	CT-	1 Employer's	Annual Rallroad R	etirement T	ax Return	01	MB No. 1545-0	0001	
Departme	nt of the T	reasury	w.irs.gov/CT1 for instruction	and the latest infe	rmation	5	2017	7	
Internal Re	venue Se	Name Name	w.irs.gov/c / / for instruction	Employer identifica	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	\rightarrow			
	Type	Address (number and street)		RRB number			If final return, check here. ▶ □		
	Print	City or town, state or province,	country, and ZIP or foreign postal	code					
Part	R	ailroad Retirement Taxes.	On lines 1 through 12 b	elow, enter the	amount of cor	mpensatio	on paid in	2017	
	fo	r each tax. Then, multiply it b	y the rate shown and er	CONTRACTOR OF STREET	n Data	-	Tou		
-	Ties 1 F	male as Tay Componenties (e	there there time and sink much	Compensatio	on Rate × 6.2%	4	Tax		
		mployer Tax - Compensation (or Employer Medicare Tax - Comp	The second secon	3	× 0.276	= 1			
		k pay)		s	× 1.45%	= 2			
				7		-			
		mployer Tax—Compensation (o		s	× 13.1%	_			
3.5		mployee Tax - Compensation (c	AND AND ADDRESS OF THE PARTY OF	\$	× 6.2%	= 4			
		mployee Medicare Tax-Comp		•	4 450/	-			
		r tips, see instructions)		s	× 1.45%	= 3			
		mployee Additional Medicare To	THE RESERVE OF THE PARTY OF THE	•	0.00/				
		k pay) (for tips, see instructions		\$	× 0.9%	= 6			
		mployee Tax - Compensation (f	CONTRACTOR	S	× 4.9%				
		mployer Tax - Sick pay		\$	× 6.2%	= 8			
		mployer Medicare Tax - Sick pa		S	× 1.45%	The second second			
		mployee Tax – Sick pay		\$	× 6.2%	= 10			
		mployee Medicare Tax - Sick p		S	× 1.45%	-			
		mployee Additional Medicare Ta		5	× 0.9%	= 12			
7.7	13 Total tax based on compensation (add lines 1 through 12)								
				based on compe	nsation. See the	В			
		ions for line 14 and attach requi		•					
		ns of Cents \$	± Other	-	- 14	= 14			
		ailroad retirement taxes based				15			
		ilroad retirement tax deposits f erpayment applied from Form C			rom a prior yea	16			
		e due. If line 15 is more than line			tions	17			
1000		yment. If line 16 is more than lin			uuris	11			
10	Overpa	lyment. If line to is more than in	ie 15, enter the dillerence	the same of the sa	Apply to ne	destrue F	7 Cand a -	-frank	
- All 61	If E	ne 15 is less than \$2,500, don't	samplete Bart II as Form O		☐ Apply to ne	or termin' [J Seriu a ri	eiunu.	
		schedule depositors: Complet			00 0000 2				
		edule depositors: Complete Pa		rart ir iristructions	on page 2.				
	-	ou want to allow another person to discu		and to be officer	□ Ver Co	mplete the fol	owing []	No.	
Third- Party	Бол	ou want to allow another person to discu	is this return with the insir see se	parate instructions.			owing.	Peu.	
Designe	e Desi	gnee's	Phone no.		Personal iden number (PIN)	tification	\top	\neg	
	100111			anving schedules and sta	THE RESERVE OF THE PARTY OF THE	est of my kno	viedge	_	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any								
Here									
	Sion	ature >	Print Your Name and Title			Date ▶			
	Jan Sala	Print/Type preparer's name	Preparer's signature	in .	Date		PTIN		
Paid		9000000 FD FOREIGN 700700			2022	Check III	5000000		
Prepa		Firm's name >				Firm's EIN >			
Use C	niy	OPEN PER PROPERTY AND ADDRESS OF THE PER PER PER PER PER PER PER PER PER PE				Phone no.			
_		Firm's address ►			-	rione no.			

Form CT-1 (2017) Page 2

Part II Record of Railroad Retirement Tax Liability

Complete the Monthly Summary of Railroad Retirement Tax Liability below only if you were a monthly schedule depositor for the entire year. Enter your Tier 1 and Tier 2 tax liability on the lines provided for each month.

If you were a semiweekly schedule depositor during any part of the year or you accumulated \$100,000 or more on any day during a deposit period, you must complete Form 945-A, Annual Record of Federal Tax Liability. Don't complete the monthly summary below. On Form 945-A for each payday, enter the sum of your employee and employer Tier 1 and Tier 2 taxes on the appropriate line.

Your total tax liability for the year (line V below or line M on Form 945-A) must equal your total taxes for the year (Form CT-1, line 15).

Note: See the separate instructions for the deposit rules for railroad retirement taxes.

Monthly Summary of Railroad Retirement Tax Liability

Complete if Part I, line 15, is \$2,500 or more and you were a monthly schedule depositor.

Date compensation paid:	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
First month of quarter:	January	April	July	October
Tier 1 and Tier 2 taxes I First month liability				
Second month of quarter:	February	May	August	November
Tier 1 and Tier 2 taxes II Second month liability ▶				
Third month of quarter:	March	June	September	December
Tier 1 and Tier 2 taxes III Third month liability				
IV Total for quarter, add lines I, II, and III.				

Form CT-1 (2017)

Form CT-1 (2017) Page 3

Form CT-1(V), Payment Voucher

Purpose of Form

Complete Form CT-1(V) if you're making a payment with Form CT-1. We will use the completed Form CT-1(V) to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form CT-1

and Interest in the separate instructions.

To avoid a penalty, make a payment with Form CT-1 only if one of the following applies.

- Your total railroad retirement taxes for the year (Form CT-1, line 15) are less than \$2,500 and you're paying in full with a timely filed return.
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See the separate instructions for details. This amount may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. Don't use Form CT-1(V) to make federal tax deposits. See *Electronic Deposit Requirement* in the separate instructions.



Use Form CT-1(V) when paying any amount with Form CT-1. However, if you pay an amount with Form CT-1 that should've been deposited, you may be subject to a penalty. See Penalties

Specific Instructions

Box 1 – Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form CT-1, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form CT-1.

Box 3—Name and address. Enter your business name and address as shown on Form CT-1.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN,
 "Form CT-1," and the tax period on your check or money order. Don't send cash. Don't staple Form CT-1(V) or your payment to Form CT-1 or to each other.
- Detach Form CT-1(V) and send it with your payment and Form CT-1 to the address in the Instructions for Form CT-1.

Form CT-1(V) Department of the Treasury Internal Revenue Service	▶ Us	Payment Voucher e this voucher when making a payment with Form CT-1.	20 17	
Enter your employer identification in	umber (EIN) 2	Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	Dollars	Cents
	3	Enter your business name. Enter your address. Enter city or town, state or province, country, and ZIP or foreign postal code.		

Form CT-1 (2017)

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You're required to give us this information. We need it to ensure that you're complying with these laws and to allow us to figure and collect the right amount of tax. Our authority to ask for information is found in sections 6001, 6011, and 6012(a) and their regulations. Section 6109 requires you to provide your identifying number on the return. If you don't provide the information we ask for, or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of

Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form CT-1 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 8 hr., 36 min.

Learning about the law or the form . . . 2 hr., 7 min.

Preparing, copying, assembling, and sending the form to the IRS 4 hr., 45 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form CT-1 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/FormComments. Or write to: Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form CT-1 to this address. Instead, see Where To File in the Instructions for Form CT-1.