PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD	2007	PAYMENTS BY THE RAILROAD RETIREMEN	NT BOARD
844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2007		
1. Claim Number and Payee Code	Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2007		COPY C
2. Recipient's Identification Number	Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2007		FOR
Recipient's Name, Street Address, City, State, and Zip Code	6. Workers' Compensation Offset in 2007		RECIPIENT'S RECORDS.
	Social Security Equivalent Benefit Portion of Tier 1 Paid for 2006		THIS
	Social Security Equivalent Benefit Portion of Tier 1 Paid for 2005		INFORMATION IS BEING FURNISHED
	Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2005		TO THE INTERNAL REVENUE
	10. Federal Income Tax Withheld	11. Medicare Premium Total	SERVICE.
ORM RRB-1099	DO NOT ATTAC	H TO YOUR INCOME 1	AX RETU

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP UNITED STATES RAILROAD RETIREMENT BO	2(1(1))	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		
Claim Number and Payee Code	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.
V	7. Total Gross Paid (Sum of boxes 4, 5 and 6)	
` /	8. Repayments	THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
_	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 BO	7/11	7	ANNUITIES OR PEI RAILROAD RETIRE	
844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions			
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600			4	
1. Claim Number and Payee Code	Contributory Amount Paid		COPY 2 -	
2. Recipient's Identification Number	5. Vested Dual Benefit		八	
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity			DPY WITH YOUR
	7. Total Gross Paid (Sum of boxes 4, 5 and 6)		STATE, CIT INCOME TAX REQUIRED.	Y, OR LOCAL RETURN, WHEN
	8. Repayments			
	Federal Income Tax Withheld			
	10. Rate of Tax		11. Country	12. Medicare Premium Total

FORM RRB-1099-R

UNITED STATES RAILROAD RETIREMENT BO	DARD 2007	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	Contributory Amount Paid	COPY B -
2. Recipient's Identification Number	5. Vested Dual Benefit	REPORT THIS INCOME 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 (Sum of boxes 4, 5 and 6)	TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.
	8. Repayments	THIS INFORMATION IS BEING
	Federal Income Tax Withheld	FURNISHED TO THE INTERNAL REVENUE SERVICE.
	10. Rate of Tax	11. Country 12. Medicare Premium Tota

FORM RRB-1099-R