UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Proposed

FORM APPROVED
OMB No 3220-0138

SELF-EMPLOYMENT AND SUBSTANTIAL SERVICE QUESTIONNAIRE

DO NOT WRITE IN THIS SPACE - RRB Official Use Only

APPROVED BY

Paperwork Reduction Act/Privacy Act Notices

The Railroad Retirement Board (RRB) is authorized to collect the following requested information under Section 7(b)(6) of the Railroad Retirement Act (RRA). This information is needed to determine whether your self-employment or business activity (which includes all forms of work or investment regardless of profit or passive income) will affect your railroad retirement benefits under the RRA. You are not required to provide the information requested by this form. However, your failure to provide us with the requested information may result in our being unable to pay you any benefits. If there are self-employment, business or any other type of earnings reported to the RRB that are miscategorized or incorrectly associated to you, then please inform an RRB representative so that you are given instructions on how to correct your earnings record.

The information you provide may be disclosed for purposes of verification to the employer(s) named in item 8. A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB.

We estimate this form takes between 40 and 70 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 any comments regarding the accuracy of our estimate or any other aspects of this form including suggestions for improving the completion time, to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

SECTION 1–GENERAL INSTRUCTIONS

Always complete Sections 1–3 and Sections 5–7 of this form. Complete Section 4, as applicable, as explained in the instructions at the beginning of that section. Print all answers in ink or use a typewriter. If you are completing this form on behalf of someone else, you must answer each question as it applies to that person. 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 June 6, 2026, as:

MONTH	DAY	YEAR
0 | 6	0 | 6	2 | 0 | 2 | 6

SECTION 2–INFORMATION THAT IDENTIFIES YOU

Look over the information entered by the RRB for Items 1, 2 and 3 to be sure it is correct. If it is correct, go to Item 4. If the information is not correct, line it out and enter the correct information.

IDENTIFYING INFORMATION

1. RAILROAD RETIREMENT BOARD CLAIM NUMBER →
2. RAILROAD EMPLOYEE'S SOCIAL SECURITY NUMBER →
3. RAILROAD EMPLOYEE'S NAME →
4. YOUR NAME →
5. MAILING ADDRESS →
   - STREET ADDRESS →
   - CITY AND STATE →
   - ZIP CODE →
6. DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) →

SECTION 3–INFORMATION ABOUT YOUR SELF-EMPLOYMENT OR BUSINESS ACTIVITY

7a Enter the name and address of your business or business activity.

b Enter an "X" in the appropriate box to indicate your form of business or business activity.

O Corporation O Sole Proprietorship O Gig Work (ex. ride-share)
O Partnership O Consultant O Limited Liability Company (LLC)
0 Other (Describe): _____

c Enter the name of the government Agency where your business or business activity is registered/incorporated.

TYPE OF WORK

8a Enter an "X" in the appropriate box to indicate your job title.

O Owner/Partner O Sales Person 0 Project Manager/Team Leader () Landlord
0 Consultant/Independent Contractor O Minister O Officer of Corporation
0 Director/Board Member () Farmer O Other (Describe): _____

b Describe the service you perform and the skill level required.

c Enter the name(s), address(es) and phone number(s) of the persons or organizations for whom you perform this service. (As used in this questionnaire, **"person"** means individual, organization, or company.)

FORMER SERVICE

9a Are you a former employee of one or more of the person(s) listed in Item 8c? → D Yes - Go to Item 9b / D No - Go to Item 11

b List the name(s) of the employer(s).

10a Is the service you perform the same as the service you performed as an employee? → D Yes - Go to Item 11 / D No - Go to Item 10b

b Explain how your current service differs from the service you performed as an employee.

PLACE OF SERVICE

11 Where do you perform your service (i.e., home, your own office, premises of the **"person"** shown in Item 8c)?

ADVERTISE

12 Do you advertise your services? → D Yes D No

13 Enter the date you began performing your service. → MONTH | DAY | YEAR

SERVICE DATES

14a Are your services scheduled to end? → D Yes - Go to Item 14b D No - Go to Item 14c

b Enter the date your services are scheduled to end. → MONTH | DAY | YEAR

c Describe the agreement you have concerning the length of your service

SERVICE HOURS

15a Do you determine your own work hours? → D Yes - Go to Item 16a D No - Go to Item 15b

b Who determines your work hours?

