

**REPORT SPECIFICATIONS SHEET**

<p><b>RETURN TO:</b> (Address on reverse side of reporting form) U.S. RAILROAD RETIREMENT BOARD OFFICE OF PROGRAMS – P&amp;S/CESC 844 NORTH RUSH STREET CHICAGO, IL 60611-1275</p>	<p><b>IMPORTANT NOTE:</b> 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. <b>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.</b></p>													
<p><b>1</b> CORPORATE NAME AND ADDRESS OF EMPLOYER</p>	<p><b>3</b> DATE REPORT BEING SUBMITTED</p>	<p><b>4</b> EMPLOYER BA NUMBER</p>												
	<p><b>5</b> PERSON TO CONTACT REGARDING THIS REPORT</p>													
	<p><b>6</b> TITLE</p>													
<p><b>2</b> OTHER EMPLOYER NAME, IF ANY</p>	<p><b>7</b> TELEPHONE NUMBER</p>	<p><b>8</b> FACSIMILE NUMBER</p>												
	<p><b>9</b> EMAIL ADDRESS</p>													
<p><input type="checkbox"/> <b>I AM NOT SUBMITTING AN ANNUAL REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES</b> ▶ (Go to Item 14)</p>														
<p><input type="checkbox"/> <b>I AM NOT SUBMITTING A GROSS EARNINGS REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES WITH A SOCIAL SECURITY NUMBER ENDING IN "30."</b> ▶ (Go to Item 14)</p>														
<p><b>10</b> TYPE OF <u>REPORT</u> (CHECK ONLY ONE)</p> <p><input type="checkbox"/> ANNUAL <u>REPORT</u> (FORM BA-3); REPORT INCLUDES: (Check <b>ALL</b> that apply)  <input type="checkbox"/> Regular Compensation and Service  <input type="checkbox"/> Sick Pay and Miscellaneous Compensation  <input type="checkbox"/> Employee Addresses</p> <p><input type="checkbox"/> ADJUSTMENT <u>REPORT</u> (FORM BA-4); REPORT INCLUDES: (Check <b>ALL</b> that apply)  <input type="checkbox"/> Regular Compensation and Service  <input type="checkbox"/> Sick Pay and Miscellaneous</p> <p><input type="checkbox"/> SEPARATION ALLOWANCE/SEVERANCE PAY <u>REPORT</u> (FORM BA-9)</p> <p><input type="checkbox"/> GROSS EARNINGS <u>REPORT</u> (FORM BA-11)</p> <p><input type="checkbox"/> FORM BA-6 ADDRESS <u>REPORT</u> (FORM BA-6A)</p>	<p><b>11</b> REPORT MEDIUM (CHECK ONLY ONE)</p> <p><input type="checkbox"/> CD-ROM</p> <p><input type="checkbox"/> FTP (File Transfer Protocol) INTERCHANGE</p> <p><input type="checkbox"/> SECURE EMAIL</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>NOTE: Report Record Lengths:</b>            Form BA-3 = 300    Form BA-4 = 200            Form BA-6A = 180    Form BA-9 = 120            Form BA-11 = 120</p> </div> <p><input type="checkbox"/> PAPER - <b>Go to Item 12.</b></p>													
<p>THIS SECTION IS FOR RRB USE ONLY    <u>DATE RECEIVED IN CESC:</u></p> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>														
<p><b>12</b> IF YOUR COMPANY IS REPORTING FOR A SUBSIDIARY COMPANY(S), LIST ALL EMPLOYER NUMBERS. ATTACH A SEPARATE SHEET IF NECESSARY.</p> <table border="1" style="width:100%; height: 60px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>														
<p><b>13</b> REMARKS</p>														
<p><b>14</b> 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.</p>														
<p>SIGNATURE OF CERTIFYING OFFICER</p>		<p>DATE</p>												

### 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: <input type="checkbox"/> Form BA-3, Annual Report of Creditable Compensation <input type="checkbox"/> Form BA-4, Report of Creditable Compensation Adjustments							
2. REPORT PAGE #	3. REPORT RECORD COUNT	4. NET COMPENSATION TOTALS					
		RUIA COMPENSATION		RRA COMPENSATION			
		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							
6. 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.