

CURRENT Form BA-3 (Internet)

ERS

United States
Railroad Retirement Board

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Date posted: 10/25/2007
Date updated: 10/25/2007



US Railroad Retirement Board
Form BA-3 (01-12)

Form Approved
OMB No. 3220-0008

Form BA-3: Annual Report of Creditable Compensation

BA Number: XXXX

SELECT REPORT YEAR

2017

Submit



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BA Number: XXXX

Year: 2017

Please select one of the following actions:

- Pre-fill screens with employee SSNs, Names, and Payroll IDs
- Provide blank screens with no pre-fills
- File a zero BA-3 report. I have no employees to report
- Upload a completed BA-3 report file

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

Form BA-3: Annual Report of Creditable Compensation

BA Number: XXXX
Tax Year: 2017Sort SSN by: Full Last four digits

SSN	Last Name	Middle Name (Initial)	First Name	Payroll ID	Status	Remarks
*****6782	Jones		Tom			

FORM BA-3 GRAND TOTALS

Total EE Record Count	Total RUIA1 Qualifying Amount	Total RUIA2 Maximum Benefit Amount	Total RRA Tier 1 Compensation Amount	Total RRA Tier 2 Compensation Amount	Total Misc Compensation Amount	Total Sick Pay Amount	EE Record Count SC	EE Record Count MC/SP
1	0	0	0	0	0	0	0	0

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Date updated: 10/25/2007

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

Form BA-3: Annual Report of Creditable Compensation

Year: 2017 Employer: XXXX
 Social Security Number: 123456789 Payroll ID Number: Not U.S. SSN?
 Last Name: Jones First Name: Tom 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.

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:

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

2017 Annual Compensation Maximum

RUIA I: 18540.00 RUIA II: 23952.00 RRA Tier I: 127200.00 RRA Tier II: 94500.00

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 Section 209.13 of the Railroad Retirement Board's regulations. 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.

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

Form BA-3: Annual Report of Creditable Compensation

Year: 2017 Employer: XXXX
 Social Security Number: 123456789 Payroll ID Number: Not U.S. SSN?
 Last Name: Jones First Name: Tom Middle Initial:

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 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.

 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 Total Months Reported: 12 (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
18540.00	23952.00	127200.00	94500.00	0.00	0.00

(Optional Entry)
 Qualifying Earnings Monthly Base

2017 Annual Compensation Maximum

RUIA I	RUIA II	RRA Tier I	RRA Tier II
18540.00	23952.00	127200.00	94500.00

DAILY PAY RATE

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Form BA-3 (01-12)

Form Approved
OMB No. 3220-0008

Form BA-3: Annual Report of Creditable Compensation
Employer Upload Screen

BA Number: XXXX
Tax Year: 2017

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BA Number: XXXX
Tax Year: 2017Sort SSN by: Full Last four digits

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1	18540.00	23952.00	127200.00	94500.00	0.00	0.00	1	0

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The image shows a screenshot of a web browser window. The address bar displays the URL <https://secure.rrb.gov/ERSN>. The browser has two tabs open: 'BA3 Details Form' and 'Paper Work Red...'. The page content features a centered heading, 'Paperwork Reduction Act Notice', followed by a paragraph of text explaining the estimated completion time for the form and providing contact information for the Railroad Retirement Board.

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 screen. 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 Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-1275.