16a Is your work activity supervised? → D Yes - Go to Item 16b / D No - Go to Item 17

b Describe the extent to which you are supervised.

c Provide the name and title of the person who supervises you.

SUPERVISION

17a In your work activity do you supervise people? → D Yes - Go to Item 17b / D No - Go to Section 4

b Explain why you supervise them.

c Describe their duties.

SECTION 4–INFORMATION ABOUT SUBSTANTIAL SERVICE

Only complete Items 18 through 20 (and Item 21 if your RRB annuity began before this year) if you are claiming that you did not perform substantial service in self-employment for one or more months in that year. Otherwise, leave these items blank and **go to Section 5.** (**Note**: *This is the only section on this form that may be left blank, as applicable.)*

INVESTMENT

18 Enter the approximate value of the business and the percent of the business that you own. → $ _____ _____ %

19 Enter the amount of your earnings from the business that would continue based solely on the capital you have invested in it without any service performed by you. → $ _____

SUBSTANTIAL SERVICE

20 Enter a monthly breakdown of the amount of time you spent in this employment **this** year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.

JAN	FEB	MAR	APR
MAY	JUNE	JULY	AUG
SEPT	OCT	NOV	DEC

21 Enter a monthly breakdown of the amount of time you spent in this employment **last** year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.

JAN	FEB	MAR	APR
MAY	JUNE	JULY	AUG
SEPT	OCT	NOV	DEC

SECTION 5–INFORMATION ABOUT YOUR EARNINGS

NET INCOME

22 Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed **this** year.

JAN	FEB	MAR	APR
MAY	JUNE	JULY	AUG
SEPT	OCT	NOV	DEC

23 Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed **last** year.

Note: *If you need to report your earnings for any **additional** year(s), then provide the information in **Section 6**.*

JAN	FEB	MAR	APR
MAY	JUNE	JULY	AUG
SEPT	OCT	NOV	DEC

INCOME REPORT

24a Are the payments you receive reported to the Internal Revenue Service (IRS) by the person(s) for whom you perform the services? →

D Yes - Go to Item 24b

D No - Go to Item 25

b How are the payments reported to the IRS (i.e., as wages, non-employee compensation, etc.)?

Self Employment Taxes

25a Do you pay self-employment tax based on the income received for the services you provide? →

D Yes - Go to Item 26

D No - Go to Item 25b

b State the reason you do not pay self-employment taxes.

Fringe Benefits

26a Do you participate in a fringe benefit program (i.e., group medical insurance) of the person named in Item 8c? →

D Yes - Go to Item 26b

D No - Go to Item 27

b Describe the fringe benefits.

Contract

27a Is there a written agreement in accordance with which you perform your services? →

D Yes - Read 'Note' then Go to Item 28

D No - Go to Item 27b

Note: *If answered "Yes," you must submit a copy of the agreement.*

b Describe the verbal agreement.

Loss

28 Do you risk personal financial loss in your business or business activity? →

D Yes

D No

NATURE OF PAYMENT

29a Do you receive money for your services? → D Yes - Go to Item 29b / D No - Go to Item 29c

b Indicate your pay schedule, then go to Item 29d. → O Weekly O Bi-Weekly O Monthly / O Other (Describe): _____

c Describe the payment or reimbursement you receive for your services.

d List any expenses you have that are not reimbursed.

SECTION 6–REMARKS

This section is to be used for the 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

30

SECTION 7–CERTIFICATION

CERTIFICATION

31 I certify that all the information I gave the Railroad Retirement Board (RRB) on this form is true to the best of my knowledge.I know that if I have made a false or fraudulent statement on this form or withhold information in order to receive benefits from the RRB, I am committing a crime which is punishable under Federal law by fine or imprisonment or both.

SIGNATURE
(First Name, Middle Initial, Last Name) →

DATE →

MONTH	DAY	YEAR

32 If this certification is signed by mark ("X") in Item 31, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

WITNESSES

a. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number →

Area Code	Telephone Number

b. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number →

Area Code	Telephone Number

MAIL THIS QUESTIONNAIRE TO THE ADDRESS SHOWN BELOW. MOST RAILROAD RETIREMENT BOARD OFFICES ARE OPEN TO THE PUBLIC FROM 9:00 AM THROUGH 3:00 PM MONDAY THROUGH FRIDAY.

REFER ANY QUESTIONS TO: _____