



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
<OFFICE NAME>
<OFFICE ADDRESS>
<OFFICE CITY, STATE, ZIP CODE>
WWW.RRB.GOV

Form Approved
OMB No. 3220-0184

CURRENT

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM
WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

In reply refer to

The Railroad Retirement Board (RRB) requires earnings information to determine the amount of benefits you are entitled to for certain years.

Please furnish earnings information for the years indicated on the next page by completing items 1, 2 and 3. Also complete items 4, 5 and 6 if an "X" appears in the box next to the item. Be sure to sign and date the form, and provide your daytime telephone number.

- If you were employed by someone else, report your total wages before payroll deductions (even if some of your wages were not covered under the Social Security Act). **Furnish copies of your Forms W-2 for the years indicated.**
- If you were self-employed, use your income tax returns or business records to get the net amount of your self-employment earnings. **Furnish copies of Schedule SE, Form 1040, for the years indicated.**
- If you or your family have **incorporated** a business, report your earnings as wages, not self employment.

If you have any questions about this letter, or if you need additional information, please contact this office. If you contact us in person, bring this letter and your earnings information with you. If you contact us in writing, please furnish your daytime telephone number.

Sincerely,

Enclosure: Envelope

SEE NEXT PAGE

G-19F (03-16)

**EARNINGS INFORMATION REQUEST
(EMPLOYMENT FOR HIRE OR SELF-EMPLOYMENT)**

Paperwork Reduction Act and Privacy Act Notices

The Railroad Retirement Board 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 if your earnings affect payment of your railroad retirement benefits. You are not required to provide us with the information requested by this form. However, we may not be able to pay you benefits if you fail to provide us with this information. The information you provide may be disclosed for purposes of verification to the employers you name in this report.

We estimate this form takes an average of 8 minutes to complete, 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 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 N. Rush St., Chicago, IL 60611-1275.

- 1. Did you work for yourself or anyone else in any of the years: ____? ____?
 YES - Go to Item 2 NO - Go to Item 5
- 2. Enter the name and address of your employer and your employer's Federal tax ID or employer identification number. If self-employed enter an "X" in this box .

- 3. Enter your total gross earnings from employment for hire or your total net earnings from self-employment for each year shown below:
Calendar Year ____ Total Annual Earnings \$ _____
Calendar Year ____ Total Annual Earnings \$ _____

COMPLETE ITEMS BELOW ONLY IF "X" APPEARS IN BOX () ON LEFT SIDE OF ITEM

- 4. For calendar year _____, enter in each month, the gross amount earned in employment for hire or, if you are reporting self-employment, the net amount earned and the hours worked.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Earnings												
Hours												

- For calendar year _____, enter in each month, the gross amount earned in employment for hire or, if you are reporting self-employment, the net amount earned and the hours worked.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Earnings												
Hours												

- 5. Do you expect to work for yourself or anyone else in ____? YES NO
If "Yes," enter estimate of earnings. _____
- 6. Have you stopped working or will you stop working within 90 days? YES NO
If "Yes," enter date of last employment. _____

SIGN AND DATE AT BOTTOM

7. REMARKS: _____

NOTICE: I certify that the information I am giving is true, complete and correct. I understand that criminal and civil penalties may be imposed on me for false or fraudulent statements.

Signature	Telephone Number ()	Date
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