

**PROTEST OF RECORD OF SERVICE MONTHS AND COMPENSATION**

**FORM BA-6, CERTIFICATE OF SERVICE MONTHS AND COMPENSATION, IS NOT IN AGREEMENT WITH MY RECORDS AS I HAVE SHOWN BELOW. PLEASE CHECK MY RECORD AND ADVISE ME OF YOUR FINDINGS**

<b>TO: OFFICE OF PROGRAMS P&amp;S - COMPENSATION AND EMPLOYER SERVICES CENTER RAILROAD RETIREMENT BOARD 844 NORTH RUSH ST CHICAGO IL 60611-2092</b>	SOCIAL SECURITY NUMBER	
	OTHER SOCIAL SECURITY NUMBERS USED	
NAME	NUMBER	YEAR USED
STREET ADDRESS OR RURAL ROUTE	NUMBER	YEAR USED
CITY OR TOWN, STATE, AND ZIP CODE	SIGNATURE	DATE

**Instructions for completing the lower portion of this form.** All columns should be filled in. You can report more than one year. Fill in the year for which the Form BA-6 does not agree with your records. Show the name of the employer, place of employment, department or occupation, and monthly earnings. **NOTE---**If you received earnings from more than one employer in any given month, show the employer and the earnings received in the next section. **Copies of any evidence of compensation received, such as check stubs or Forms W-2 showing the amount of railroad retirement taxes you paid on the compensation, must be attached to this form.** Do not send original documents.

YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEP					
OCT					
NOV					
DEC					
<b>TOTAL</b>					

YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEP					
OCT					
NOV					
DEC					
<b>TOTAL</b>					

YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEP					
OCT					
NOV					
DEC					

TOTAL

YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEP					
OCT					
NOV					
DEC					

TOTAL

REMARKS