4. TYPE OF REPORT

**REPORT OF GROSS EARNINGS** 

(SEE INSTRUCTIONS FOR COMPLETING AND MAILING THIS FORM ON REVERSE SIDE)											(Monthly, Qua Annual Breal	arterly or kdown)	
is required for comp	report is to obtain the gros	erchange with the	e Social Securi	ty Administration	on and the								
Railroad Retiremen	re & Medicaid Services. That Act. Failure to report or nor civil penalties, or both	the making of a	red by law und false or fraudu	er Section 7(b ilent report ca	n result in	5a. NAME OF E	MPLOYER						
•	140, REPORT SPECIFICATION		ST ACCOMPAN	IY THIS FORM		5b. OTHER NAM	ИЕ, IF ANY				aat		
				G	ROSS E	ARNINGS AM	OUNTS			SEPTEMBER	July 1		
6.	7.	8(a)	8(b)	8(c)	8(d)	8(e)	8(f)	8(g)	8(h)	1x 0,50)	8(j)	8(k)	8(I)
EMPLOYEE	EMPLOYEE	ANNÚAL	` '	, ,		, ,	, ,	, ,	~	ato			, ,
SOCIAL SECURITY	NAME (Last Name; First Name; and Middle Initial)  20-55	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTE	R			1,4011				
NUMBER	Middle Initial)	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
For RRB Use Only ➤ 11-19	20-55	56-64	65-73	74-82	83-91	92-100	101-109	A 31-84	65-73	74-82	83-91	92-100	101-109
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1. YEAR

2. EMPLOYER BA NO.

3. PAGE NUMBER

## **INSTRUCTIONS**

This report, along with Form G-440, Report Specifications Sheet, is submitted annually. File this form no later than the last day of February in the year following the policy for which compensation is being reported. Mail the forms to the *RAILROAD RETIREMENT BOARD*, *BUREAU OF THE ACTUARY*, *844 NORTH RUSH STREET*, *CHICAGO*, *ILLINOIS 6061*, 125. Form BA-11 is not required if you have no employees with social security numbers ending with the digits "30." Instead, check the appropriate box on the Form G-440 submitted with your Form Section Additional information about reporting gross earnings on this form may be found in the "Employer Reporting Instructions." 

- - Employers with fewer than 5,000 employees may submit only an annual amount, although a monthly or quarterly breakdown is preferable.
- a. Enter the corporate name of the employer.
  - b. Enter other name, if any, commonly used for business purplied
- Enter the employee's social security number. Report without employees whose social security number ends with the digits "30."
- Tirst name (up to 15 letters), and middle initial.
- Enter either monthly, quarterly, or annual ross earning amounts under the appropriate column(s) for each employee. Include a decimal point and two digits representing cents (\$\$\$\$\$\$.¢¢).
  - Column 8(a) Use when reporting annual amounts.
  - Columns 8(a) through 8(d) Use when reporting quarterly amounts.
  - Columns 8(1) th ough 8(I) Use when reporting monthly amounts.

## **Electronic File Format for Form BA-11**

Report of Gross Earnings (Annual Earnings)									
Field Length	Record Position	Data and Instructions							
2	1-2	"40"							
4	3-6	Year being reported (CCYY).							
4	7-10	Four-digit employer BA number assigned by the Railroad Retirement Board.							
9	11-19	Employee's social security account number.  NOTE: Report only those employees whose social security number ends with the digits "30".							
20	20-39	First twenty (20) characters of the employee's surname. Spaces in such names as O Grady or De La Cross are acceptable.							
15	40-54	First fifteen (15) characters of the employee's first name.							
1	55	Employee's middle initial.							
9	56-64	Annual Amount - 9 positions (\$\$\$\$\$¢¢), preceded by zero(s) if necessary.							
56	65-120	Leave blank or zero-fill.							

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