

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N RUSH ST CHICAGO IL 60611-2092		<b>2010</b>		<b>STATEMENT FOR NONRESIDENT ALIEN RECIPIENTS OF:</b>		<b>PAYMENTS BY THE RAILROAD RETIREMENT BOARD</b>	
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2010				<b>COPY C -</b>  FOR RECIPIENT'S RECORDS.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code		4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2010					
2. Recipient's Identification Number		5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2010					
Recipient's Name, Street Address, City, State, and Zip Code		6. Workers' Compensation Offset in 2010					
		7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2009					
		8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2008					
		9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2008					
		10. Country	11. Rate of Tax	12. Federal Tax Withheld	13. Medicare Premium Total		

**FORM RRB-1042S**

**DO NOT ATTACH TO YOUR INCOME TAX RETURN**

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N RUSH ST CHICAGO IL 60611-2092		<b>2010</b>		<b>ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD</b>			
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Employee Contributions					
1. Claim Number and Payee Code		4. Contributory Amount Paid					
2. Recipient's Identification Number		5. Vested Dual Benefit					
Recipient's Name, Street Address, City, State, and Zip Code		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	<b>COPY C -</b>  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 <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N RUSH ST CHICAGO IL 60611-2092		<b>2010</b>		<b>STATEMENT FOR NONRESIDENT ALIEN RECIPIENTS OF:</b>		<b>PAYMENTS BY THE RAILROAD RETIREMENT BOARD</b>	
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2010				<b>COPY B -</b>  FILE WITH RECIPIENT'S FEDERAL TAX RETURN.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code		4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2010					
2. Recipient's Identification Number		5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2010					
Recipient's Name, Street Address, City, State, and Zip Code		6. Workers' Compensation Offset in 2010					
		7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2009					
		8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2008					
		9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2008					
		10. Country	11. Rate of Tax	12. Federal Tax Withheld	13. Medicare Premium Total		

**FORM RRB-1042S**

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N RUSH ST CHICAGO IL 60611-2092		<b>2010</b>		<b>ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD</b>			
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Employee Contributions					
1. Claim Number and Payee Code		4. Contributory Amount Paid					
2. Recipient's Identification Number		5. Vested Dual Benefit					
Recipient's Name, Street Address, City, State, and Zip Code		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	<b>COPY B -</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**