UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD

PROPOSED

FORM APPROVED
OMB NO. 3220 0008

					DEBORT	OF OPERITA	51.5	001						_		-					OMB NO. 3220 (3008 —
The inform RUIA. Fail	ation contained in this ure to report or the ma	report, which is requaking of a false or fra	ired by law under Se udulent report can re		(SEE INSTRUCTION (Sailroad Retireme I prosecution or cive	nt Act (RRA) and ril penalties, or bo	LETING Section th,	G AN n 6 of	D MA	A <i>ILIN</i> Railro	oad U	IS F	ORM oloym	ON F	REVER nsuran	SE SID ce Act (PE) RUIA), is	s needed	to adjust compensat	ion and service creditat	ole under the RRA	and
					FORM G-440, RI	EPORT SPECIFIC	CATIO	NS S	HEE1	T, ML	JST A	ccc	MPA	NY T	THIS F	ORM.						
1. MONTE	YEAR SUBMITTED	2. EMPLOYER BA NO.												3. PAGE NO.								
4a. CORPC	RATE NAME OF EMP		4b.	4b. OTHER NAME, IF ANY									149-120									
FOR RRB U	SE ONLY							See Miles		Mario S	-											
2-5	21—29	21—29 30—65			66-72	75—81					14—95		9				98	—105	108—115	125—132	135—142	118—
5.	6. EMPLOYEE		PLOYEE NAME	8. ADJUST TYPE I = Incr D = Decr	9. RUIA COM	10.		MON	ONTHS ADJUSTED						11.	12.	100	RRA COMPENSATION		135—142	13.	
YEAR	SOCIAL SECURITY NUMBER	(Last First N	st Name; Name; and Ile Initial)		a. CREDITABLE AMT. ADJ.	b. MAXIMUM BENEFIT AMT, ADJ.	J F	M A B	A I	M A L	ח ח ח	A U	S O E C	N O V	D E	TOTAL SM ADJ.		TIER I ADJ.	b. TIER II ADJ.	c. MISCELLANEOUS ADJ.	d. SICK PAY	LAST DAILY PAY
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4. Record Count	15. Enter the com	pensation total amo	ounts below for Item 9b Total RUIA Maxir	s 9a through	12d. Include a d	ecimal point and	two c	ligits	repr	esen	nting	cent	s (\$\$\$	\$\$\$.	¢¢). E	nclose	negative	e total ar	nounts in parenthe	ses (10000.00).		
MESCAL PROPERTY S	9a Total RUIA (Freditable Amt. Adj.	nt. Adj. 12a Total RRA Tier I Adj.						12b Total RRA Tier II Adj.							12c Total RRA Miscellaneous Adj.			12d Total RRA Sick Pay Adj.			
6. ADJUST	MENT OUTSIDE OF	THE STATUTE OF I		1241								_		-								
	w Board Award for Time Lost Allocation		Settlement Alloca	ation	-	Wage Contin	nuation	Plan_							R			Board Re	quest			_
o mon r a	And Lost AndCallOff		Specify Type:								_	Othe				Sp	pecify Typ	e:				_

INSTRUCTIONS

This report, along with Form G-440, Report Specifications Sheet, is due by the last day of the month immediately following the calendar quarter in which the adjustment occurred or was determined. Mail the forms to the RAILROAD RETIREMENT BOARD, OFFICE OF PROGRAMS, P&S - COMPENSATION AND EMPLOYER SERVICES CENTER, 844 NORTH RUSH STREET, CHICAGO, ILLINOIS 60611-1275. Form BA-4 is used to correct creditable service months and RUIA Compensation (Tier I, Tier II, Miscellaneous and Sick Pay) previously reported on or omitted from Form BA-3, Annual Report of Creditable Compensation (or obsolete Forms BA-3a, BA-3d, or BA-10). Additional information about

LIST ALL ITEMS THAT INCLUDE MISCELLANEOUS COMPENSATION OR SICK PAY SEPARATELY FROM OTHER ITEMS.

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- 1. Enter the month and four-digit year for which the report is submitted. This entry does not refer to the date of the month(s) being adjusted by the Form BA-4.
- 2. Enter the four-digit Railroad Retirement Board (RRB) employer number. Do not enter the Internal Revenue Service employer identification number.
- 3. Number each page submitted within a calendar month, including adjustment reports submitted at the request of the RRB.
- 4. a. Enter the corporate name of the employer.
 - b. Enter other name, if any, commonly used for business purposes.
- 5. Enter the four digits of the year being adjusted.
- 6. Enter the employee's social security number.
- 7. Enter the employee's last name (up to 20 letters), first name (up to 15 letters), and middle initial.
- 8. Enter the appropriate code to indicate the type of adjustment.
 - I = Increase If the adjustment is an increase to service or compensation previously reported for the employee for the year entered in Item 5 or
 the adjustment is an initial report, for the year entered in Item 5, for an employee who was omitted from Form BA-3 (or obsolete Form BA-3a) Annual Report of Creditable Compensation.
 - D = Decrease If the adjustment is a decrease to service or compensation previously reported for the employee for the year entered in Item 5.
- 9. a. Enter the net increase or decrease amount for the compensation creditable under the RUIA.
 - b. Enter the net increase or decrease amount for the total maximum benefit compensation under the RUIA.

Include a decimal point and two digits representing cents (\$\$\$\$\$.¢¢).

NOTE: See the "Employer Reporting Instructions" for details on creditability for these two amounts.

- 10. Enter a "1," in the appropriate column for each month to be adjusted (added or removed) for the year.
- 11. Enter the total number of months adjusted; this amount should equal the total number of months from Item 10 with a "1."
- 12. a. Enter the net increase or decrease amount for regular creditable RRA Tier I compensation.
 - b. Enter the net increase or decrease amount for creditable RRA Tier II compensation.
 - c. Enter the net increase or decrease amount for miscellaneous RRA compensation.
 - d. Enter the net increase or decrease amount for sick pay RRA compensation.
 - Include a decimal point and two digits representing cents (\$\$\$\$\$.¢¢).
- 13. For employees who were omitted from the annual Form BA-3:
 - Enter the employee's last daily pay rate (DPR), exclusive of overtime and other allowances. Include a decimal point and two digits representing cents (\$\$\$.¢¢). Do not enter an amount greater than 200.00. If the actual DPR is \$200.00 or more use a rate of 200.00; if the DPR is less than \$200.00 use the actual rate. Compute the last DPR for employees paid on an hourly, monthly, or annual basis as follows:
 - Hourly Multiply the hourly rate by 8. Monthly Divide the monthly rate by 21.75. Annual Divide the annual rate by months employed, then divide the quotient by 21.75.

 Do not use this form to change a previously reported daily pay rate.

SUMMARY ITEMS

- Enter the total number of lines which are completed on the page.
- 15. Summarize the total increase and decrease compensation amounts entered in each column of Items 9(a), 9(b) and 12(a) through 12(d). Enclose negative total amounts in parentheses.

STATUTE OF LIMITATIONS ITEM:

Include on the Form G-440 a summary of each page of Form BA-4 record counts and compensation totals submitted during the current month. Compile the summaries into a grand total.

We estimate this form takes an average of 75 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 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 NORTH RUSH STREET, CHICAGO, IL 60611-1275.

THE LAST PARAGRAPH OF THIS PAGE WILL BE REMOVED!

Form BA-4 (04-18) PRIOR EDITIONS ARE OBSOLETE
(XX-XX)