U.S. Railroad Retirement Board Phone: (312) 751- 7139 844 North Rush Street TTY: (312) 751- 7401 Chicago IL, 60611-2092 Web: www.rrb.gov

Electronic File Format for Form BA-11, Gross Earnings Annual Report of Annual Earnings

The information contained in this report, which is required by law under Section 7(b)(6) of the Railroad Retirement Act, is required for computation of the Financial Interchange with the Social Security Administration and the Centers for Medicare & Medicaid Services, and is authorized for collection under OMB control number 3220-0132. This report is due at the Railroad Retirement Board by no later than the last day of February. Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

We estimate the electronic version of this form, transmitted by FTP, takes an average of 5 hours per response to complete, including time for reviewing the instructions, getting the needed data, and reviewing the completed form. We estimate the secure e-mail version of this form takes an average of 30 minutes to complete, including time for reviewing the instructions, getting the needed data, and reviewing the completed form.

This exhibit shows format for submission of gross earnings reports on magnetic media. For information about the data to be entered, refer to Part V, Chapter 7.

Reports submitted on magnetic media are to be accompanied by a Form G-440, "Report Specifications Sheet". Indicate the type of report (Gross Earnings). Specify in the "Remarks" block the format used, i.e., "Gross Earnings Annual Report of Monthly Earnings, 20XX," "Gross Earnings Annual Report of Quarterly Earnings, 20XX," or "Gross Earnings Annual Report of Annual Earnings, 20XX." All records are 120 characters in length, unblocked.

| Gross Earnings Annual Report of Annual Earnings | |
|---|---|
| Tape Position | Data and Instructions |
| 1-2 | "40" |
| 3-6 | Year being reported. (CCYY) |
| 7-10 | Four-digit employer identification number assigned by the Railroad Retirement Board. |
| 11-19 | Employee's social security account number. |
| 20-39 | Employee's surname. Spaces in such names as O'Grady or De LaCross are acceptable. |
| 40-54 | Employee's first name. |
| 55 | Middle initial. |
| 56-64 | Annual Amount - 9 positions (\$\$\$\$\$\$\$ ϕ), preceded by zero(s) if necessary. |
| 65-120 | Leave blank or zero-fill. |

Paperwork Reduction Act (PRA) Notice

Federal agencies may not conduct or sponsor, and respondents are not required to respond to, any collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimates or any other aspect of these forms, including suggestions for reducing completion time, to

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