

| | | | | | | | |
|--|--------------------------------------|--|--|---|--|----------------------------|--|
| PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | | 2011 | | PAYMENTS BY THE RAILROAD RETIREMENT BOARD | | | |
| 1. Claim Number and Payee Code | 2. Recipient's Identification Number | 3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2011 | | 4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2011 | | | |
| Recipient's Name, Street Address, City, State, and Zip Code | | 5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2011 | | 6. Workers' Compensation Offset in 2011 | | | |
| | | 7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2010 | | 8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2009 | | | |
| | | 9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2009 | | 10. Federal Income Tax Withheld | | 11. Medicare Premium Total | |
| | | | | | | | |

COPY C -
FOR RECIPIENT'S RECORDS.
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FORM RRB-1099

DO NOT ATTACH TO YOUR INCOME TAX RETURN

| | | | | | | | |
|--|--------------------------------------|---|--|---|--|-------------|----------------------------|
| PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | | 2011 | | ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD | | | |
| 1. Claim Number and Payee Code | 2. Recipient's Identification Number | 3. Employee Contributions | | 4. Contributory Amount Paid | | | |
| Recipient's Name, Street Address, City, State, and Zip Code | | 5. Vested Dual Benefit | | 6. Supplemental Annuity | | | |
| | | 7. Total Gross Paid (Sum of boxes 4, 5 and 6) | | 8. Repayments | | | |
| | | 9. Federal Income Tax Withheld | | 10. Rate of Tax | | 11. Country | 12. Medicare Premium Total |
| | | | | | | | |

COPY C -
FOR RECIPIENT'S RECORDS.

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FORM RRB-1099-R

DO NOT ATTACH TO YOUR INCOME TAX RETURN

| | | | | | | | |
|--|--------------------------------------|---|--|---|--|-------------|----------------------------|
| PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | | 2011 | | ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD | | | |
| 1. Claim Number and Payee Code | 2. Recipient's Identification Number | 3. Employee Contributions | | 4. Contributory Amount Paid | | | |
| Recipient's Name, Street Address, City, State, and Zip Code | | 5. Vested Dual Benefit | | 6. Supplemental Annuity | | | |
| | | 7. Total Gross Paid (Sum of boxes 4, 5 and 6) | | 8. Repayments | | | |
| | | 9. Federal Income Tax Withheld | | 10. Rate of Tax | | 11. Country | 12. Medicare Premium Total |
| | | | | | | | |

COPY 2 -

FILE THIS COPY WITH YOUR STATE, CITY, OR LOCAL INCOME TAX RETURN, WHEN REQUIRED.

FORM RRB-1099-R

| | | | | | | | |
|--|--------------------------------------|---|--|---|--|-------------|----------------------------|
| PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | | 2011 | | ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD | | | |
| 1. Claim Number and Payee Code | 2. Recipient's Identification Number | 3. Employee Contributions | | 4. Contributory Amount Paid | | | |
| Recipient's Name, Street Address, City, State, and Zip Code | | 5. Vested Dual Benefit | | 6. Supplemental Annuity | | | |
| | | 7. Total Gross Paid (Sum of boxes 4, 5 and 6) | | 8. Repayments | | | |
| | | 9. Federal Income Tax Withheld | | 10. Rate of Tax | | 11. Country | 12. Medicare Premium Total |
| | | | | | | | |

COPY B -

REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FORM RRB-1099-R