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Select an Employer

Employer:

Select Employer



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US Railroad Retirement Board  
Form BA-3(01-12)

Form Approved  
OMB No. 3220-0008

Form BA-3: Annual Report of Creditable Compensation

BA Number: XXX

SELECT REPORT YEAR

2011

Submit



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US Railroad Retirement Board  
Form BA-3(01-12)

Form Approved  
OMB No. 3220-0008

Form BA-3: Annual Report of Creditable Compensation

BA Number: XXX

Year: 2011

Please select one of the following actions:

- Pre-fill screens with employee SSNs, Names, and Payroll IDs
- Provide blank screens with no pre-fills
- File a zero BA-3 report. I have no employees to report
- Upload a completed BA-3 report file

Submit

Return to Menu

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        - BA Report

US Railroad Retirement Board Form Approved  
 Form BA-3(01-12) OMB No. 3220-0008

**Form BA-3: Annual Report of Creditable Compensation**

BA Number: XXXX  
 Tax Year: 2011

Sort SSN by:  Full  Last four digits

SSN	Last Name	Middle Name (Initial)	First Name	Payroll ID	Status	Remarks
*****2170	XXXXXXXX	X	XXXXXX		-	
*****7391	XXXXXXXX	X	XXXXXX		-	
*****8315	XXXXXXXX	X	XXXXXX		-	
*****8121	XXXXXXXX	X	XXXXXX		-	
*****4902	XXXXXXXX	X	XXXXXX		-	
*****1927	XXXXXXX	X	XXXXXX		-	
*****8739	XXXXXXXX	X	XXXXXX		-	
*****4272	XXXXXXXX	X	XXXXXX		-	
*****9353	XXXXXXXX	X	XXXXXX		-	
*****8116	XXXXXXXX	X	XXXXXX		-	

1 2 3

**FORM BA-3 GRAND TOTALS**

Total EE Record Count	Total RUIA1 Qualifying Amount	Total RUIA2 Maximum Benefit Amount	Total RRA Tier 1 Compensation Amount	Total RRA Tier 2 Compensation Amount	Total Misc Compensation Amount	Total Sick Pay Amount	EE Record Count SC	EE Record Count MC/SP
25	0	0	0	0	0	0	0	0

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        - Security Report
        - Security Chart
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      - Utilities
        - Broadcast Msg
        - Employers
        - Clear logs
        - Comp Limits
        - Account Rules

US Railroad Retirement Board Form Approved  
 Form BA-3(01-12) OMB No. 3220-0008

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**Form BA-3: Annual Report of Creditable Compensation**

Year: 2011      Employer: XXX  
 Social Security Number: XXXXXX      Payroll ID Number:  Not U.S. SSN?  
 Last Name: XXXXXX      First Name: XXXXXX      Middle Initial: X

---

**SERVICE MONTHS**

Click on the "All Months Worked" Box if reporting all 12 months as worked.

**otherwise**

Enter a "1" for each month being reported as worked.

**or**

Enter optional codes 8 or 9 for months not worked, if employee's status is known for all not worked.  
 (8 = employee had a relationship for all or part of month; 9 = employee had no relationship for any part of month)

**or**

Enter "0" for all months not worked.

JAN     FEB     MAR     APR     MAY     JUN     JUL     AUG     SEP     OCT     NOV     DEC

Total Months Reported  (Number of Months for Which a "1" was Entered)

---

**COMPENSATION**

Click the "Set All Compensation Amounts" Box if reporting maximum compensation for reporting year.

**Otherwise**

Enter reported compensation amount earned for reporting year.

RUIA I	RUIA II	RRA Tier I	RRA Tier II	RRA Misc Comp	RRA Sick Pay
15960.00	20616.00	106800.00	79200.00	0.00	0.00
(Optional Entry)					
Qualifying Earnings Monthly Base	Maximum Benefit Earnings Monthly Base				

**2011 Annual Compensation Maximum**

RUIA I	RUIA II	RRA Tier I	RRA Tier II
15960.00	20616.00	106800.00	79200.00

**DAILY PAY RATE**

\$200.00 or less

---

**ADDRESS**

The Railroad Retirement Board currently has an address on file for this employee. If you want to enter a new address for this employee click the below button

The information contained in this report is required by Section 209.13 of the Railroad Retirement Board's regulations. By approving this form, I affirm that to the best of my knowledge, the information I have given is true, complete, and accurate. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

          

[Paperwork Reduction Act Notice](#)

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        - Clear logs
      - Utilities
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US Railroad Retirement Board Form BA-3(01-12) Form Approved OMB No. 3220-0008

### Form BA-3: Annual Report of Creditable Compensation

Year:  Employer:   
 Social Security Number:  Payroll ID Number:   Not U.S. SSN?  
 Last Name:  First Name:  Middle Initial:

---

#### SERVICE MONTHS

Click on the "All Months Worked" Box if reporting all 12 months as worked.

