## **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			i i i	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 A		DATE REPORT BEING SUBMITTED 4 EMPLOYER BA NUMBER  PERSON TO CONTACT REGARDING THIS REPORT							
				6 TITLE					
2 OTHER EMPLOYER NAME,	<b>7</b> TELE	<b>7</b> TELEPHONE NUMBER			8 FACSIMILE NUMBER				
				9 E-MAIL ADDRESS					
		PORT BECAUSE MY COM			•				
1 1	ITTING A GROSS EARNI IG IN "30." ► (Go to Iter	NGS REPORT BECAUSE m 14)	MY COMP	ANY HAS NO	EMPLOYEES V	VITH A SOC	CIAL SECURITY		
I AM NOT SUBM	ITTING A REPORT OF S	TOCK OPTIONS AND OTH ON-RRTA TAXABLE RAT					T ISSUE NON-		
10 TYPE OF REPORT (CH					MEDIUM (CHE		DNE)		
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 Compensation  FORM BA-6 ADDRESS REPORT (FORM BA-6A) SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9) GROSS EARNINGS REPORT (FORM BA-11) REPORT OF STOCK OPTIONS AND OTHER PAYMENTS (FORM BA-15)				☐ 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 Form BA-15 = 300  ☐ PAPER - Go to Item 13.					
THIS SECTION IS FOR R	RB USE ONLY DATE RE	CEIVED IN CESC:			<del>1</del>				
12 IF YOUR COMPANY IS	REPORTING FOR A SUBS	IDIARY COMPANY(S), LIST	ALL EMPLO	YER NUMBER	S. ATTACH A S	SEPARATE S	SHEET IF NECESSARY.		
13 REMARKS						,			
	ct material to determinir	can be imposed agains ng a right to payment und ny knowledge, the inform	der the Ra	Iroad Retiren	nent Act or the	e Railroad	Unemployment		
SIGNATURE OF CERT			_	DATE		_			

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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., "(\$\$\$\$\$\$\$¢¢)."
- 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 record counts from Item 3 and 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 - Combine Item 5 from each sheet and then enter sum total.

1. Check On	e: Form E	3A-3, Annual Report of C		Form BA-4, Report of	Creditable Compensation	Adjustments			
2.	3.	4. NET COMPENSATION TOTALS							
PAGE	REPORT	RUIA COMPENSATION		RRA COMPENSATION					
	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)									
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10)									
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(12)									
(13)									
(14)									
15)									
5. Recap Shee Page Totals	et S								
6. Recap Shee Grand Total	et s								

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.