

▶ See separate instructions.

1994

Employer's name and address (If not correct, please change.) ▶

Employer identification number
RRB number
Calendar year

If you do not have to file a return in the future, check here . . . ▶

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Part I Railroad Retirement Taxes

Check here if you are electing the supplemental tax safe harbor rule for 1995 (see instructions) ▶ <input type="checkbox"/>		
1	Supplemental tax—Total work-hours for which compensation was paid during the year × \$ 0.30	1
2	Special supplemental tax if employer has a negotiated supplemental pension plan (attach statement)	2
3	Adjustments to supplemental tax (see instructions)	3
4	Adjusted total of supplemental tax (lines 1 and 2 as adjusted by line 3)	4
5	Tier I Employer Tax—Compensation (other than tips and sick pay) paid in 1994 \$ × 6.2%	5
6	Tier I Employer Medicare Tax—Compensation (other than tips and sick pay) paid in 1994 \$ × 1.45%	6
7	Tier II Employer Tax—Compensation (other than tips) paid in 1994 \$ × 16.10%	7
8	Tier I Employee Tax—Compensation (other than sick pay) paid in 1994 \$ × 6.2%	8
9	Tier I Employee Medicare Tax—Compensation (other than sick pay) paid in 1994 \$ × 1.45%	9
10	Tier II Employee Tax—Compensation (for tips, see instructions) paid in 1994 \$ × 4.90%	10
11	Tier I Employer Tax—Sick pay paid in 1994 \$ × 6.2%	11
12	Tier I Employer Medicare Tax—Sick pay paid in 1994 \$ × 1.45%	12
13	Tier I Employee Tax—Sick pay paid in 1994 \$ × 6.2%	13
14	Tier I Employee Medicare Tax—Sick pay paid in 1994 \$ × 1.45%	14
15	Total tax based on compensation (add lines 5 through 14)	15
16	Adjustments to employer and employee railroad retirement taxes based on compensation (see instructions for format of statement to be attached)	16
17	Adjusted total of employer and employee railroad retirement taxes based on compensation (line 15 adjusted by line 16)	17
18	Total railroad retirement taxes for the year (add lines 4 and 17)	18
19	Total railroad retirement taxes deposited, including overpayment applied from prior year, from your records	19
20	Balance due (subtract line 19 from line 18). Pay to the Internal Revenue Service	20
21	If line 19 is more than line 18, enter overpayment here ▶ \$ and check if to be: <input type="checkbox"/> Applied to next year's railroad retirement tax OR <input type="checkbox"/> Refunded	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ Title (Owner, etc.) ▶ Date ▶

File the original and the duplicate with the Internal Revenue Service Center, Kansas City, MO 64999. Enclose payment for undeposited taxes.

ORIGINAL