Form CT-1 X: Adjusted Employer's Annual Railroad Retirement Tax Return or Claim for Refund

(Rev. January 2	2011)	Department of the Treasury — Internal Revenue Service	OMB No. 1545-0001
Employer ic (EIN)	dentification number		Return You Are Correcting
RRB numbe	er		Enter the calendar year of the return you are correcting:
Name (as sh	nown on latest Form CT-1)		
Address			
	Number St	reet Suite or ro	Enter the date you discovered errors:
	City	State ZIP code	
CT-1, Emplo	oyer's Annual Railroad	omplete this form. Use this form to correct errors mad Retirement Tax Return, for one year only. Type or pr three pages. Do not attach this form to Form CT-1.	
Part 1	Select ONLY one	nrocess	

1. Adjusted railroad retirement tax return. Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you are correcting both underreported and overreported amounts on this form. The amount shown on line 18, if less than 0, may only be applied as a credit to your Form CT-1 for the tax period in which you are filing this form.
2. Claim. Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 18. Do not check this box if you are correcting ANY underreported amounts on this form.
Part 2: Complete the certifications.
3. I certify that I have filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.
Note. If you are correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you are correcting overreported amounts, for purposes of the certifications on lines 4 and 5, employee Railroad Retirement Tax Act (RRTA) taxes consist of Tier I Employee tax, Tier I Employee Medicare tax, and Tier II Employee tax. Employer RRTA taxes consist of Tier I Employer tax, Tier I Employer Medicare tax, and Tier II Employee tax.
4. If you checked line 1 because you are adjusting overreported amounts, check all that apply. You must check at least one box. I certify that:
 a. I repaid or reimbursed each affected employee for the Employee RRTA taxes overcollected in prior years. I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
b. The adjustment is only for Employer RRTA taxes. I could not find the affected employees or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
c. The adjustment is for RRTA taxes that I did not withhold from employee compensation.
5. If you checked line 2 because you are claiming a refund or abatement of overreported RRTA taxes, check all that apply. You must check at least one box.
I certify that:
a. I repaid or reimbursed each affected employee for the Employee RRTA taxes overcollected in prior years. I have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
b. I have a written consent from each affected employee stating that I may file this claim for Employee RRTA taxes overcollected in prior years. I also have a written statement from each employee stating that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
c. The claim is for Employer RRTA taxes only. I could not find the affected employees, each employee did not give me a written consent to file a claim for Employee RRTA taxes, or each employee did not give me a written statement that he or she has not claimed (or the claim was rejected) and will not claim a refund or credit for the overcollection.
d. The claim is for RRTA taxes that I did not withhold from employee compensation.

Name					Employer	Identi	fication number (EIN)	Calendar Ye	מר (דידי)
Pa	rt 3: Enter the corrections for th	is year. If any line	doe	es not ap	oly, leave	it b	ank.		
		Column 1 Total corrected amount (for ALL employees)	_	Co. Amount of reported of	lumn 2 riginally or as corrected	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction
6a.	Tier I Employer Tax– Compensation (from line 1a of Form CT-1)] _] =		× .062 =	· · ·
b.	Number of qualified employees paid exempt compensation including sick pay April 1 - December 31, 2010 (from line 1c of Form CT-1)*] _] =			*Complete lines 6b and 6c only for corrections to the 2010 Form CT-1.
с.	Exempt compensation (other than tips and sick pay) paid to qualified employees April 1 - December 31, 2010 (from line 1d of Form CT-1)*] _] =	•	× .062 =	
7.	Tier I Employer Medicare Tax- Compensation (from line 2 of Form CT-1)]_] =		× .0145 =	
8.	Tier II Employer Tax– Compensation (from line 3 of Form CT-1)] _] =		See instructions	
9.	Tier I Employee Tax– Compensation (from line 4 of Form CT-1)]_] =		× .062 =	
10.	Tier I Employee Medicare Tax- Compensation (from line 5 of Form CT-1)]_] =		× .0145 =	
11.	Tier II Employee Tax– Compensation (from line 6 of Form CT-1)] _] =		See instructions	
12a.	Tier I Employer Tax–Sick Pay (from line 7a of Form CT-1)]_] =		× .062 =	
b.	Exempt sick pay paid to qualified employees April 1 - December 31, 2010 (from line 7c of Form CT-1)*	*Complete line 12b only] _] =		× .062 =	
13.	Tier I Employer Medicare Tax– Sick Pay (from line 8 of Form CT-1)	- Complete line 120 only			•] =	· ·	× .0145 =	
14.	Tier I Employee Tax–Sick Pay (from line 9 of Form CT-1)]_] =		× .062 =	
15.	Tier I Employee Medicare Tax- Sick Pay (from line 10 of Form CT-1)				•] =		× .0145 =	
16.	Tax Adjustments (from line 12 of Form CT-1)]_			=		See instructions	
17a.	Number of qualified employees paid exempt compensation (including sick pay) March 19-31, 2010 (from line 15a of Form CT-1)*]_] =			*Complete lines 17a and 17b only for corrections to the 2010 Form CT-1.
b.	Exempt compensation (other than tips) paid to qualified employees March 19-31, 2010 (from line 15b of Form CT-1)*]_			=		× .062 =	
18.	 Total. Combine the amounts in line If line 18 is less than 0: If you checked line 1, this is the a filing this form. If you checked line 2, this is the a 	amount you want ap	plie	d as a creo	-	Form	CT-1 for the tax peri		you are

