

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		STATEMENT FOR NONRESIDENT ALIEN RECIPIENTS OF:		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	5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2011	6. Workers' Compensation Offset in 2011	COPY C - FOR RECIPIENT'S RECORDS. THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
Recipient's Name, Street Address, City, State, and Zip Code		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. 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 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	5. Vested Dual Benefit	6. Supplemental Annuity	COPY C - FOR RECIPIENT'S RECORDS. THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
Recipient's Name, Street Address, City, State, and Zip Code		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	

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		STATEMENT FOR NONRESIDENT ALIEN RECIPIENTS OF:		PAYMENTS BY THE RAILROAD RETIREMENT BOARD
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Recipient's Name, Street Address, City, State, and Zip Code		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. Country	
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1. Claim Number and Payee Code	2. Recipient's Identification Number	3. Employee Contributions	4. Contributory Amount Paid	5. Vested Dual Benefit	6. Supplemental Annuity	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.
Recipient's Name, Street Address, City, State, and Zip Code		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	

FORM RRB-1099-R