CT-1 X: Adjusted Employer's Annual Railroad Retirement Tax Return or Claim for Refund Department of the Treasury — Internal Revenue Service OMB No. 1545-0001 (EIN) Return You Are Correcting ... Employer identification number Enter the calendar year of the return you are correcting: RRB number (YYYY) Name (as shown on latest Form CT-1) Address Number Street Suite or room number Enter the date you discovered errors: ZIP code (MM / DD / YYYY) Use this form to correct errors made on Form CT-1, Employer's Annual Railroad Retirement Tax Return, for one year only. Please type or print within the boxes. Do not attach this form You MUST complete all three pages. Read the instructions before you complete this form. Part 1: Select ONLY one process. 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 17, 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 17. 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 Employer tax. 4. If you checked line 1 because you are adjusting overreported amounts, check all that apply. (Check at least one.) 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 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. (Check at least one.) 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; or 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. Next •

P	art 3: Enter the corrections for t	his year. If any line	do	es not apply, leave	e it	blank.		
		Column 1 Total corrected amount (for ALL employees)	_	Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction
6	Tier I Employer Tax-				1			
0.	Compensation (from line 1 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	
12.	Tier I Employer Tax-Sick Pay (from line 7 of Form CT-1)		_		=		× .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- Sick Pay (from line 10 of Form CT-1)		_		=		× .0145 =	
16.	Tax Adjustments (from line 12 of Form CT-1)		_		=		See instructions	
17.	Total. Combine the amounts in line	s 6 through 16 of Co	lum	n 4				

- 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.
- If you checked line 2, this is the amount you want refunded or abated.

If line 17 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 17.

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F	art 4:	Explain your o	corrections for this year.				
	18.		any corrections you entered on a line inclu our underreported and overreported amounts		orted and overreported amounts.		
	19.	Check here if	any corrections involve reclassified work	ers. Explain on line	e 20.		
	20.	You must give	e us a detailed explanation for how you de	etermined your co	orrections. See the instructions.		
-	art 5	Sign bere Vo	u must complete all three pages of this fo	orm and sign it			
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.							
•		•			t your e here		
X		Sign your name here	,	Print	t your		
		. .			here () -		
		Date			t daytime phone		
Paid preparer's use only Check if you are self-en					are self-employed		
Pre	eparer	's name			SSN/PTIN		
		's signature			Date / /		
sel	m's na f-empl	me (or yours if oyed)			EIN		
Ad	dress				Phone () -		
Cit	У		St	tate	ZIP code		

Employer identification number (EIN) Calendar Year (YYYY)

Name

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Type of errors you are correcting	Form C	T-1 X: Which prod	cess should you use?				
Underreported amounts ONLY	 Use the adjustment process to correct underreported amounts. Check the box on line 1. Pay the amount you owe from line 17 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 17 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 17 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 amounts	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. 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 17. 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. Therefore 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 17 when you file Form CT-1 X. 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 17 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.				