:10%; text-align:center;">YEAR</td> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">MO</td> <td style="width:10%; text-align:center;">DAY</td> <td style="width:10%; text-align:center;">YEAR</td> </tr> <tr> <td style="text-align:center;">FROM</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="text-align:center;">TO</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>		MO	DAY	YEAR		MO	DAY	YEAR	FROM					TO				
	MO	DAY	YEAR		MO	DAY	YEAR													
FROM					TO															
15.	List and describe the duties which you performed in the business when your self-employment began (date in Item 14). Include your specific responsibilities, decisions that you made, and tasks that you performed. (Continue in Remarks section on page 7 or on a separate sheet, if necessary.)																			
16.	a Did you receive any other income, payments, or reimbursements from the business referenced in Item 7?	<input type="checkbox"/> Yes - Go to Item 16b <input type="checkbox"/> No - Go to Item 17																		
	b Indicate the type of income and enter the amount.																			
	<input type="checkbox"/> Salary \$ _____ <input type="checkbox"/> Rent \$ _____																			
	<input type="checkbox"/> Dividends \$ _____ <input type="checkbox"/> Bonuses \$ _____																			
	<input type="checkbox"/> Payment of Loans \$ _____ <input type="checkbox"/> Expense Account \$ _____																			
	<input type="checkbox"/> Other (List other income and amount): _____ _____ _____																			
17.	a Did you make management decisions?	<input type="checkbox"/> Yes - Go to Item 17b <input type="checkbox"/> No - Go to Item 18																		
	b Describe the kinds of decisions you made, the time spent making them, and how those decisions impacted the business.																			
18.	Did you receive any help performing your usual duties?	<input type="checkbox"/> Yes - Go to Item 18a <input type="checkbox"/> No - Go to Item 19																		
	a Enter the number of assistants that you had.																			
	b Enter the number of hours each day the assistant(s) devoted to helping you. If you had more than one assistant, enter a combined total.	_____ hours a day																		
	c Describe the duties of the assistant(s).																			
	d 1. Was the assistant(s) paid?	<input type="checkbox"/> Yes - Go to Item 18d(2) <input type="checkbox"/> No - Go to Item 18e																		
	2. Enter the total amount the assistant(s) was paid per year.																			

18.	e	1. Was the assistant(s) related to you?	<input type="checkbox"/> Yes - Go to Item 18e(2) <input type="checkbox"/> No - Go to Item 18f					
		2. How was the assistant(s) related to you (i.e., wife, husband, brother, etc.)?						
	f	Explain why the additional help was needed.						
19.	a	Has there been a change in your self-employment work activities since the beginning date in Item 14?	<input type="checkbox"/> Yes - Go to Item 19b <input type="checkbox"/> No - Go to Item 24					
	b	Enter the date of the change in your self-employment work activities.	MO	DAY	YEAR			
20.	List and describe your duties beginning with the date in Item 19b. Include decisions that you make, any consultation provided, and authority that you still hold (i.e., signing of checks, dealing with other businesses as a representative of the business, making decisions, etc.). Describe how your responsibility has changed since the date in Item 14. (Continue in Remarks section on page 7 or on a separate sheet, if necessary.)							
21.	a	Have you received income from the business since the change in your work activities?	<input type="checkbox"/> Yes - Go to Item 21b <input type="checkbox"/> No - Go to Item 22					
	b	Indicate the type of income and enter the amount.						
		<input type="checkbox"/> Salary \$ _____	<input type="checkbox"/> Rent \$ _____					
		<input type="checkbox"/> Dividends \$ _____	<input type="checkbox"/> Bonuses \$ _____					
		<input type="checkbox"/> Payment of Loans \$ _____	<input type="checkbox"/> Expense Account \$ _____					
		<input type="checkbox"/> Other (List other income and amount): _____						
22.	a	Do you make management decisions?	<input type="checkbox"/> Yes - Go to Item 22b <input type="checkbox"/> No - Go to Item 23					
	b	Describe the kinds of decisions you make, the time spent making them, and how those decisions impact the business.						
23.	Do you still receive help performing your usual duties?		<input type="checkbox"/> Yes - Read Note below <input type="checkbox"/> No - Go to Item 24					
	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>Note: If the information in Item 18a-f is still accurate, enter an "X" in the box <input type="checkbox"/> and go to Item 24. Otherwise, complete Items 23a-f.</p> </div>							
	a	Enter the number of assistants that you have.						
b	Enter the number of hours each day the assistant(s) devotes to helping you. If you have more than one assistant, enter a combined total.	_____ hours a day						

