Form **CT-1 X:** Adjusted Employer's Annual Railroad Retirement Tax Return or Claim for Refund

(Rev. March	2024) D	Department of the Treasury - Internal Rev	venue Service	OMB No. 1545-000
Employer (EIN) RRB num	r identification number			Return You're Correcting Enter the calendar year of the return you're correcting:
Name (as	shown on latest Form CT-1)			
Address	Number Stree	et	Suite or room number	Enter the date you discovered errors:
	City	State	ZIP code	(MM / DD / YYYY)
	Foreign country name	Foreign province/county	Foreign postal code	
Railroad F	Retirement Tax Return. U	Jse a separate Form CT-1 X for	each year that needs corre	a made on Form CT-1, Employer's Annua ection. Type or print within the boxes. You workers; see the instructions for line 42.
Part 1:	Select ONLY one protect of tax credits and Tier 1		I guidance, including info	rmation on how to treat employment
2.	amounts and you would I underreported and overrep your Form CT-1 for the tax Claim. Check this box if yo	like to use the adjustment process orted tax amounts on this form. The period in which you're filing this forr ou overreported tax amounts only an	s to correct the errors. You r amount shown on line 26, if le n. Id you would like to use the cla	ts. Also check this box if you overreported tax nust check this box if you're correcting both as than zero, may only be applied as a credit to aim process to ask for a refund or abatement o
Part 2:	Complete the certific	26. Don't check this box if you're con	rrecting ANY underreported ta	x amounts on this form.

ڬ 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Employee Railroad Retirement Tax Act (RRTA) taxes consist of Tier 1 Employee tax, Tier 1 Employee Medicare tax, and Tier 2 Employee tax. Employer RRTA taxes consist of Tier 1 Employer tax, Tier 1 Employer tax. Form CT-1 X can't be used to correct overreported amounts of Tier 1 Employee Additional Medicare Tax unless the amounts weren't withheld from employee compensation.

4. If you checked line 1 because you're adjusting overreported amounts, check all that apply. You must check at least one box.

I certify that:

- **a.** I repaid or reimbursed each affected employee for the overcollected RRTA taxes for prior years. I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- **b.** The adjustments are only for Employer RRTA taxes. I couldn't find the affected employees or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- c. The adjustment is for RRTA taxes and/or Tier 1 Employee Additional Medicare Tax that I didn't withhold from employee compensation.

5. If you checked line 2 because you're claiming a refund or abatement of overreported RRTA taxes, check all that apply.

You must check at least one box.	
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I certify that:

- a. I repaid or reimbursed each affected employee for the overcollected Employee RRTA taxes for prior years. I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- **b.** I have a written consent from each affected employee stating that I may file this claim for Employee RRTA taxes overcollected in prior years. I also have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- **c.** The claim is for Employer RRTA taxes only. I couldn't find the affected employees; each affected employee didn't give me a written consent to file a claim for Employee RRTA taxes; or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
 - d. The claim is for RRTA taxes and/or Tier 1 Employee Additional Medicare Tax that I didn't withhold from employee compensation.

