



### RECAPITULATION SHEET

**NOTE:** *If more than 15 pages per report, photocopy this page before using.*

**Recapitulation Sheet Instructions**

- Item 1. Check only one box per report.
- Item 2. Report Page # - Enter the page number shown in Item 4 on Form BA-3 or Item 3 on Form BA-4 that you are recapping. **NOTE:** *15 pages from one report can be recapped on a single Recapitulation Sheet.*
- Item 3. Report Record Count - Enter the total number of lines shown in Item 13 on Form BA-3 or Item 14 on Form BA-4 for each page you are recapping.  
**NOTE:** *For Items 4, 5, and 6, below, enclose negative amounts in parentheses, i.e., "(10,000.00)."*
- Item 4. Net Compensation Totals - Enter the totals shown in Item 14 on Form BA-3 or Item 15 on Form BA-4 for each page you are recapping.
- Item 5. Recap Sheet Page Totals - Summarize the record counts from Item 3 and the compensation amounts from Item 4a-f of this sheet and enter the totals in the respective columns.
- Item 6. Recap Sheet Grand Totals - Single page recapitulation sheet - Enter the totals from Item 5, below.  
Multi-page recapitulation sheet - Summarize Item 5 from each sheet and then enter sum total.

|  |                           |                            |                              |                  |               |                                  |                |
|--|---------------------------|----------------------------|------------------------------|------------------|---------------|----------------------------------|----------------|
| 1. Check One: <input type="checkbox"/> Form BA-3, Annual Report of Creditable Compensation <input type="checkbox"/> Form BA-4, Report of Creditable Compensation Adjustments |                           |                            |                              |                  |               |                                  |                |
| 2.<br>REPORT PAGE #  | 3.<br>REPORT RECORD COUNT | 4. NET COMPENSATION TOTALS |                              |                  |               |                                  |                |
|  |                           | RUIA COMPENSATION          |                              | RRA COMPENSATION |               |                                  |                |
|  |                           | a.<br>QUALIFYING AMOUNT    | b.<br>MAXIMUM BENEFIT AMOUNT | c.<br>TIER I     | d.<br>TIER II | e.<br>MISCELLANEOUS COMPENSATION | f.<br>SICK PAY |
| (1)  |                           |                            |                              |                  |               |                                  |                |
| (2)  |                           |                            |                              |                  |               |                                  |                |
| (3)  |                           |                            |                              |                  |               |                                  |                |
| (4)  |                           |                            |                              |                  |               |                                  |                |
| (5)  |                           |                            |                              |                  |               |                                  |                |
| (6)  |                           |                            |                              |                  |               |                                  |                |
| (7)  |                           |                            |                              |                  |               |                                  |                |
| (8)  |                           |                            |                              |                  |               |                                  |                |
| (9)  |                           |                            |                              |                  |               |                                  |                |
| (10)   |                           |                            |                              |                  |               |                                  |                |
| (11)   |                           |                            |                              |                  |               |                                  |                |
| (12)   |                           |                            |                              |                  |               |                                  |                |
| (13)   |                           |                            |                              |                  |               |                                  |                |
| (14)   |                           |                            |                              |                  |               |                                  |                |
| (15)   |                           |                            |                              |                  |               |                                  |                |
| 5. Recap Sheet Page Totals   |                           |                            |                              |                  |               |                                  |                |
| 6. Recap Sheet Grand Totals  |                           |                            |                              |                  |               |                                  |                |

We estimate this form takes from 15 to 75 minutes per response, including the time for reviewing 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 ASSOCIATE CHIEF INFORMATION OFFICER FOR POLICY AND COMPLIANCE, RAILROAD RETIREMENT BOARD, 844 N. RUSH STREET, CHICAGO, IL 60611-1275.