The information contained in this report, which is required by law under Section 9 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA), is needed to pay RRA and RUIA benefits. The information is authorized for collection under OMB control number 3220-0008. This report is due at the Railroad Retirement Board by no later than the last day of February following the report year. Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

We estimate the electronic versions of this form transmitted by a secure email or a File Transfer Protocol (FTP) takes an average of 46 hours and 15 minutes per response to complete, including 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.

This exhibit below explains the format for reports filed on CD ROM, electronic files, or an upload on ERSNet. For information about the data to be entered, refer to Part V, Chapter 3.

<u>NOTE</u>: Reports submitted on CD ROM, secure email, or FTP must be accompanied by Form G-440, "Report Specifications Sheet".

Report Specifications		
Record Length	300 Characters	
Money Fields	All money fields include two cent positions and no decimal point. No fields should be signed. Fill out money fields with zeros.	
Numeric Fields	Fill out all numeric fields with zeros to the left of the significant digits.	
Service and Compensation	There should be no record which contains neither service nor compensation data. A record may contain only service months or only compensation, but must contain one or the other.	
Totals Record	Every electronic file report should include a grand-totals record at the end. The specific format is in the appendix. Optional subtotal records may be included.	

Form BA-3 Record Format			
Field Length	Record Position	Data and Instructions	
1	1	"0" (zero).	
4	2-5	Four-digit year being reported.	
1	6	"7"	
4	7-10	Four-digit BA number assigned by the Railroad Retirement Board.	
10	11-20	Entries in this field are optional. The "Payroll ID" reference number shown here will be included on certain correspondence to the employer to assist the employer in locating the employee.	
9	21-29	Employee's social security number.	
20	30-49	First twenty (20) characters of the employee's surname. Spaces in such names as Mc Carthy, St Clair, De La Cross are acceptable.	
15	50-64	First fifteen (15) characters of the employee's first name.	
1	65	Employee's middle initial.	
7	66-72	RUIA I (\$\$\$\$\$¢¢) – Total compensation which is creditable under the RUIA to qualify for benefits. This amount should not exceed the RUIA I monthly maximum times 12.	
2	73-74	Blank Filler.	
7	75-81	RUIA II (\$\$\$\$\$¢¢) – Total compensation which is creditable under the RUIA to determine maximum benefits. This amount should not exceed the RUIA II monthly maximum times 12.	
2	82-83	Blank Filler.	
12	84-95	84-Jan 85-Feb 86-March 87-April 88-May 89-June 90-July 91-Aug 92-Sept 93-Oct 94-Nov 95-Dec Service Month Detail - The code corresponding to the employment relation for a non-work month. Code 1 = worked Code 8 = not worked but has employment relation Code 9 = not worked & has no employment relation unknown NOTE: You cannot mix all four codes. You must either use codes 1, 8, & 9 or codes 1 & 0. All 12 positions must be filled.	
2	96-97	Service Month Total - The sum of the characters in positions 84-95. Enter zeroes if no months are reported.	
8	98-105	Creditable Tier I compensation, up to the annual maximum for the year ($\$\$\$\$$$¢¢$).	
2	106-107	Blank Filler.	

Rail Employer Reporting Instructions Appendix I: Electronic File Format

Form BA-3, Annual Report of Creditable Compensation

Form BA-3 Record Format			
Field Length	Record Position	Data and Instructions	
8	108-115	Creditable Tier II compensation, up to the annual maximum for the year (\$\$\$\$\$ ϕ).	
2	116-117	Blank Filler.	
5	118-122	Last daily pay rate (\$\$\$¢¢). If pay rate exceeds \$200.00, enter 20000.	
2	123-124	Blank Filler.	
8	125-132	Creditable Miscellaneous compensation (\$\$\$\$\$¢¢).	
2	133-134	Blank Filler.	
8	135-142	Creditable Sick Pay compensation (\$\$\$\$\$¢¢).	
3	143-145	Blank Filler.	
30	146-175	Mailing Address Line 1 (Street Number, Post Office Box, etc.).	
30	176-205	Mailing Address Line 2.	
20	206-225	City	
2	226-227	State	
5	228-232	Zip Code	
8	233-240	Effective date of the address information (MMDDCCYY).	
60	241-300	Blank Filler (For future expansion).	

NOTE: The file should be saved as a text (*.txt) file with the record format listed above.