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

(Rev. Februa	ary 2014)	Depart	ment of the	Treasury -	Internal	Revenu	ie Servi	се		OMB No. 1545-0001
Employer (EIN)	dentification number									Return You Are Correcting Enter the calendar year of the return
RRB num	ber									you are correcting:
Name (as	shown on latest Form CT	1)] [[(YYYY)
Address										
Address	Number	Street					S	uite or roc	om numbe	Enter the date you discovered errors:
	City				Ctata		ZID oo	al a		
	City				State	, 	ZIP co	ue		(MM / DD / YYYY)
	Foreign country name			Foreign pro	vince/cou	ınty	Foreig	n postal c	ode	
Read the	instructions before	wou comi	olete this	form. Us	e this f	orm to	corre	ect erro	ors mad	de on Form CT-1, Employer's Annual Railroad
Retiremen		separate	e Form C	T-1 X for	each y	ear th				. Type or print within the boxes. You MUST
Part 1	Select ONLY one	proces	s. See pa	age 4 for	additio	onal g	uidan	ce.		
	and you would like to	use the a ounts on th	djustment nis form. T	process the amoun	o corre	ct the	errors.	You mu	ust che	s. Also check this box if you overreported amounts ck this box if you are correcting both underreported, may only be applied as a credit to your Form CT-1
	amount shown on line	20. Do no	t check th							laim process to ask for a refund or abatement of the d amounts on this form.
\neg	Complete the ce									
	I certify that I have fil required.	ed or will	file Form	s W-2, Wa	ge and	Tax S	tateme	ent, or l	Forms \	W-2c, Corrected Wage and Tax Statement, as
am tax tax	nounts, for purposes o k, Tier I Employee Med	of the certi licare tax, tax. Form	ifications of and Tier II CT-1 X ca	on lines 4 Employee annot be u	and 5, I tax. En	Employ nploye	ee Ra RRTA	ilroad F	Retireme consist	ip lines 4 and 5. If you are correcting overreported ent Tax Act (RRTA) taxes consist of Tier I Employee of Tier I Employer tax, Tier I Employer Medicare as of Tier I Employee Additional Medicare Tax unless
4.	If you checked line 1	because	you are a	djusting o	verrepo	orted a	moun	ts, che	ck all th	at apply. You must check at least one box.
Ic	ertify that:									
										s for prior years. I have a written statement from ed) and will not claim a refund or credit for the
	b. The adjustments are 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 i	is for RRTA	A taxes an	d/or Tier I	Employ	ee Add	litional	Medica	re Tax t	hat I did not withhold from employee compensation.
	You must check at lea		-	laiming a	refund	or aba	temen	t of ove	errepor	ted RRTA taxes, check all that apply.
10	ertify that:		. "						. 5	
										RTA taxes for prior years. I have a written statement jected) and will not claim a refund or credit for the
L		ve a writtei	n stateme	nt from ea	ch emp					laim for Employee RRTA taxes overcollected in prior has not claimed (or the claim was rejected) and will
		r Employe	e RRTA ta	axes; or ea	ch emp	loyee o	did not	give m	ie a writ	es; each employee did not give me a written consent ten statement that he or she has not claimed (or the
	d. The claim is for	RRTA taxe	es and/or	Γier I Empl	oyee Ac	dditiona	al Medi	care Ta	x that I	did not withhold from employee compensation.

Calendar Year (YYYY)

		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	-	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
i .	Tier I Employer Tax– Compensation (Form CT-1, line 1)		7_]=		× .062 =	
•	Tier I Employer Medicare Tax- Compensation (Form CT-1, line 2)		_ -]=		× .0145 =	
-	Tier II Employer Tax– Compensation (Form CT-1, line 3)		_ 7_		-] =		See instructions	
•	Tier I Employee Tax– Compensation (Form CT-1, line 4)		_]_]=		× .062* =	
	Tier I Employee Medicare Tax- Compensation	,	_		_	*If you are correc	eting a 2011 or 2	012 return, use .0
	(Form CT-1, line 5)				_ =		× .0145 =	
•	Tier I Employee Additional Medicare Tax-Compensation (other than sick pay) (Form CT-1, line 6; only for years beginning after December 31, 2012)] =		× .009 =	
i	Tier II Employee Tax- Compensation (Form CT-1, line 7 (line 6 for years ending before January 1, 2013))		7_]=		See instructions	
	Tier I Employer Tax-Sick Pay (Form CT-1, line 8 (line 7 for years ending before January 1, 2013))		_]_		-] =		× .062 =	
	Tier I Employer Medicare Tax– Sick Pay (Form CT-1, line 9 (line 8 for years ending before January 1, 2013))				-] =		× .0145 =	
	Tier I Employee Tax-Sick Pay	•		•	J	•		•
	(Form CT-1, line 10 (line 9 for years ending before January 1, 2013))]_		=		× .062* =	
•	Tier I Employee Medicare Tax– Sick Pay (Form CT-1, line 11 (line 10 for years ending before January]_	*If you are correc	x .0145 =	012 return, use .0
	1, 2013)) Tier I Employee Additional] _	•	X .0140 =	
	Medicare Tax-Sick Pay (Form CT-1, line 12; only for years beginning after December 31, 2012)]_]=		× .009 =	
	Tax Adjustments (Form CT-1, line 14 (line 12 for years ending before January 1, 2013))		7] =		See	

Name)					Employer ide	ntificati	on number (EIN)	Calendar Yea	ar (YYYY)
P	art 3:	Continued								
										,
20.			om line 19 on page 2	2						
		e 20 is less tl ou checked li	າ an zero: ne 1, this is the amoເ	ınt you want app	olied as a c	redit to you	ur Forn	n CT-1 for the ta	ax period in	which you are
		ng this form.	,	, , , , , ,		,			'	,
			ne 2, this is the amou than zero, this is the				whon	ou file this retu	rn Ear infar	nation on how to
			ou owe in the instruc			s arriourit	wileiry	ou lile triis retu	111. 1 01 1111011	nation on now to
F	art 4:	Explain your	corrections for the	calendar year yo	ou are cor	recting.				
			any corrections you our underreported an				errepo	orted and over	reported am	ounts.
	22. 0	check here if	any corrections inv	olve reclassified	d workers.	Explain or	n line 2	3.		
	23. Y	ou must give	e us a detailed expla	anation for how	you deter	mined you	r corre	ections. See th	ne instruction	ıs.
			ou must complete a							
sta	tements	that are attached	declare that I have filed a d, and to the best of my k f which preparer has any	nowledge and belief						
	1/	•								
	X	Sign your					Print y name			
4		name her					Print y	our		
				7			title he	ere		
		Da	te				Best d	aytime phone		
Pa	id Pre	parer Use C	Only			Check	if you a	are self-employe	d	
Pre	eparer's	name						PTIN		
Pre	eparer's	signature						Date		
	m's nam f-employ	e (or yours if /ed)						EIN		
Ad	dress							Phone		
Cit	у				State			ZIP code		

Page **3** Form **CT-1 X** (Rev. 2-2014)

Type of errors you are correcting	Form C	CT-1 X: Which proc	ess 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 20 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 the adjustment process or the claim process to correct the overreported amounts. Choose the adjustment process if you want the amount shown on line 20 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 20 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	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	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported amounts.							
amounts		expires	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 20. 							
			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. 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 20 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 the 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 20 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.							

Page **4** Form **CT-1 X** (Rev. 2-2014)