

RAIL LABOR LOCAL UNIT REPORT OF CREDITABLE SERVICE MONTHS AND COMPENSATION

1. Name of National Organization				2. Page ___ of ___ Page(s)		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. Month of Quarter	8. Gross Earnings and Tier I Medicare Earnings	9. Employee Medicare Tax Withheld	10. Tier I Earnings	11. Tier I Employee Tax Withheld	12. Tier II Earnings	13. 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						
<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-1a. Deposits may be required more or less often.</p>								
15. Name and Title		16. Address			17. Telephone Number		18. Date Completed	19. Date Received by NRO

FORM OE-1a TAX CALCULATION WORKSHEET

TAX CALCULATIONS		CT-1 REFERENCES
To be used for completing Form CT-1 and in determining tax liability.		
A. $\frac{\$ \text{_____}}{\text{Column 10 Total}} \times \frac{\text{_____}}{\text{Tier I Employer Tax Rate}}$	\$	Tier I Employer Tax - Compensation
B. $\frac{\$ \text{_____}}{\text{Column 8 Total}} \times \frac{\text{_____}}{\text{Medicare Tax Rate}}$	\$	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 11 Total	\$	Tier I Employee Tax - Compensation
E. Column 9 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 13 Total	\$	Tier II Employee Tax - Compensation
H. Sum of columns A through G 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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