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 DATI	3 DATE REPORT BEING SUBMITTED 4 EMPLOYER BA NUMBER						
	5 PER	5 PERSON TO CONTACT REGARDING THIS REPORT						
	6 TITLI	E						
2 OTHER EMPLOYER NAME, IF ANY	7 TELE	7 TELEPHONE NUMBER		8 FACSIMILE NUMBER				
	9 E-MA	9 E-MAIL ADDRESS						
I AM NOT SUBMITTING AN ANNUAL REPORT BECAUSE	MY COMPANY HAS		(Go to Item 14)					
I AM NOT SUBMITTING A GROSS EARNINGS REPORT E NUMBER ENDING IN "30." ▶ (Go to Item 14)	ECAUSE MY COMP	ANY HAS NO EMPLOY	EES WITH A SO	CIAL SECURITY				
10 TYPE OF <u>REPORT</u> (CHECK ONLY ONE)		11 REPORT MEDIUM (CHECK ONLY ONE)						
 ANNUAL <u>REPORT</u> (FORM BA-3); REPORT INCLUDES: (Check ALL that apply) Regular Compensation and Service Sick Pay and Miscellaneous Compensation Employee Addresses ADJUSTMENT <u>REPORT</u> (FORM BA-4); REPORT INCLUDE (Check ALL that apply) Regular Compensation and Service Sick Pay and Miscellaneous Compensation SEPARATION ALLOWANCE/SEVERANCE PAY <u>REPORT</u> (FORM BA-11) FORM BA-6 ADDRESS <u>REPORT</u> (FORM BA-6A) 		 CD-ROM FTP (File Transfer Protocol) INTERCHANGE SECURE E-MAIL 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 13. 						
THIS SECTION IS FOR RRB USE ONLY <u>DATE RECEIVED IN CESC</u> :								
12 IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPAN	Y(S), LIST ALL EMPLO	OYER NUMBERS. ATTA	CH A SEPARATE S	SHEET IF NECESSARY.				
13 REMARKS								
14 Lunderstand that sivil and ariminal papation can be impose	ed against ma far fa		monto or for wi	internation				
14 I understand that civil and criminal penalties can be imposed against me for false or fraudulent statements or for withholding information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act or the Railroad Unemployment Insurance Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.								
SIGNATURE OF CERTIFYING OFFICER		DATE						

Page _____ of _____

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 One: 🔲 Form BA-3, Annual Report of Creditable Compensation 🔄 Form BA-4, Report of Creditable Compensation Adjustments									
2.	3.	4. NET COMPENSATION TOTALS							
REPORT	REPORT	RUIA COMPENSATION		RRA COMPENSATION					
PAGE F #	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)									
5. Recap Sheet Page Totals									
 Recap Sheet Grand Totals 									

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.