

**SELF-EMPLOYMENT AND
SUBSTANTIAL SERVICE
QUESTIONNAIRE**

DO NOT WRITE IN THIS SPACE
APPROVED BY

Paperwork Reduction Act/Privacy Act Notices

The Railroad Retirement Board (RRB) is authorized to collect the following requested information under Section 7(b)(6) of the Railroad Retirement Act (RRA). This information is needed to determine whether your self-employment will affect your railroad retirement benefits under the RRA. You are not required to provide the information requested by this form. However, 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 between 40 and 70 minutes per response, 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 any comments regarding the accuracy of our estimate or any other aspects of this form including suggestions for improving the completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

The information you provide may be disclosed for purposes of verification to the employer(s) named in item 8. A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB.

SECTION 1—GENERAL INSTRUCTIONS

Always complete Sections 1–3 and Sections 5–7 of this form. Complete Section 4, as applicable, as explained in the instructions at the beginning of that section. Print all answers in ink or use a typewriter. 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 Section 6 for this purpose. If you do not know the answer to a question, print “unknown” in the space provided for the answer. When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 6, 2007, as:

MONTH		DAY		YEAR			
0	6	0	6	2	0	0	7

SECTION 2—INFORMATION THAT IDENTIFIES YOU

Look over the information entered by the RRB for Items 1, 2 and 3 to be sure it is correct. If it is correct, go to Item 4. If the information is not correct, line it out and enter the correct information.

- ▼ 1. RAILROAD RETIREMENT BOARD CLAIM NUMBER →

- 2. RAILROAD EMPLOYEE'S SOCIAL SECURITY NUMBER →

- 3. RAILROAD EMPLOYEE'S NAME →

- 4. YOUR NAME →

If you are also completing *Form AA-1, Application for Employee Annuity* or *Form AA-3, Application for Spouse/Divorced Spouse Annuity*, go to Item 7. Otherwise complete Items 5 and 6.

IDENTIFYING INFORMATION

- 5. MAILING ADDRESS →

- STREET ADDRESS →

- CITY AND STATE →

- ZIP CODE →

- ▲ 6. DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) → ☎

SECTION 3—INFORMATION ABOUT YOUR SELF-EMPLOYMENT

▼ 7a Enter the name of your business.

b Enter an "X" in the appropriate box to indicate your form of business.

- Corporation Sole Proprietorship
 Partnership Consultant
 Other (Describe): _____

TYPE OF WORK

8a Enter an "X" in the appropriate box to indicate your job title.

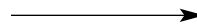
- Owner/Partner Project Manager/Team Leader
 Sales Person Officer of Corporation
 Consultant/Independent Contractor Minister
 Other (Describe): _____

b Describe the service you perform and the skill level required.

c Enter the name(s) and address(es) of the persons or organizations for whom you perform this service. (As used in this questionnaire, "**person**" means individual, organization, or company.)

▲

▼ 9a Are you a former employee of one or more of the person(s) listed in Item 8c?

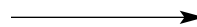


- Yes - Go to Item 9b
 No - Go to Item 11

b List the name(s) of that employer(s).

FORMER SERVICE

10a Is the service you perform the same as the service you performed as an employee?



- Yes - Go to Item 11
 No - Go to Item 10b

b Explain how your current service differs from the service you performed as an employee.

▲

▼ 11 Where do you perform your service (i.e., home, your own office, premises of the "person" shown in Item 8c)?

PLACE OF SERVICE

▲
▼ ADVERTISE
▲

12 Enter an "X" in the appropriate box:
Do you advertise your services? → Yes
 No

13 Enter the date you began performing your service. →

MONTH	DAY	YEAR

14a Are your services scheduled to end? → Yes - Go to Item 14b
 No - Go to Item 14c

SERVICE DATES

b Enter the date your services are scheduled to end. →

MONTH	DAY	YEAR

c Describe the agreement you have concerning the length of your service.

▲
▼ SERVICE HOURS
▲

15a Do you determine your own work hours? → Yes - Go to Item 16a
 No - Go to Item 15b

b Who determines your work hours?



