OMB No. 1545-0001

Employer's name and address	
(If not	N
correct,	₽
please	•
change.)	

Sign

Here

Signature ▶

01111			Employer 5 Amuai Rambau Retheme	ill lax Retuill		୬⋒⋀1
		the Treasury ue Service	► See separate instructions.			<u> </u>
	oloyer'		Employ	ver identification number	te	you do not have o file a return in he future, check
addr (If no	ress ot	•	RRB nu	umber	h T	ere ▶□
plea		•	Calenda	ar year	F	F D
						P
					I	
						-
Pa	rt I	Railroad	Retirement Taxes			
			elect the safe harbor method for 2002 (see the line 1 instruction	ions) ▶ 🗌		
1	com	ipensation w	nnuity work-hour tax—Total work hours for which as paid during the year		1	
2			nental annuity tax from Forms G-241 (employer pensions es			
_		•	ining agreement; attach Forms G-241)		3	
3	-		supplemental annuity work-hour tax (attach Forms G-245; se		4	
4	-		f supplemental annuity tax (line 1 plus line 2 as adjusted by I Tax—Compensation (other than tips and sick	ine 3)		
5	pay)	paid in 200	1	× 6.2% =	5	
6			Medicare Tax—Compensation (other than tips aid in 2001	v 1 4EQ/ =	6	
7			Tax—Compensation (other than tips) paid in 2001 \$		7	
8			Tax—Compensation (other than sick pay) paid	× 10.170		
Ü	in 2 (001		× 6.2% =	8	
9	Tier	I Employee	Medicare Tax—Compensation (other than sick 1 (for tips, see instructions)		9	
10	Tier	II Employee	Tax—Compensation (for tips, see instructions)		10	
11			Tax—Sick pay paid in 2001 \$		11	
12			Medicare Tax—Sick pay paid in 2001, \$		12	
13			Tax—Sick pay paid in 2001		13	
14			Medicare Tax—Sick pay paid in 2001 \$		14	
15			on compensation (add lines 5 through 14)		15	
16	instr	uctions for	employer and employee railroad retirement taxes based on of format of statement to be attached)	•	.	
		•	± Fractions of Cents \$ ± Other		16	
17			f employer and employee railroad retirement taxes based on (17	
18			line 16)		18	
19			irement tax deposits for the year, including overpayment appli			
.,			ds	' '	19	
20			btract line 19 from line 18). Pay to the "United States Treasury"		20	
21	Over	rpayment. If	line 19 is more than line 18, enter overpayment here ▶ \$			
				☐ Applied to next	returr	n or Refunded.
• Se	emiw	eekly sched	is less than \$2,500, do not complete Part II or Form 945-A. Jule depositors: Complete Form 945-A and see the Part II in depositors: Complete Part II.	nstructions on the bad	ck of t	his form.
		•	p allow another person to discuss this return with the IRS (see page 6 of the separa	te instructions)?	Comple	ete the following. No
Third		Do you want to	s and a second person to allocate and retain with the five page of the separat	163.	Jonipie	Ionownig No
Party		Designee's	Phone	Personal identi	ification	1
Desi	gnee			number (DIM)		

Print Your Name and Title ▶

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.

Date ▶

Form CT-1 (2001) Page **2**

Part II Record of Railroad Retirement Tax Liability

Changes To Note

Third Party Designee

You can now allow an employee or paid preparer to resolve certain tax issues with the IRS. See **Third Party Designee** on page 6 of the separate instructions for more information.

Threshold for Deposit Requirement Increased to \$2,500

Beginning with your 2001 Form CT-1, if your total taxes for the year (line 18) are less than \$2,500, you are not required to make deposits. You may pay the total taxes with Form CT-1.

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.

ary /	nd Quarter April	Third Quarter July	Fourth Quarter October
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ıary I			
iary I			
l I	May	August	November
ch J	June	September	December
			ch June September

Form CT-1 (2001)