| RAIL LABOR LOCAL UNIT REPORT OF CREDITABLE SERVICE MONTHS AND COMPENSATION |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name of National Organization |  |  |  |  |  | See Form OE-1a INST for Complete Instructions |  |
|  |  |  |  |  |  |  |  |
| 3. Payroll Report of Reporting Unit (Name and/or Number) |  | 4. RRB Unit No. |  | 5. For Month or Quarter Ending$20$ |  |  |  |
| NOTE: Compensation should NOT be reported in excess of applicable yearly maximums |  |  |  | Tier I Maximum \$ |  | Tier II Maximum$\$$ |  |
| 6. Employee Identification | 7. <br> Month <br> of <br> Quarter | 8. Gross Earnings and Tier I Medicare Earnings | 9. <br> Employee Medicare Tax Withheld | 10. <br> Tier I <br> Earnings | 11. <br> Tier I Employee Tax Withheld | 12. <br> Tier II <br> Earnings | 13. <br> Tier II Employee Tax Withheld |
| Name | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| SSA Number | 3 |  |  |  |  |  |  |
| Name | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| SSA Number | 3 |  |  |  |  |  |  |
| Name | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| SSA Number | 3 |  |  |  |  |  |  |
| Name | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| SSA Number | 3 |  |  |  |  |  |  |
| Name | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| SSA Number | 3 |  |  |  |  |  |  |
| Name | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
| SSA Number | 3 |  |  |  |  |  |  |
|  | 14. TOTALS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| CAUTION: Railroad Retirement Taxes reported on the CT-1 must be deposited by electronic fund transfer with the U. S. Treasury Department. Read the instructions for the Form CT-1 for the proper depositing procedures. The frequency of your tax is NOT determined by the completion of Form OE-1a. Deposits may be required more or less often. |  |  |  |  |  |  |  |
| 15. Name and Title | 16. Address |  |  | 17. Telephone |  | 18. Date Completed | 19. Date Received by NRO |


| TAX CALCULATION <br> To be used for completing Form CT-1 and in d | rmining | CT-1 REFERENCES |
| :---: | :---: | :---: |
| A. $\begin{array}{lll}\_\frac{\$ 0.00}{\text { Column } 10 \text { Total }} \mathrm{x} & & \\ \end{array}$ | \$ | Tier I Employer Tax Compensation |
| B. $\qquad$ \$ 0.00 $\qquad$ <br> Column 8 Total <br> x Medicare Tax Rate | \$ | Tier I Employer <br> Medicare Tax - <br> Compensation |
| C. $\underset{\text { Column 13 Total }}{\$ 0.00} \quad \mathrm{x} \quad \begin{aligned} & \\ & \\ & \end{aligned}$ | \$ | Tier II Employer Tax Compensation |
| D. Column 11 Total | \$ 0.00 | Tier I Employee Tax Compensation |
| E. Column 9 Total | \$ 0.00 | Tier I Employee <br> Medicare Tax - <br> Compensation |
| F. $\qquad$ x $\qquad$ <br> Additional Medicare Tax Rate <br> [Paid on compensation exceeding \$200,000 per year for an employee] | \$ | Tier I Employee <br> Additional Medicare <br> Tax - Compensation |
| G. Column 13 Total | \$ 0.00 | Tier II Employee Tax Compensation |
| H. Sum of columns A through G <br> Railroad Retirement Tax Liability for period | \$ | Total Tax Based on Compensation |

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