16a Is your work activity supervised? →

Yes - Go to Item 16b

No - Go to Item 17

b Describe the extent to which you are supervised.

c Provide the name and title of the person who supervises you.

SUPERVISION

17a In your work activity do you supervise people? →

Yes - Go to Item 17b

No - Go to Section 4

b Explain why you supervise them.

c Describe their duties.



SECTION 4—INFORMATION ABOUT SUBSTANTIAL SERVICE

Only complete Items 18 through 20 (and Item 21 if your RRB annuity began before this year) if you are claiming that you did not perform substantial service in self-employment for one or more months in that year. Otherwise, leave these items blank and **go to Section 5.** (Note: This is the only section on this form that may be left blank, as applicable.)



18 Enter the approximate value of the business and the percent of the business that you own. →

\$ _____
_____ %

INVESTMENT

19 Enter the amount of your earnings from the business that would continue based solely on the capital you have invested in it without any service performed by you. →

\$ _____



SUBSTANTIAL SERVICE	20	Enter a monthly breakdown of the amount of time you spent in this employment this year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC
	21	Enter a monthly breakdown of the amount of time you spent in this employment last year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
SEPT			OCT	NOV	DEC	

SECTION 5—INFORMATION ABOUT YOUR EARNINGS

NET INCOME	22	Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed this year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC
	23	Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed last year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
SEPT			OCT	NOV	DEC	

INCOME REPORT	24a	Are the payments you receive reported to the Internal Revenue Service (IRS) by the person(s) for whom you perform the services?	→	<input type="checkbox"/> Yes - Go to Item 24b <input type="checkbox"/> No - Go to Item 25
	b	How are the payments reported to the IRS (i.e., as wages, non-employee compensation, etc.)?		

SELF EMPLOYMENT TAXES

25a Do you pay self-employment tax based on the income received for the services you provide? Yes - Go to Item 26 No - Go to Item 25b

b State the reason you do not pay self-employment taxes.

FRINGE BENEFITS

26a Do you participate in a fringe benefit program (i.e., group medical insurance) of the person named in Item 8c? Yes - Go to Item 26b No - Go to Item 27

b Describe the fringe benefits.

CONTRACT

27a Is there a written contract in accordance with which you perform your services? Yes - Read 'Note' then Go to Item 28 No - Go to Item 27b

Note: If answered "Yes," you must submit a copy of the contract.

b Describe the verbal agreement.

LOSS

28 Enter an "X" in the appropriate box: Yes No
Do you risk personal financial loss in your business?

- ▼ **29a** Do you receive money for your services? Yes - Go to Item 29b
 No - Go to Item 29c
-
- b** Indicate your pay schedule, then go to Item 29d. Weekly Bi-Weekly Monthly
 Other (Describe): _____
-
- c** Describe the payment or reimbursement you receive for your services.
-
- d** List any expenses you have that are not reimbursed.

NATURE OF PAYMENT

SECTION 6-REMARKS

This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

▼ **30**

REMARKS

SECTION 7—CERTIFICATION

CERTIFICATION

31 I certify that all the information I have provided in completing this form is true to the best of my knowledge. I know that if I have made a false or fraudulent statement on this form or if my refusal to provide this information reflects a fraudulent intent to obtain benefits not authorized by law, I am committing a crime which is punishable under Federal law by fine or imprisonment or both.

SIGNATURE

(First Name, Middle Initial, Last Name)



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DATE



MONTH	DAY	YEAR



32 If this certification is signed by mark ("X") in Item 31, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number →

Area Code

Telephone Number

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b. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number →

Area Code

Telephone Number

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MAIL THIS QUESTIONNAIRE TO THE ADDRESS SHOWN BELOW. MOST RAILROAD RETIREMENT BOARD OFFICES ARE OPEN TO THE PUBLIC FROM 9:00 AM THROUGH 3:30 PM MONDAY THROUGH FRIDAY.

REFER ANY QUESTIONS TO: _____