

STATEMENT REGARDING CONTRIBUTIONS AND SUPPORT OF CHILDREN

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

--	--	--

APPROVED

--

SECTION 1 - GENERAL INSTRUCTIONS

The information requested on this form is authorized by section 7(b)6 of the Railroad Retirement Act. The information asked for in this form is necessary to determine entitlement to benefits under the Railroad Retirement Act. You do not have to provide the information requested. However, if you fail to do so, we may not be able to pay benefits. We estimate this form takes an average of 60 minutes per response, 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 estimates 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 North Rush Street, Chicago, Illinois 60611-1275.

INFORMATION REQUESTED ON THIS FORM IS FOR THE 12-MONTH PERIOD:

WHICH BEGAN

MONTH	DAY	YEAR

AND ENDED

MONTH	DAY	YEAR

Type or print all answers legibly in ink. If you need more space than is provided to answer a question, use Section 6 for this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter January 1, 2020, as:

MONTH	DAY	YEAR
01	01	2020

If you are completing this form on behalf of someone else, you must answer each question as it applies to **the applicant**.

SECTION 2 - IDENTIFYING INFORMATION

Check the information provided for Items 1 through 5 for accuracy.

- ▶ If the information is correct, **go to Item 6**.
- ▶ If the information is not correct, cross out the incorrect information and enter the correct information above it.
- ▶ If the information is missing, fill it in.

EMPLOYEE'S IDENTIFICATION	1 EMPLOYEE'S NAME	→
	2 EMPLOYEE'S SOCIAL SECURITY NUMBER	→
	3 EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER	→
CHILD'S IDENTIFICATION	4 CHILD'S NAME	→
	5 CHILD'S RELATIONSHIP TO EMPLOYEE	→
YOUR IDENTIFICATION	6 PRINT YOUR FULL NAME	→
	7 YOUR RELATIONSHIP TO THE CHILD	→

SECTION 3 - SUPPORT AND LIVING COSTS

SUPPORT FROM EMPLOYEE

8 Enter the total amount of the employee's income during the 12-month period. → \$
If you do not know, enter "Unknown."

9 Enter the amount the employee contributed to the child's support during the 12-month period. *(Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.)* → \$

10 Enter the frequency of contributions (weekly, monthly, irregularly, etc.). → _____

11 Enter the date the employee last contributed. →

MONTH	DAY	YEAR

12 If the employee's contributions were irregular, varied in amounts, or stopped before the end of the 12-month period, explain here. If you need more space, continue in Section 6.

LIVING ARRANGEMENTS AND COSTS

13 Enter an "X" in the appropriate box:
Did the employee and child lived together in the same household during the 12-month period? →

Yes
 No

14 Enter below information about anybody (other than the employee) who, during the 12-month period, either:

- lived with the child, or
- contributed to the support of the child or to the support of the household in which the child lived. Include as contributions:
 - Payments for room and board
 - Cash given for support
 - Payments for household expenses (clothing, insurance premiums, Medical expenses, gifts, etc.)

If any of the contributions were for the support of other members of the household, use Section 6 or a separate sheet to provide details.

Where applicable, enter "None."

NAME	RELATIONSHIP TO CHILD	TOTAL AMOUNT OF CONTRIBUTIONS DURING THE PERIOD	DATE AND AMOUNT OF LAST CONTRIBUTION			
			MONTH	DAY	YEAR	AMOUNT
		\$				\$
		\$				\$
		\$				\$

SECTION 4 - INFORMATION ABOUT CHILD'S DEPENDENCY

CHILD'S INCOME

15 Did the child have wages or income of his or her own?
 Yes - How much per month? \$ _____ No

RELATIONSHIP

16 Was the child claimed as a dependent on a Federal tax return during the 12-month period?
 Yes - Enter below the person's name and relationship to the child. No
 Name: _____
 Relationship: _____

SECTION 5 - OTHER INCOME AND FINANCIAL ACTIVITIES

17 Enter the following information about any other income the child received during the 12-month period.

INCOME

SOURCE OF INCOME	NET INCOME	DATE THE CHILD LAST RECEIVED INCOME AND AMOUNT			
		MONTH	DAY	YEAR	AMOUNT
Social Security Benefit (Include SSI Payment)	\$				\$
Child Support Payments	\$				\$
Stocks, bonds, securities, etc.	\$				\$
Other (Explain)	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$

SECTION 6 - ADDITIONAL FACTS AND REMARKS

- ▼ 18 This section is to be used for continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

REMARKS

SECTION 7 - CERTIFICATION

- ▼ 19 I understand that civil and criminal penalties may be imposed against me for false or fraudulent statements, or for withholding or misrepresenting information in order to receive benefits from the Railroad Retirement Board. I certify that the information provided to the Railroad Retirement Board on this statement is true, complete, and correct to the best of my knowledge.

SIGNATURE
(First Name, Middle Initial,
Last Name)



DATE



MONTH	DAY	YEAR

CERTIFICATION

- 20 If this certification is signed by mark ("X") in Item 19, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

b. Signature of Witness

Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Daytime Telephone Number
()

Daytime Telephone Number
()