

REPORT SPECIFICATIONS SHEET

RETURN TO: (Address on reverse side of reporting form) U.S. RAILROAD RETIREMENT BOARD OFFICE OF PROGRAMS – P&S/CESC 844 NORTH RUSH STREET CHICAGO, IL 60611-1275			IMPORTANT NOTE: This form must be completed and submitted with reports of information required by law under Section 9 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA) for the purpose of paying RRA and RUIA benefits. Do not complete this form if you are using the Employer Reporting System (ERSNet) to submit Forms BA-3, BA-4, BA-6a, and BA-11.			
1 CORPORATE NAME AND ADDRESS OF EMPLOYER			3 DATE REPORT BEING SUBMITTED		4 EMPLOYER BA NUMBER	
			5 PERSON TO CONTACT REGARDING THIS REPORT			
			6 TITLE			
2 OTHER EMPLOYER NAME, IF ANY			7 TELEPHONE NUMBER		8 FACSIMILE NUMBER	
			9 E-MAIL ADDRESS			
☐ I AM NOT SUBMITTING AN ANNUAL REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES. ▶ (Go to Item 14)						
☐ I AM NOT SUBMITTING A GROSS EARNINGS REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES WITH A SOCIAL SECURITY NUMBER ENDING IN "30." ▶ (Go to Item 14)						
☐ I AM NOT SUBMITTING A REPORT OF STOCK OPTIONS AND OTHER PAYMENTS BECAUSE MY COMPANY DID NOT ISSUE NON-QUALIFIED STOCK OPTIONS AND/OR NON-RRTA TAXABLE RATIFICATION PAYMENTS. ▶ (Go to Item 14)						
10 TYPE OF REPORT (CHECK ONLY ONE)				11 REPORT MEDIUM (CHECK ONLY ONE)		
☐ ANNUAL REPORT (FORM BA-3); REPORT INCLUDES: (Check ALL that apply) ☐ Regular Compensation and Service ☐ Sick Pay and Miscellaneous Compensation ☐ Employee Addresses ☐ ADJUSTMENT REPORT (FORM BA-4); REPORT INCLUDES: (Check ALL that apply) ☐ Regular Compensation and Service ☐ Sick Pay and Miscellaneous Compensation ☐ FORM BA-6 ADDRESS REPORT (FORM BA-6A) ☐ SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9) ☐ GROSS EARNINGS REPORT (FORM BA-11) ☐ REPORT OF STOCK OPTIONS AND OTHER PAYMENTS (FORM BA-15)				☐ CD-ROM ☐ FTP (File Transfer Protocol) INTERCHANGE ☐ SECURE E-MAIL NOTE: Report Record Lengths: Form BA-3 = 300 Form BA-4 = 200 Form BA-6A = 180 Form BA-9 = 120 Form BA-11 = 120 Form BA-15 = 300 ☐ PAPER - Go to Item 13.		
THIS SECTION IS FOR RRB USE ONLY <u>DATE RECEIVED IN CESC:</u>						
12 IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPANY(S), LIST ALL EMPLOYER NUMBERS. ATTACH A SEPARATE SHEET IF NECESSARY.						
13 REMARKS						
14 I understand that civil and criminal penalties can be imposed against me for false or fraudulent statements or for withholding information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act or the Railroad Unemployment Insurance Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.						
SIGNATURE OF CERTIFYING OFFICER					DATE	

RECAPITULATION SHEET

NOTE: If more than 15 pages per report, photocopy this page before using.

Recapitulation Sheet Instructions

- Item 1. Check only one box per report.
- Item 2. Report Page # - Enter the page number shown in Item 4 on Form BA-3 or Item 3 on Form BA-4 that you are recapping. **NOTE:** 15 pages from one report can be recapped on a single Recapitulation Sheet.
- Item 3. Report Record Count - Enter the total number of lines shown in Item 13 on Form BA-3 or Item 14 on Form BA-4 for each page you are recapping.
- NOTE: For Items 4, 5, and 6, below, enclose negative amounts in parentheses, i.e., "(\$\$\$\$\$\$cc)."**
- Item 4. Net Compensation Totals - Enter the totals shown in Item 14 on Form BA-3 or Item 15 on Form BA-4 for each page you are recapping.
- Item 5. Recap Sheet Page Totals - Summarize record counts from Item 3 and compensation amounts from Item 4a-f of this sheet and enter the totals in the respective columns.
- Item 6. Recap Sheet Grand Totals - Single page recapitulation sheet - Enter the totals from Item 5 below.
- Multi-page recapitulation sheet - Combine Item 5 from each sheet and then enter sum total.

1. Check One: ☐ Form BA-3, Annual Report of Creditable Compensation ☐ Form BA-4, Report of Creditable Compensation Adjustments							
2. REPORT PAGE #	3. REPORT RECORD COUNT	4. NET COMPENSATION TOTALS					
		RUIA COMPENSATION		RRA COMPENSATION			
		a. QUALIFYING AMOUNT	b. MAXIMUM BENEFIT AMOUNT	c. TIER I	d. TIER II	e. MISCELLANEOUS COMPENSATION	f. SICK PAY
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
5. Recap Sheet Page Totals							
6. Recap Sheet Grand Totals							

We estimate this form takes from 15 to 75 minutes per response, including the time for reviewing 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 N. RUSH STREET, CHICAGO, IL 60611-1275.