

**RAIL LABOR SYSTEM UNIT REPORT OF CREDITABLE SERVICE MONTHS AND COMPENSATION**

|  |                            |  |
|--|----------------------------|--|
| 1. Name of National Organization                         | 2. Page ____ of ____ Pages | <i>See Instructions<br/>On Separate<br/>Page</i> |
| 3. Payroll Report of Reporting Unit (Name and/or Number) | 4. RRB Unit No.            |  |

|  |                      |                       |                 |
|--|----------------------|-----------------------|-----------------|
| <b>COMPENSATION SHOULD NOT BE REPORTED IN EXCESS OF APPLICABLE YEARLY MAXIMUMS</b> | Tier I Maximum<br>\$ | Tier II Maximum<br>\$ | RUIA Max.<br>\$ |
|--|----------------------|-----------------------|-----------------|

| 6. EMPLOYEE IDENTIFICATION | Month of Qtr. | 7. Daily Pay Rate | 8. Gross Earnings and Tier I Medicare Earnings | 9. Employee Medicare Tax Withheld | 10. Tier I Earnings | 11. Tier I Employee Tax Withheld | 12. Tier II Earnings | 13. Tier II Employee Tax Withheld | 14. RUIA Compensation |
|----------------------------|---------------|-------------------|--|-----------------------------------|---------------------|----------------------------------|----------------------|-----------------------------------|-----------------------|
| Name                       | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| SSA Number                 | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| Name                       | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| SSA Number                 | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| Name                       | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| SSA Number                 | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| Name                       | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
| SSA Number                 | 1             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 2             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            | 3             |                   |  |                                   |                     |                                  |                      |                                   |                       |
|                            |               | <b>Totals</b>     |  |                                   |                     |                                  |                      |                                   |                       |

**CAUTION: Railroad retirement (CT-1) taxes must be deposited in a Federal depository as directed by the Internal Revenue Service. Please read Form CT-1 Instructions for the proper depositing procedures. The frequency of your tax deposits is NOT determined by the completion of Form OE-1. Deposits may be required more or less often.**

|            |         |                  |                |                      |
|------------|---------|------------------|----------------|----------------------|
| Name/Title | Address | Telephone Number | Date Completed | Date Received by NRO |
|------------|---------|------------------|----------------|----------------------|

**FORM OE-1 TAX CALCULATION WORKSHEET**

| <b>TAX CALCULATION</b>   |    | CT-1 REFERENCES                             |
|--|----|---|
| To be used for completing Form CT-1 and in determining tax liability when cumulative earnings exceed the Tier II maximum for any employee. |    |   |
| A. $\frac{\text{Column 10 Total}}{\text{Tier I Employer Tax Rate}}$  | \$ | Tier I Employer Tax                         |
| B. $\frac{\text{Column 8 Total}}{\text{Medicare Tax Rate}}$  | \$ | Employer Medicare Tax                       |
| C. $\frac{\text{Column 12 Total}}{\text{Tier II Employer Tax Rate}}$   | \$ | Tier II Employer Tax                        |
| D. Column 11 Total   | \$ | Tier I Employee Tax                         |
| E. Column 9 Total  | \$ | Employee Medicare Tax                       |
| F. Column 13 Total   | \$ | Tier II Employee Tax                        |
| G. Sum columns A through F.<br>CT-1 Railroad Retirement Tax Liability for period.  | \$ | Total Railroad Retirement Taxes             |
| H. $\frac{\text{Column 14 Total}}{\text{RUIA Contribution Rate}}$  | \$ | DC-1 RUIA Contribution Liability for Period |

The amounts in Item A should equal Item D and amounts in Item B should equal Item E. The items may differ a few cents due to rounding of partial cents.

**PHOTOCOPY FOR YOUR RECORDS**