

Employer's Annual Railroad Retirement Tax Return

OMB No. 1545-0001

2003

▶ See the separate instructions.

Type or print. ▶	Name	Employer identification number	If final return , check here . ▶ <input type="checkbox"/>
	Address (number and street)	RRB number	
	City, state, and ZIP code	Calendar year	T
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Part I Railroad Retirement Taxes. On lines 1-10 below, enter the amount of compensation for each tax. Then, multiply it by the rate shown and enter the tax.

	Compensation	Rate	Tax
1 Tier I Employer Tax—Compensation (other than tips and sick pay) paid in 2003	\$ _____	× 6.2%	= 1
2 Tier I Employer Medicare Tax—Compensation (other than tips and sick pay) paid in 2003	\$ _____	× 1.45%	= 2
3 Tier II Employer Tax—Compensation (other than tips) paid in 2003 \$ _____	× 14.2%	= 3	
4 Tier I Employee Tax—Compensation (other than sick pay) paid in 2003	\$ _____	× 6.2%	= 4
5 Tier I Employee Medicare Tax—Compensation (other than sick pay) paid in 2003 (for tips, see instructions)	\$ _____	× 1.45%	= 5
6 Tier II Employee Tax—Compensation (for tips, see instructions) paid in 2003	\$ _____	× 4.9%	= 6
7 Tier I Employer Tax—Sick pay paid in 2003	\$ _____	× 6.2%	= 7
8 Tier I Employer Medicare Tax—Sick pay paid in 2003	\$ _____	× 1.45%	= 8
9 Tier I Employee Tax—Sick pay paid in 2003	\$ _____	× 6.2%	= 9
10 Tier I Employee Medicare Tax—Sick pay paid in 2003	\$ _____	× 1.45%	= 10
11 Total tax based on compensation (add lines 1 through 10)			11
12 Adjustments to employer and employee railroad retirement taxes based on compensation. See pages 4 and 5 of the instructions; and attach required statements. Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =			12
13 Total railroad retirement taxes based on compensation (line 11 adjusted by line 12) . ▶			13
14 Total railroad retirement tax deposits for the year, including overpayment applied from prior year, from your records.			14
15 Balance due (subtract line 14 from line 13). Pay to the "United States Treasury" (see instructions) .			15

Complete **Form CT-1(V)**, Payment Voucher, and enclose with return and payment.

16 **Overpayment.** If line 14 is more than line 13, enter overpayment here ▶ \$ _____ and check if you want it:
 Applied to next return or Refunded.

- **All filers:** If line 13 is less than \$2,500, **do not** complete Part II or Form 945-A.
- **Semiweekly schedule depositors:** Complete **Form 945-A** and see the Part II instructions on page 2.
- **Monthly schedule depositors:** Complete Part II on page 2.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 5 of the instructions)? Yes. Complete the following. No

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶
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Sign Here 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 ▶	Print Your Name and Title ▶	Date ▶
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