	O STATE: DAD RET		ERICA T BOARD																						Form Approve OMB No. 322	
	PROPOSED REPORT of STOCK OPTIONS AND OTHER PAYMENTS (SEE INSTRUCTIONS FOR COMPETING THIS FORM BELOW) Instructions for a comparison of the second of the second s																									
The pu Railroa	rpose of ti id Retirem	nis report i ent Act. Fa	s to obtain infe illure to report	ormation on n or the making	on-qualifi g of a fals	ied sto e or fr	ock optio rauduler	ons (NQSOs) and It report can res	l ratification payn ult in criminal pro	nents for railroad osecution or civil					on of the Financia				ninistration and C	enters for Medic	are & Medicaid S	ervices.	This report is rec	juired by law und	ler Section 7(b)(6) of the
	Medicare Wages, RRTA Gross Compensation, Stock Options and Other Payments																									
1.	2.	3	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.
= nitial; : =	Year	BA	Employee's	Last Name	First	мі	Filler, I	Medicare Q1 - 10 positions (\$	Medicare Q2 - 10 positions (\$	Medicare Q3 - 10 positions (\$	Medicare Q4	Filler,	RRTA Q1 - 10 positions (\$	RRTA Q2 - 10 positions (\$	RRTA Q3 - 10 positions (\$	RRTA 04	Filler,	N050s 01	NQSOs Q2 - 10 positions (\$	NQSOs Q3 - 10 positions (\$	NOSOs Q4	Filler	Ratification Payments Q1 - 10 positions (\$	Ratification Payments Q2 -10 positions (\$ \$\$\$\$\$\$\$¢¢)	Ratification Payments Q3 -10 positions (\$	Ratification Payments Q4 5-10 positions (\$ \$\$\$\$\$\$\$¢()
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Form BA-15 (MM-YY)

Instructions

report of creditable service and compensation (Form BA-3). The Form BA-15 for the preceding calendar year is due the last day of February of the following year and must be accompanied by Form G-440, Report Specifications Sheet. If you have no employees receiving either NQSOs or ratification payments that the railroad did not report as part of the employee's RRTA compensation, then you must file Form G-440 with the appropriate box on the Form G-440 indicating no employees to report. Item 1. Enter "I' for an initial report, or "R" for replacement. 2. Enter the year being reported. 3. Enter the four-digit employer number assigned by the Railroad Retirement Board. Do not enter the Internal Revenue Service employer identification number. 4. Enter the employee's social security number. 5. Enter the employee's last name (up to 20 letters). 6. Enter the employee's first name (up to 15 letters). 7. Enter the employee's middle initial 8. Filler, leave blank Enter Medicare wages for each quarter. Medicare wages consist of all earnings that would be taxable under the hospital insurance portion of the FICA. See www.irs.gov/instructions/iw2w3 for details. Please note that Medicare wages should **exclude** pre-taxable deductions for cafeteria plans (also known as flexible benefit 9.-12. plans). 13. Filler, leave blank Enter RRTA gross compensation for each quarter. RRTA Gross compensation consists of all earnings taxable under the hospital insurance portion of the Tier I tax. This 14.-17. includes but is not limited to: Earnings above the taxable limit, Sick pay, and • Miscellaneous compensation. However, RRTA gross compensation may exclude: NOSOs Ratification payments made to railroad employees that the railroad did not report as part of the employee's RRTA compensation, and Pre-taxable deductions for cafeteria plans (also known as flexible benefit plans). 18. Filler, leave blank 19.-22. Enter non-qualified stock options for each quarter. Non-qualified stock options (NQSOs or sometimes called non-statutory stock options) are stock options that are granted neither under an employee stock purchase plan nor an incentive stock option plan. They are not taxable compensation under RRTA but would be taxable under FICA. 23. Filler, leave blank 24.-27. Enter ratification payments made to railroad employees that the railroad did not report as part of the employee's RRTA compensation for each quarter.

This report, along with Form G-440, Report Specifications Sheet, is submitted annually. The BA-15 forms are to be reported for the same periods as used in determining the employer's annual

We estimate this form will take an average of 300 minutes per positive response to complete and an average of 15 minutes per negative response to complete. Responses include the time needed 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 aspect of this form, including suggestions for reducing the completion time, to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-

	Report of Stock Options and Other Payments									
Field Length	Record Position	Data and Instructions								
1	1	I = Initial; R = Replacement								
4	2-5	Year being reported (CCYY).								
4	6-9	Four-digit employer BA number assigned by the Railroad Retirement Board.								
9	10-18	Employee's social security account number.								
20	19-38	First twenty (20) characters of the employee's surname. Spaces in such names as O Grady or De La Cross are acceptable.								
15	39-53	First fifteen (15) characters of the employee's first name.								
1	54	Employee's middle initial.								
1	55	Filler, leave blank								
10	56-65	Medicare Wages First Quarter Amount - 10 positions (\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	66-75	Medicare Wages Second Quarter Amount -10 positions (\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	76-85	Medicare Wages Third Quarter Amount - 10 positions (\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	86-95	Medicare Wages Fourth Quarter Amount - 10 positions (\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
1	96	Filler, leave blank								
10	97-106	RRTA Gross Compensation First Quarter Amount - 10 positions (\$\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	107-116	RRTA Gross Compensation Second Quarter Amount - 10 positions (\$\$\$\$\$\$\$(¢), preceded by zero(s) if necessary.								
10	117-126	RRTA Gross Compensation Third Quarter Amount - 10 positions (\$\$\$\$\$\$\$(\$), preceded by zero(s) if necessary.								
10	127-136	RRTA Gross Compensation Fourth Quarter Amount - 10 positions (\$\$\$\$\$\$\$\$(\$), preceded by zero(s) if necessary.								
1	137	Filler, leave blank								
10	138-147	Non-Qualified Stock Option First Quarter Amount - 10 positions (\$\$\$\$\$\$\$\$(\$), preceded by zero(s) if necessary.								
10	148-157	Non-Qualified Stock Option Second Quarter Amount - 10 positions (\$\$\$\$\$\$\$\$(), preceded by zero(s) if necessary.								
10	158-167	Non-Qualified Stock Option Third Quarter Amount - 10 positions (\$\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	168-177	Non-Qualified Stock Option Fourth Quarter Amount - 10 positions (\$\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
1	178	Filler, leave blank								
10	179-188	Ratification Payment First Quarter Amount - 10 positions (\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	189-198	Ratification Payment Second Quarter Amount - 10 positions (\$\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	199-208	Ratification Payment Third Quarter Amount - 10 positions (\$\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
10	209-218	Ratification Payment Fourth Quarter Amount - 10 positions (\$\$\$\$\$\$\$¢¢), preceded by zero(s) if necessary.								
82	219-300	Blank Filler (for future expansion)								

NOTE: If there are no earnings for the quarter, zero-fill.