


Form BA-6a (Internet)

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ERSNET ▾		US Railroad Retirement Board Form BA-6a(01-08)		Form Approved OMB No. 3220-0005	
Form BA-6 Address Report					
Employer BA Number: 9999					
* Social Security Number: <input type="text"/>					
* Employee First Name: <input type="text"/>					
Employee Middle Initial: <input type="text"/>					
* Employee Last Name: <input type="text"/>					
* Street Address Line 1: <input type="text"/>					
Street Address Line 2: <input type="text"/>					
* City: <input type="text"/>					
* State: <input type="text" value="Select State"/>					
* Zip Code: <input type="text"/>					
Effective Date(MM/DD/YYYY): <input type="text"/>					
(This is the date(MM/DD/YYYY) you recorded the employees address. If the data is not known, leave this item blank.)					
The information contained in this report is required by law under Section 7(b)6 of the Railroad Retirement Act (RRA) and Section 209.12 of the Code of Federal Regulations. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct. 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.					
<input type="button" value="Approve"/> <input type="button" value="Reset"/>					
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