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

(Rev. January	2012)	Department of the Treasury — Internal Rev	venue Service	OMB No. 1545-0001
Employer id (EIN)	dentification number			Return You Are Correcting
RRB numbe	er			Enter the calendar year of the return you are correcting: (YYYY)
Name (as st	hown on latest Form CT-1)			
Address				
			Suite or room number	Enter the date you discovered errors:
CT-1, Emplo the boxes. Y	oyer's Annual Railroad (ou MUST complete all	omplete this form. Use this form to c Retirement Tax Return, for <b>one year</b> I three pages. Do not attach this form	only. Type or print within	(MM / DD / YYYY)
Part 1:	Select ONLY one	process.		

<ul> <li>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.</li> <li>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.</li> </ul>
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:
<b>a.</b> 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>b.</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:
<b>a.</b> 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>b.</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.
<b>c.</b> 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				Emplo	yer ident	ification number (EIN)	Calendar Yea	nr (YYYY)
Pa	rt 2: Entor the corrections for th	his year. If any line	doc	s not apply lo	avo it b	lank		
Fa	rt 3: Enter the corrections for the corrections for the second se		uue					
		Column 1		Column 2		Column 3 Difference		Column 4 Tax correction
		Total corrected amount (for ALL employees)	-	Amount originally reported or as previously correc (for ALL employed	ted =	(If this amount is a negative number, use a minus sign.)		Tax correction
6a.	Tier I Employer Tax- Compensation		] _		=		× .062* =	
	(from line 1 of Form CT-1)*	*Use line 1a, not line 1, o	nly fo	or corrections to the	2010 For	m CT-1.		*Complete lines
b.	Number of qualified employees paid exempt compensation including sick pay April 1 - December 31, 2010 (from line 1c of Form CT-1)*		] _		=			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)	*Multiply by .042 in line 9	inste ] _	ead of .062 only for		is to the 2011 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 7 of Form CT-1)*	+11 1' 7 11' 7	]_		=		× .062* =	
b.	Exempt sick pay paid to qualified employees April 1 - December 31, 2010 (from line 7c of Form CT-1)*	*Use line 7a, not line 7, o	]_		=		× .062* =	
13.	Tier I Employer Medicare Tax– Sick Pay (from line 8 of Form CT-1)		]_		=	· · ·	× .0145 =	
14.	Tier I Employee Tax–Sick Pay (from line 9 of Form CT-1)*		]_		=		× .062* =	
15.	Tier I Employee Medicare Tax-	*Multiply by .042 in line 1	4 ins ]	tead of .062 only for	r correctio	ons to the 2011 Form CT-1		
	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 lin	es 6a through 17b of	Со	lumn 4				· .
	<ul> <li>If line 18 is less than 0:</li> <li>If you checked line 1, this is the amount you want applied as a credit to your Form CT-1 for the tax period in which you are filing this form.</li> </ul>							
	• If you checked line 2, this is the If line 18 is more than 0, this is the see Amount you owe in the instruction.	he amount you owe			nen you	file this return. For inf	ormation on I	now to pay,

Your correction may be subject to interest. For details, see *Penalties and Interest* in the separate Instructions for Form CT-1 X.

Next

## 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 your name her	re	Print y name Print y title he Best c	here	
Paid preparer use o	nly	Check if you a	are self-employ	yed
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	<ul> <li>Use the adjustment process to correct underreported amounts.</li> <li>Check the box on line 1.</li> <li>Pay the amount you owe from line 18 when you file Form CT-1 X.</li> </ul>			
Overreported amounts ONLY	The process you use depends on <b>when</b> 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 <b>claim process</b> to correct the overreported amounts. Check the box on line 2.	
BOTH underreported and overreported	The process you use depends on <b>when</b> 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			<b>Choose the adjustment process</b> if combining your underreported and overreported amounts results in a balance due or creates a credit that you want applied to Form CT-1.	
			<ul> <li>File one Form CT-1 X, and</li> <li>Check the box on line 1 and follow the instructions on line 18.</li> </ul>	
			OR	
			<b>Choose both the adjustment process</b> and the <b>claim process</b> if you want the overreported amount refunded to you or abated.	
			<ul> <li>File two separate forms.</li> <li><b>1. For the adjustment process,</b> 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.</li> </ul>	
			<b>2. For the claim process,</b> 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	<ul> <li>You must use <b>both</b> the adjustment process and claim process.</li> <li>File two separate forms:</li> <li><b>1. For the adjustment process,</b> 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.</li> </ul>	
			2. For the claim process, file a second Form CT-1 X to correct the overreported amounts. Check the box on line 2.	