Department of the Treasury Internal Revenue Service

Employer's Annual Railroad Retirement Tax Return

See separate instructions.

FD FP

OMB No. 1545-0001

Employer's name and address (If not correct. please change.)

If you do not have Employer identification number to file a return in the future, check here . . . RRB number Т FF

Calendar year

Т Part I **Railroad Retirement Taxes** Check here to elect the safe harbor method for 2001 (see the line 1 instructions) . . . Supplemental annuity work-hour tax—Total work hours for which 1 Special supplemental annuity tax from Forms G-241 (employer pensions established under a 3 Adjustments to supplemental annuity work-hour tax (attach Forms G-245; see instructions). . . 3 4 4 Adjusted total of supplemental annuity tax (line 1 plus line 2 as adjusted by line 3) Tier I Employer Tax—Compensation (other than tips and sick Tier I Employer Medicare Tax—Compensation (other than tips 7 Tier I Employee Tax—Compensation (other than sick pay) paid Tier I Employee Medicare Tax—Compensation (other than sick 10 Tier II Employee Tax—Compensation (for tips, see instructions) Tier I Employer Tax—Sick pay paid in 2000 $\times 6.2\% =$ 11 12 13 13 14 Total tax based on compensation (add lines 5 through 14) 15 Adjustments to employer and employee railroad retirement taxes based on compensation (see instructions for format of statement to be attached) Sick Pay \$ ± Fractions of Cents \$ ± Other \$ 16 Adjusted total of employer and employee railroad retirement taxes based on compensation (line 17 17 Total railroad retirement taxes for the year (add lines 4 and 17) 18 18 Total railroad retirement tax deposits for the year, including overpayment applied from prior year, 19 Balance due (subtract line 19 from line 18). Pay to the "United States Treasury" (see instructions) . 20 Overpayment. If line 19 is more than line 18, enter overpayment here
\$\bigs\\$ \quad \text{summark} \quad \text{summark} \quad \text{and check if you want it:}

• All filers: If line 18 is less than \$1,000, do not complete Part II or Form 945-A.

• Semiweekly schedule depositors: Complete Form 945-A and see the Part II instructions on the back of this form.

• Monthly schedule depositors: Complete Part II.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ Title (Owner, etc.) ▶ Date ▶

☐ Applied to next return **or** ☐ Refunded.

Form CT-1 (2000) Page **2**

Part II Record of Railroad Retirement Tax Liability

Items To Note

Threshold for deposit requirement is \$1,000. If your total taxes for the year (line 18) are less than \$1,000, you are not required to make deposits nor fill out Part II. You may pay the total taxes with Form CT-1.

Electronic deposit requirement. You must make electronic deposits of **all** depository taxes (such as employment tax, excise tax, and corporate income tax) using the Electronic Federal Tax Payment System (EFTPS) or RRBLINK in 2001 if:

- The total deposits of such taxes in 1999 were more than \$200,000 or
- You were required to use EFTPS/RRBLINK in 2000.

If you are required to use EFTPS/RRBLINK and fail to do so, you may be subject to a 10% penalty. If you are not required to use EFTPS/RRBLINK, you may participate voluntarily. To enroll in or get more information about EFTPS, call 1-800-555-4477 or 1-800-945-8400. To enroll in or get more information about RRBLINK, call 1-888-273-2265.

Instructions

Complete the Monthly Summary of Railroad Retirement Tax Liability below only if you were a monthly schedule depositor for the entire year. Enter your Tier I and Tier II taxes and the

supplemental annuity work-hour tax incurred on the lines provided for each month. Enter the special supplemental annuity tax (Forms G-241) on the line provided in the 3rd month of each quarter.

If you were a **semiweekly** schedule depositor during any part of the year or you accumulated **\$100,000** or more on any day during a deposit period, you must complete **Form 945-A**, Annual Record of Federal Tax Liability. Do not complete the monthly summary below.

On Form 945-A for each payday, enter the sum of your employee and employer Tier I and Tier II taxes on the appropriate line. Enter your monthly supplemental annuity work-hour tax on the "ST" line for each month on Form 945-A. Enter your special supplemental annuity tax from Forms G-241 to the right of the monthly title of the 3rd month of each quarter just above line 17, and write "SST" to the left of this title just above line 1. Total the amounts for the months from lines A through L, including the "ST" and "SST" amounts. Enter the total on line M, Form 945-A.

The total tax liability for the year (line V below or line M on Form 945-A) should equal the total taxes for the year (line 18, Form CT-1). Otherwise, you may be charged a penalty for not making deposits of taxes.

Note: See the separate instructions for the deposit rules for railroad retirement taxes.

| | Monthly Summary of Railroad Retirement Tax Liability Complete if line 18, Part I, is \$1,000 or more and you were a monthly schedule depositor. | | | |
|---|---|----------------|---------------|----------------|
| Date compensation paid: | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
| First month of quarter: | January | April | July | October |
| Tier I and Tier II taxes . Supplemental annuity work-hour tax | | | | |
| I First month total ▶ | February | May | August | November |
| Second month of quarter: | 1 Coludiy | iviay | August | November |
| Tier I and Tier II taxes . | | | | |
| Supplemental annuity work-hour tax | | | | |
| II Second month total ► | | | | |
| Third month of quarter: | March | June | September | December |
| Tier I and Tier II taxes . | | | | |
| Supplemental annuity work-hour tax | | | | |
| Special supplemental annuity tax | | | | |
| • | | | | |
| III Third month total ►IV Total for quarter (Add | | | | |
| lines I, II, and III.) | | | | |
| V Total tax liability for year | (This should equal line 18 | 3, Part I.) | | |

Form **CT-1** (2000)

