Form Approved OMB No. 3220-0008

## **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	3 DATE REPORT BEING SUBMITTED 4 EMPLOYER BA NUMBER				
	5 PER	5 PERSON TO CONTACT REGARDING THIS REPORT				
	6 TITLE					
2 OTHER EMPLOYER NAME, IF ANY	<b>7</b> TELE	TELEPHONE NUMBER		8 FACSIMILE NUMBER		
	9 EMAI	_ ADDRESS				
I AM NOT SUBMITTING AN ANNUAL REPORT BECAUSE MY COMPA	NY HAS N	IO EMPLOYEES >	(Go to Ite	em 14)		
I AM NOT SUBMITTING A GROSS EARNINGS REPORT BECAUSE MY NUMBER ENDING IN "30." (Go to Item 14)	Y COMPA	NY HAS NO EMPLO	YEES WIT	TH A SOCIAL SECURITY		
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  SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9) GROSS EARNINGS REPORT (FORM BA-11) FORM BA-6 ADDRESS REPORT (FORM BA-6A)  THIS SECTION IS FOR RRB USE ONLY DATE RECEIVED IN CESC:		☐ CD-ROM ☐ FTP (File Transfer Protocol) INTERCHANGE ☐ SECURE EMAIL  NOTE: Report Record Lengths: Form BA-3 = 300 Form BA-4 = 200 Form BA-6A = 180 Form BA-9 = 120 Form BA-11 = 120 ☐ PAPER - Go to Item 12.				
12 IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPANY(S), LIST AL	L EMPLOY	ER NUMBERS. ATTA	CH A SEF	PARATE SHEET IF NECESSARY.		
13 REMARKS						
14 I understand that civil and criminal penalties can be imposed against to misrepresent a fact material to determining a right to payment under Insurance Act. I certify that, to the best of my knowledge, the information	er the Ra	ilroad Retirement A	Act or the	e Railroad Unemployment		
SIGNATURE OF CERTIFYING OFFICER		D/	ATE			

Page	of
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## 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., "(10,000.00)."
- 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 the record counts from Item 3 and the 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 - Summarize Item 5 from each sheet and then enter sum total.

1. Check On	e: Form E	BA-3, Annual Report of Cred	reditable Compensation Form BA-4, Report of Creditable Compensation Adjustments						
2. 3. 4. NET COMPENSATION TOTALS									
REPORT	REPORT	RUIA COM	PENSATION	RRA COMPENSATION					
PAGE #	RECORD COUNT	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)									
<ol><li>Recap Sheet Page Totals</li></ol>									
<ol><li>Recap Sheet Grand Totals</li></ol>	t								

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.