

RAIL LABOR SYSTEM UNIT REPORT OF CREDITABLE SERVICE MONTHS AND COMPENSATION

| | | | | | | | | | | |
|---|--|---------------------|-------------------|--|---|---------------------|---|----------------------|-----------------------------------|-----------------------|
| 1. Name of National Organization | | | | | 2. Page ___ of ___ Page(s) | | See Form OE-1 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 | | RUIA Max. | |
| 6. Employee Identification | | 7. Month of Quarter | 8. Daily Pay Rate | 9. Gross Earnings and Tier I Medicare Earnings | 10. Employee Medicare Tax Withheld | 11. Tier I Earnings | 12. Tier I Employee Tax Withheld | 13. Tier II Earnings | 14. Tier II Employee Tax Withheld | 15. RUIA Compensation |
| | | Name | 1 | | | | | | | |
| SSA Number | | 2 | | | | | | | | |
| | | 3 | | | | | | | | |
| Name | | 1 | | | | | | | | |
| | | 2 | | | | | | | | |
| SSA Number | | 3 | | | | | | | | |
| | | 1 | | | | | | | | |
| Name | | 2 | | | | | | | | |
| | | 3 | | | | | | | | |
| SSA Number | | 1 | | | | | | | | |
| | | 2 | | | | | | | | |
| Name | | 3 | | | | | | | | |
| | | 1 | | | | | | | | |
| SSA Number | | 2 | | | | | | | | |
| | | 3 | | | | | | | | |
| Name | | 1 | | | | | | | | |
| | | 2 | | | | | | | | |
| SSA Number | | 3 | | | | | | | | |
| | | 1 | | | | | | | | |
| Name | | 2 | | | | | | | | |
| | | 3 | | | | | | | | |
| SSA Number | | 1 | | | | | | | | |
| | | 2 | | | | | | | | |
| Name | | 3 | | | | | | | | |
| | | 1 | | | | | | | | |
| SSA Number | | 2 | | | | | | | | |
| | | 3 | | | | | | | | |
| 16. TOTALS | | | | | | | | | | |
| <p align="center">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-1. Deposits may be required more or less often.</p> | | | | | | | | | | |
| 17. Name and Title | | 18. Address | | | 19. Telephone Number | | 20. Date Completed | | 21. Date Received by NRO | |

FORM OE-1 TAX CALCULATION WORKSHEET

| TAX CALCULATIONS To be used for completing Form CT-1 and in determining tax liability. | CT-1 REFERENCES |
|---|--|
| A. $\frac{\$ \text{_____}}{\text{Column 11 Total}} \times \frac{\text{_____}}{\text{Tier I Employer Tax Rate}}$ | \$ Tier I Employer Tax - Compensation |
| B. $\frac{\$ \text{_____}}{\text{Column 9 Total}} \times \frac{\text{_____}}{\text{Medicare Tax Rate}}$ | \$ Tier I Employer Medicare Tax - Compensation |
| C. $\frac{\$ \text{_____}}{\text{Column 13 Total}} \times \frac{\text{_____}}{\text{Tier II Employer Tax Rate}}$ | \$ Tier II Employer Tax - Compensation |
| D. Column 12 Total | \$ Tier I Employee Tax - Compensation |
| E. Column 10 Total | \$ Tier I Employee Medicare Tax - Compensation |
| F. $\frac{\$ \text{_____}}{\text{Additional Medicare Tax Rate}}$ [Paid on compensation exceeding \$200,000 per year for an employee] | \$ Tier I Employee Additional Medicare Tax - Compensation |
| G. Column 14 Total | \$ Tier II Employee Tax - Compensation |
| H. Sum of columns A through G Railroad Retirement Tax Liability for period | \$ Total Tax Based on Compensation |
| I. $\frac{\$ \text{_____}}{\text{Column 15 Total}} \times \frac{\text{_____}}{\text{RUIA Contribution Rate}}$ | \$ DC-1 RUIA Contribution Liability for Period |

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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