23.	c	Describe the duties of the assistant(s).	
	d	1. Is the assistant(s) paid?	<input type="checkbox"/> Yes - Go to Item 23d(2) <input type="checkbox"/> No - Go to Item 23e
		2. Enter the total amount the assistant(s) is paid per year.	
e	1. Is the assistant(s) related to you?	<input type="checkbox"/> Yes - Go to Item 23e(2) <input type="checkbox"/> No - Go to Item 23f	
	2. How is the assistant(s) related to you (i.e., wife, husband, brother, etc.)?		
f	Explain why the additional help is needed.		

Section 5 - Incorporated Business

24.	a	Has your business been incorporated?		<input type="checkbox"/> Yes - Go to Item 24b <input type="checkbox"/> No - Go to Section 6						
	b	Enter the date of incorporation and the end date, if applicable.	FROM	MO	DAY	YEAR		TO	MO	DAY

25.	Were you a corporate officer or related to a corporate officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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26.	Enter each position that you have held or are holding in the corporation.	

27.	Provide the following information to identify the corporate officers at the time of incorporation (date in Item 24b).			
	NAME	RELATIONSHIP TO YOU	SALARY	PERCENTAGE OF STOCK OWNED
	President			
	Vice-President			
	Secretary			
	Treasurer			

28.	a	Is anyone who is related to you by blood or marriage receiving remuneration from the corporation other than salary?	<input type="checkbox"/> Yes - Go to Item 28b <input type="checkbox"/> No - Go to Item 29
	b	Enter their name and relationship and the type of remuneration and the amount.	Name
			Relationship
			Remuneration Type
			Amount

29.	a	Has there been a change in your work activities since incorporation?	<input type="checkbox"/> Yes - Go to Item 29b <input type="checkbox"/> No - Go to Item 30			
	b	Enter the date the change occurred.	MO	DAY	YEAR	
	c	Enter your current position in the corporation.				
	d	Provide the following information to identify the corporate officers since the change (date in Item 29b). If the information is the same as in Item 27, enter an "X" in the box <input type="checkbox"/> and go to Item 30. Otherwise, complete this item.				
		NAME	RELATIONSHIP TO YOU	SALARY	PERCENTAGE OF STOCK OWNED	
		President				
		Vice-President				
		Secretary				
		Treasurer				

30.	Who determines what payments (salary, dividends, etc.) will be made to the corporate officers?	
	Name	
	Title	
	Relationship to You	

Section 6 - Ownership of Business

31.	a	Have you sold or transferred ownership of the business or leased your farmland?	<input type="checkbox"/> Yes - Go to Item 31b <input type="checkbox"/> No - Go to Section 7			
	b	Enter the sale, transfer, or lease date.	MO	DAY	YEAR	

32.	Enter the name of the person(s) to whom the business or farmland (or the interest in the same) was transferred or rented.	
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33.	a	Is the person(s) named in Item 32 related to you by blood or marriage?	<input type="checkbox"/> Yes - Go to Item 33b <input type="checkbox"/> No - Go to Item 34	
	b	How is the person(s) related to you (i.e., wife, husband, brother, etc.)? _____		

34.	a	Is there a bill of sale, rental agreement, or other transfer document?	<input type="checkbox"/> Yes - Go to Item 34b <input type="checkbox"/> No - Go to Item 35	
	b	Has the transaction been recorded?	<input type="checkbox"/> Yes - Go to Item 34c <input type="checkbox"/> No - Go to Item 35	
	c	Enter where the transaction has been recorded.		

35.	a	Will you participate in any capacity in the operation of the business or farm after the transfer?	<input type="checkbox"/> Yes - Go to Item 35b <input type="checkbox"/> No - Go to Item 36		
	b	Explain how you will participate.			

