

# PROPOSED



U.S. Railroad Retirement Board  
Office of Programs - Operations  
P.O. Box 10695.  
Chicago, Illinois 60610-0695

In Reply Refer To  
ER No.

## SUPPLEMENTAL REPORT OF COMPENSATION

A report of compensation for calendar year \_\_\_\_\_ is needed to determine the amount of benefits payable under the Railroad Unemployment Insurance Act (RUIA) to the employee identified below.

**Completed forms can either be mailed to Railroad Retirement Board, Office of Programs, Sickness and Unemployment Benefits Section, P.O. Box 10695, Chicago, IL 60610-0695 or faxed to (312) 751-7185.** Our authority for requesting this report is section 5(b) of the RUIA. 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:** We estimate this form takes an average of 8 minutes per response to complete, including the time needed 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: Railroad Retirement Board, ATTN: Bureau of Information Services/Policy & Compliance, 844 N. Rush St., Chicago, IL 60611-1275.

Employee  
SS No.

Report For \_\_\_\_\_

Enter the amount of compensation earned each month, up to the monthly maximum of \_\_\_\_\_

Address \_\_\_\_\_  
Payroll No. \_\_\_\_\_  
ICC Code \_\_\_\_\_  
ER No. \_\_\_\_\_

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

**Certification:** The information contained in this report is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Railroad: \_\_\_\_\_