**otherwise**

Enter a "1" for each month being reported as worked.

**or**

Enter optional codes 8 or 9 for months not worked, if employee's status is known for all not worked.  
 (8 = employee had a relationship for all or part of month; 9 = employee had no relationship for any part of month)

**or**

Enter "0" for all months not worked.

<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	

Total Months Reported  (Number of Months for Which a "1" was Entered)

---

#### COMPENSATION

Click the "Set All Compensation Amounts" Box if reporting maximum compensation for reporting year.

**Otherwise**

Enter reported compensation amount earned for reporting year.

RUIA I	RUIA II	RRA Tier I	RRA Tier II	RRA Misc Comp	RRA Sick Pay
<input type="text" value="15960.00"/>	<input type="text" value="20616.00"/>	<input type="text" value="106800.00"/>	<input type="text" value="79200.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

(Optional Entry)  
 Qualifying Maximum Benefit  
 Earnings Monthly Earnings Monthly  
 Base Base

**2011 Annual Compensation Maximum**

RUIA I	RUIA II	RRA Tier I	RRA Tier II
15960.00	20616.00	106800.00	79200.00

**DAILY PAY RATE**

\$200.00 or less

---

#### ADDRESS

Optional: The Railroad Retirement Board currently does not have an address on file for this employee. Reporting an address for this employee is optional at this time. Your BA3 report will be processed without an address.

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip Code:

\*Effective Date(MM/DD/YYYY):

\*(This is the date you recorded the employee's address. If the date is not known, leave this MM-DD-YYYY item blank.)

The information contained in this report is required by law under Section 9 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA). By approving this form, I affirm that to the best of my knowledge, the information I have given is true, complete, and accurate. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

Paperwork Reduction Act Notice

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    - My Account

US Railroad Retirement Board Form BA-3(01-12) Form Approved OMB No. 3220-0008

**Form BA-3: Annual Report of Creditable Compensation**  
**Employer Upload Screen**

BA Number: XXX  
Tax Year: 2011



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US Railroad Retirement Board  
Form BA-3(01-12)

Form Approved  
OMB No. 3220-0008

Form BA-3: Annual Report of Creditable Compensation

BA Number: XXXX  
Tax Year: 2011

Sort SSN by:  Full  Last four digits

SSN	Last Name	Middle Name (Initial)	First Name	Payroll ID	Status	Remarks
*****4140	XXXXXXXX	X	XXXXXXXX		✓	
*****4272	XXXXXXXX	X	XXXXXXXX		✓	
*****6864	XXXXXXXX	X	XXXXXXXX		✓	
*****0173	XXXXXXXX	X	XXXXXXXX		✓	
*****2170	XXXXXXXX	X	XXXXXXXX		✓	
*****8753	XXXXXXXX	X	XXXXXXXX		✓	
*****6751	XXXXXXXX	X	XXXXXXXX		✓	
*****3808	XXXXXXXX	X	XXXXXXXX		✓	
*****8116	XXXXXXXX	X	XXXXXXXX		✓	
*****8315	XXXXXXXX	X	XXXXXXXX		✓	

1 2 3

FORM BA-3 GRAND TOTALS

Total EE Record Count	Total RUIA1 Qualifying Amount	Total RUIA2 Maximum Benefit Amount	Total RRA Tier 1 Compensation Amount	Total RRA Tier 2 Compensation Amount	Total Misc Compensation Amount	Total Sick Pay Amount	EE Record Count SC	EE Record Count MC/SP
29	368746.37	20616.00	976675.21	949075.21	0.00	0.00	29	0



### **Paperwork Reduction Act Notice**

We estimate this form takes an average of 46.25 minutes per response to complete and that "negative" reports (no employees) will take an average of 15 minutes per response to complete. Responses include the time needed for reviewing the instructions, getting the needed data, and reviewing the completed screens.

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 CHIEF OF INFORMATION RESOURCES MANAGEMENT, RAILROAD RETIREMENT BOARD, 844 N. RUSH STREET, CHICAGO, IL 60611-2092.