

- ERSNET
- ERS Menu
    - New Items
      - ID-4K
      - ID-4E
      - BA-6A
      - GL-129
    - Pending Items
      - BA-4
      - BA-11
      - BA-3
    - Completed Items
      - ID-4K
      - ID-4E
      - BA-4
      - BA-6a
      - BA-11
      - BA-3
    - 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 Summary Report
      - BA-4 Summary
      - BA-4 Detail
    - Administrator
      - Accounts
        - Create Accounts
        - Modify Accounts
        - Modify Permissions
        - Delete Accounts
        - Unlock Accounts
        - Password Rules
      - Reports
        - User Report
        - BA Report
        - Security Report
        - Security Chart
        - BA3 Delinquency Report
        - BA11 Approved Reports
      - Utilities
        - Broadcast Msg
        - Employers
        - Clear logs
      - Utilities
        - Broadcast Msg
        - Employers
        - Clear logs
        - Comp Limits
        - Employers
        - Clear logs
        - Comp Limits
        - Account Rules

US Railroad Retirement Board Form BA-3(01-12) Form Approved OMB No. 3220-0008

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

Year:  Employer:   
 Social Security Number:  Payroll ID Number:   Not U.S. SSN?  
 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.

<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
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="15960.00"/>	<input type="text" value="20616.00"/>	<input type="text" value="106800.00"/>	<input type="text" value="79200.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

(Optional Entry)  
 Qualifying Maximum Benefit  
 Earnings Monthly Earnings Monthly  
 Base Base

**2011 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.

Paperwork Reduction Act Notice

### **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.