PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD	2006	PAYMENTS BY THE RAILROAD RETIREMEN	
844 N RUSH ST CHICAGO IL 60611-2092	3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2006		]
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600			
1. Claim Number and Payee Code	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2006		
2. Recipient's Identification Number	5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2006		СОРҮ
Recipient's Name, Street Address, City, State, and Zip Code	6. Workers' Compensation Offset in 2006		FOR RECIPIEI RECORD
	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2005		THIS
	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2004		INFORM IS BEINC FURNISI
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2004		TO THE INTERN REVENU
	10. Federal Income Tax Withheld	11. Medicare Premium Total	SERVIC

# FORM RRB-1099

### DO NOT ATTACH TO YOUR INCOME TAX RETURN

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP C UNITED STATES RAILROAD RETIREMENT BO	2006	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD
844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions	
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		
1. Claim Number and Payee Code	4. Contributory Amount Paid	COPY C -
2. Recipient's Identification Number	5. Vested Dual Benefit	FOR RECIPIENT'S
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity	RECORDS.
	7. Total Gross Paid	THIS INFORMATION IS BEING
	8. Repayments	FURNISHED TO THE INTERNAL REVENUE SERVICE.
	9. Federal Income Tax Withheld	
	10. Rate of Tax	11. Country   12. Medicare Premium Total

## FORM RRB-1099-R

#### DO NOT ATTACH TO YOUR INCOME TAX RETURN

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP UNITED STATES RAILROAD RETIREMENT	2006	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD	
844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions		
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600			
1. Claim Number and Payee Code	4. Contributory Amount Paid	COPY 2 -	
2. Recipient's Identification Number	5. Vested Dual Benefit		
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity	FILE THIS COPY WITH YOUR	
	7. Total Gross Paid	STATE, CITY, OR LOCAL INCOME TAX RETURN, WHEN REQUIRED.	
	8. Repayments		
	9. Federal Income Tax Withheld		
	10. Rate of Tax	11. Country 12. Medicare Premium Total	

### FORM RRB-1099-R

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP	2006	ANNUITIES OR PENSIONS BY THE
UNITED STATES RAILROAD RETIREMENT BO	DARD 2000	RAILROAD RETIREMENT BOARD
344 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions	-
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		
I. Claim Number and Payee Code	4. Contributory Amount Paid	СОРУ В -
2. Recipient's Identification Number	5. Vested Dual Benefit	REPORT THIS NCOME ON YOUR FEDERAL TAX
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity	RETURN. IF THIS FORM SHOWS FEDERAL INCOME
	7. Total Gross Paid	TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.
	8. Repayments	THIS INFORMATION IS BEING
	9. Federal Income Tax Withheld	FURNISHED TO THE INTERNAL REVENUE SERVICE.
	10. Rate of Tax	11. Country 12. Medicare Premium Tot