

**PROTEST OF RECORD OF SERVICE MONTHS AND COMPENSATION**

**FORM BA-6, CERTIFICATE OF SERVICE MONTHS AND COMPENSATION, IS NOT IN AGREEMENT WITH MY RECORDS AS I HAVE SHOWN BELOW. PLEASE CHECK MY RECORD AND ADVISE ME OF YOUR FINDINGS**

**TO: OFFICE OF PROGRAMS  
A&T - COMPENSATION AND EMPLOYER SERVICES CENTER  
RAILROAD RETIREMENT BOARD  
844 NORTH RUSH ST  
CHICAGO IL 60611-2092**

SOCIAL SECURITY NUMBER

OTHER SOCIAL SECURITY NUMBERS USED

NAME	NUMBER	YEAR USED
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STREET ADDRESS OR RURAL ROUTE	NUMBER	YEAR USED
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CITY OR TOWN, STATE, AND ZIP CODE	SIGNATURE	DATE
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**Instructions for completing the lower portion of this form. All columns should be filled in. You can report more than one year. Fill in the year for which the Form BA-6 does not agree with your records. Show the name of the employer, place of employment, department or occupation, and monthly earnings. *NOTE---*If you received earnings from more than one employer in any given month, show the employer and the earnings received in the next section. *Copies of any evidence of compensation received, such as check stubs or Forms W-2 showing the amount of railroad retirement taxes you paid on the compensation, must be attached to this form.* Do not send original documents.**

YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEP					
OCT					
NOV					
DEC					
<b>TOTAL</b>					

YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEP					
OCT					
NOV					
DEC					
<b>TOTAL</b>					

YEAR \_\_\_\_\_

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YEAR \_\_\_\_\_

MONTH	NAME OF EMPLOYER	PLACE OF EMPLOYMENT		DEPARTMENT OR OCCUPATION	EARNINGS
		STATE	CITY, TOWN, OR VILLAGE		
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FEB					
MAR					
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MAY					
JUNE					
JULY					
AUG					
SEP					
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NOV					
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<b>TOTAL</b>					

REMARKS