

Employer's Annual Railroad Retirement Tax Return

OMB No. 1545-0001

2003

▶ See the separate instructions.

Type or print. ▶	Name	Employer identification number	If final return , check here . ▶ <input type="checkbox"/>
	Address (number and street)	RRB number	
	City, state, and ZIP code	Calendar year	T
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Part I Railroad Retirement Taxes. On lines 1-10 below, enter the amount of compensation for each tax. Then, multiply it by the rate shown and enter the tax.

	Compensation	Rate	Tax
1 Tier I Employer Tax—Compensation (other than tips and sick pay) paid in 2003	\$ _____	× 6.2%	= 1 _____
2 Tier I Employer Medicare Tax—Compensation (other than tips and sick pay) paid in 2003	\$ _____	× 1.45%	= 2 _____
3 Tier II Employer Tax—Compensation (other than tips) paid in 2003 \$ _____		× 14.2%	= 3 _____
4 Tier I Employee Tax—Compensation (other than sick pay) paid in 2003	\$ _____	× 6.2%	= 4 _____
5 Tier I Employee Medicare Tax—Compensation (other than sick pay) paid in 2003 (for tips, see instructions)	\$ _____	× 1.45%	= 5 _____
6 Tier II Employee Tax—Compensation (for tips, see instructions) paid in 2003	\$ _____	× 4.9%	= 6 _____
7 Tier I Employer Tax—Sick pay paid in 2003	\$ _____	× 6.2%	= 7 _____
8 Tier I Employer Medicare Tax—Sick pay paid in 2003	\$ _____	× 1.45%	= 8 _____
9 Tier I Employee Tax—Sick pay paid in 2003	\$ _____	× 6.2%	= 9 _____
10 Tier I Employee Medicare Tax—Sick pay paid in 2003	\$ _____	× 1.45%	= 10 _____
11 Total tax based on compensation (add lines 1 through 10)			11 _____
12 Adjustments to employer and employee railroad retirement taxes based on compensation. See pages 4 and 5 of the instructions; and attach required statements. Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =			12 _____
13 Total railroad retirement taxes based on compensation (line 11 adjusted by line 12) . ▶			13 _____
14 Total railroad retirement tax deposits for the year, including overpayment applied from prior year, from your records.			14 _____
15 Balance due (subtract line 14 from line 13). Pay to the "United States Treasury" (see instructions) .			15 _____

Complete **Form CT-1(V)**, Payment Voucher, and enclose with return and payment.

16 **Overpayment.** If line 14 is more than line 13, enter overpayment here ▶ \$ _____ and check if you want it:
 Applied to next return **or** Refunded.

- **All filers:** If line 13 is less than \$2,500, **do not** complete Part II **or** Form 945-A.
- **Semiweekly schedule depositors:** Complete **Form 945-A** and see the Part II instructions on page 2.
- **Monthly schedule depositors:** Complete Part II on page 2.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 5 of the instructions)? Yes. Complete the following. No

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶
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Sign Here 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 ▶	Print Your Name and Title ▶	Date ▶
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Part II Record of Railroad Retirement Tax Liability

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 tax liability on the lines provided for each month.

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.

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 13, Form CT-1). Otherwise, you may be charged a penalty for not making deposits of taxes.

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

Monthly Summary of Railroad Retirement Tax Liability

Complete if line 13, Part I, is \$2,500 or more and you were a monthly schedule depositor.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	January	April	July	October
Date compensation paid: First month of quarter:				
Tier I and Tier II taxes I First month liability ▶				
Second month of quarter:	February	May	August	November
Tier I and Tier II taxes II Second month liability ▶				
Third month of quarter:	March	June	September	December
Tier I and Tier II taxes III Third month liability ▶				
IV Total for quarter, add lines I, II, and III.				
V Total railroad retirement tax liability for the year. This should equal line 13, Part I ▶				

Form CT-1 Payment Voucher

Purpose of Form

Complete Form CT-1(V) if you are making a payment with **Form CT-1**, Employer's Annual Railroad Retirement Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and a payment is required with that return, provide this payment voucher to the return preparer.

Making Payments With Form CT-1

Make payments with Form CT-1 **only if**:

1. Your total railroad retirement taxes for the year (line 13 on Form CT-1) are less than \$2,500 and you are paying in full with a timely filed return or
2. You are a monthly schedule depositor making a payment in accordance with the **accuracy of deposits** rule. See page 4 of the instructions for details. This amount may be \$2,500 or more.

Otherwise, you must deposit the amount at an authorized financial institution or by electronic funds transfer. **Do not** use the Form CT-1(V) payment voucher to make Federal tax deposits. See **How To Make Deposits** on page 3 of the instructions.

Caution: *If you pay amounts with Form CT-1 that should have been deposited, you may be subject to a penalty. See **Penalties and Interest** on page 4 of the instructions.*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, apply for one on **Form SS-4**, Application for Employer Identification Number, and write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form CT-1.

Box 3—Name and address. Enter your business name and address as shown on Form CT-1.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form CT-1," and the tax period on your check or money order. Do not send cash. Do not staple this voucher or your payment to the return (or to each other).
- Detach the completed voucher and send it with your payment and Form CT-1 to the address in the Instructions for Form CT-1.

▼ Detach Here and Mail With Your Payment and Form CT-1. ▼

Form CT-1(V)

Department of the Treasury
Internal Revenue Service

Payment Voucher

OMB No. 1545-0001

2003

► Use this voucher when making a payment with Form CT-1.

1 Enter your employer identification number _____ _____ _____	2 Enter the amount of your payment. ► _____ Dollars _____ Cents	
[Hatched Area]	3 Enter your business name _____ Enter your address. _____ Enter your city, state, and ZIP code. _____	

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping, Part I, 9 hr., 34 min.; Part II, 4 hr., 14 min.; **Learning about the law or the form**, Part 1, 2 hr., 1 min.; **Preparing, copying, assembling, and sending the form to the IRS**, Part 1, 4 hr., 39 min.; Part II, 4 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send Form CT-1 to this address. Instead, see **Where To File** on page 1 of the Instructions for Form CT-1.

