

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

**See Completion Instructions on next page.**

1. Did you work for yourself or someone else?  
 YES - Enter the latest two calendar years worked - \_\_\_\_\_  
 NO - Go to Item 5

2. If self-employed enter an "X" in this box  and **go to Item 3.**

Otherwise, enter the name and address of your employer and your employer's Federal tax ID or employer identification number.

Employer Name
Address
City, State, ZIP Code
Tax ID/EIN

3. Enter your total gross earnings from employment for hire or your total net earnings from self-employment for each year that you listed in Item 1 above.

Calendar Year \_\_\_\_\_ Total Annual Earnings \$ \_\_\_\_\_  
 Calendar Year \_\_\_\_\_ Total Annual Earnings \$ \_\_\_\_\_

4. Enter the last two calendar years in the red boxes below. Also 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. **Note:** If your earnings and/or hours of work were the same in each month, check this box  and **go to Item 5.**

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

	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 this year?  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 you stopped or will stop working if it is within 90 days. \_\_\_\_\_

7. REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>NOTICE:</b> 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	Date	
Print Name	RRB Claim Number	Telephone Number
Street Address	City, State	ZIP Code

**Return the completed form to the nearest office of the Railroad Retirement Board.**  
[Click here to locate the nearest RRB office.](#)

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## INSTRUCTIONS FOR COMPLETING FORM G-19F

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The Railroad Retirement Board (RRB) requires earnings information to determine the amount of benefits you are entitled to for certain years. You may use the attached form to report earnings up to two years. Complete another form if you need to report earnings for more than two years.

If you have any questions about the form, or need additional information, please contact the nearest office of the RRB. [Click here to locate the nearest RRB office.](#)

Item 1 - Enter the calendar years that you worked for yourself or someone else. Otherwise go to Item 5.

Item 2 - If you are self-employed enter and X in Item 2 and go to Item 3.  
Otherwise, enter the name and address of your employer and your employer's Federal Tax ID or Employer Identification Number. These can be found on your Form W-2

Item 3 - Enter your total net earnings from self-employment **or** your total gross earnings from employment for hire for each year that you listed in Item 1.

- **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 your Schedule SE, Form 1040, for the year(s) indicated.

- If you or your family has incorporated a business, report your earnings as wages, not self-employment.
- **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 year(s) indicated.

Item 4 - Enter the calendar year in the red box. Enter your earnings and the hours you worked in each month. If your earnings and/or hours of work were about the same in each month (including months you were on vacation, were sick or injured, or were on continuation of pay) check the box.

Item 5 - If you plan to work for yourself or any other employers this year, provide an estimate of those earnings.

Item 6 - If you have stopped working, enter the date you were last employed. Or, enter the date you plan to stop working, if it is within 90 days.

Item 7 - Remarks - Self-explanatory.

### 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.