If line 18 is more than 0, this is the amount you owe. Pay this amount when you file this return. For information on how to pay, see *Amount you owe* in the instructions for line 18.

Part 4: Explain your corrections for this year.

- 19. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 21.
- **20.** Check here if any corrections involve reclassified workers. Explain on line 21.
 - 21. You must give us a detailed explanation for how you determined your corrections. See the instructions.

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form CT-1 and that I have examined this adjusted return or claim and any schedules or statements that are attached, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign you name her	re	Print your name here Print your title here Best daytime phor	ne
Paid preparer use o	nly	Check if you are self-emp	oyed
Preparer's name		PTIN	
Preparer's signature		Date	
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City		State ZIP code	

Type of errors you are correcting					
Underreported amounts ONLY	 Use the adjustment process to correct underreported amounts. Check the box on line 1. Pay the amount you owe from line 18 when you file Form CT-1 X. 				
Overreported amounts ONLY	The process you use depends on when you file Form CT-1 X.	If you are filing Form CT-1 X MORE THAN 90 days before the period of limitations on credit or refund for Form CT-1 expires	Choose either process to correct the overreported amounts. Choose the adjustment process if you want the amount shown on line 18 credited to your Form CT-1 for the period in which you file Form CT-1 X. Check the box on line 1. OR Choose the claim process if you want the amount shown on line 18 refunded to you or abated. Check the box on line 2.		
		If you are filing Form CT-1 X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form CT-1	You must use the claim process to correct the overreported amounts. Check the box on line 2.		
BOTH underreported and overreported	The process you use depends on when you file Form CT-1 X.	If you are filing Form CT-1 X MORE THAN 90 days before the period of limitations on credit or refund for Form CT-1 expires	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts.		
amounts			Choose the adjustment process if combining your underreported and overreported amounts results in a balance due or creates a credit that you want applied to Form CT-1.		
			 File one Form CT-1 X, and Check the box on line 1 and follow the instructions on line 18. 		
			OR		
			Choose both the adjustment process and the claim process if you want the overreported amount refunded to you or abated.		
			 File two separate forms. 1. For the adjustment process, file one Form CT-1 X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 18 when you file Form CT-1 X. 		
			2. For the claim process, file a second Form CT-1 X to correct the overreported amounts. Check the box on line 2.		
		If you are filing Form CT-1 X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form CT-1	 You must use both the adjustment process and claim process. File two separate forms: 1. For the adjustment process, file one Form CT-1 X to correct the underreported amounts. Check the box on line 1. Pay the amount you owe from line 18 when you file Form CT-1 X. 		
			2. For the claim process, file a second Form CT-1 X to correct the overreported amounts. Check the box on line 2.		