Name	Vame			Employer id	Employer identification number (EIN)			Correcting Calendar Year (YYYY)	
Part	3: Enter the corrections for the	e calendar year yo	ou'r	e correcting. If any	/ lin	e doesn't apply, lea	ive it blank.		
		Column 1 Total corrected amount (for ALL employees)	_	Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction	
6.	Tier 1 Employer Tax – Compensation (Form CT-1, line 1)]_] =	· · ·	× 0.062 =		
7.	Tier 1 Employer Medicare Tax – Compensation (Form CT-1, line 2)]_]=		× 0.0145 =	, 	
8.	Tier 2 Employer Tax— Compensation (Form CT-1, line 3)		1_]=		See instructions		
9.	Tier 1 Employee Tax— Compensation (Form CT-1, line 4)] -] =		× 0.062 =		
10.	Tier 1 Employee Medicare Tax – Compensation (Form CT-1, line 5)]_]=		× 0.0145 =		
11.	Tier 1 Employee Additional Medicare Tax—Compensation (other than sick pay) (Form CT-1,	;-]	· · ·] =		× 0.009* =		
	line 6)	•] — * C	ertain compensation repo		in Column 3 shouldn't be		09. See instructions.	
12.	Tier 2 Employee Tax— Compensation (Form CT-1, line 7)]_] =		See instructions		
13.	Tier 1 Employer Tax—Sick Pay (Form CT-1, line 8)]_	-] =		× 0.062 =		
14.	Tier 1 Employer Medicare Tax – Sick Pay (Form CT-1, line 9)	, •]_] =		× 0.0145 =		
15.	Tier 1 Employee Tax—Sick Pay (Form CT-1, line 10)]_] =		× 0.062 =		
16.	Tier 1 Employee Medicare Tax – Sick Pay (Form CT-1, line 11)	<u> </u>			=		× 0.0145 =		
17.	Tier 1 Employee Additional Medicare Tax—Sick Pay (Form CT-1, line 12)]_ * c	ertain compensation repc	=	in Column 3 shouldn't be	$\times 0.009^* =$ multiplied by 0.0	09. See instructions	
18.	Tax Adjustments (Form CT-1, line]_] =		See instructions		
19.	Nonrefundable portion of credit for qualified sick and family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 16)]] =		See instructions		
20a.	Nonrefundable portion of employee retention credit* (Form CT-1, line 17a (line 17 for calendar] —	··	_	· · ·			
	year 2020))	· · ·			=		See instructions	<u> </u>	
20b.	for qualified sick and family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line	Line 20a can only be us	еа 11]	correcting a 2020 or 202	٦	m CI-1.	See		
000	17b)] _	·	=		instructions	-	
20c.	Nonrefundable portion of COBRA premium assistance credit (Form CT-1, line 17c)]_] =		See instructions		
20d.	Number of individuals provided COBRA premium assistance (Form CT-1, line 17d)]_] =				
21.	Subtotal. Combine the amounts	on lines 6 through	200	c of Column 4					

Name					Employer id	denti	fication number (EIN)	Correcting Ca	alendar Year (YYYY)
Part	3: Enter the corrections for th	e calendar year yo	ou'r	e correct	ng. If any	, lin	e doesn't apply, lea	ave it blank.	(continued)
		Column 1 Total corrected amount (for ALL employees)	_	Col Amount or reported o previously (for ALL en	r as corrected	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction
22.	Deferred amount of the Tier 1 Employer Tax* (Form CT-1, line 21)	* Line 22 can only be use] — d if d	correcting a 2	020 Form C] = T-1.		See instructions	
23.	Deferred amount of the Tier 1 Employee Tax* (Form CT-1, line 22)	* Line 23 can only be use] — d if d	correcting a 2	020 Form C] = T-1.		See instructions	
24.	Refundable portion of credit for qualified sick and family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 23)]_] =		See instructions	
25a.	Refundable portion of employee retention credit* (Form CT-1, line 24a (line 24 for calendar year 2020))]_] =		See instructions	
25b.	Refundable portion of credit for qualified sick and family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 24b)	[*] Line 25a can only be us	ed if	correcting a	2020 or 202	1 Foi	m CT-1.	See	
25c.	Refundable portion of COBRA premium assistance credit (Form CT-1, line 24c)	· ·] –		•] =		See instructions	· · ·
26.	 Total. Combine the amount on If line 26 is less than zero: If you checked line 1, this is the filing this form. If you checked line 2, this is the If line 26 is more than zero, this how to pay, see Amount you own. 	e amount you want e amount you want s is the amount yo	app refu ou c	blied as a d unded or a owe. Pay t	credit to y bated.			·	·
27.	Qualified sick leave compensation for leave taken before April 1, 2021 (Form CT-1, line 30)]_] =	-]	
28.	Qualified health plan expenses allocable to qualified sick leave compensation for leave taken before April 1, 2021 (Form CT-1, line 31)]_]=]	
29.	Qualified family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 32)] _] =]	
30.	Qualified health plan expenses allocable to qualified family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 33)]_]=]	
31.	Qualified compensation for the employee retention credit* (Form CT-1, line 34)]_		•] =	· · ·]	
32.	for the employee retention credit* (Form CT-1, line 35)	* Line 31 can only be use]_] =]	

Name					Employer id	denti	fication number (EIN)	Correcting Calendar Year (YYYY)
					_			
Part	3: Enter the corrections for the	e calendar year y	/ou'r	re correct	ting. If any	/ line	e doesn't apply, lea	ve it blank. (continued)
	Caution: Lines 33-40 don't apply to y	ears beginning before	ore Ja	anuary 1, 2	021.			
		Column 1		Co	lumn 2		Column 3	
		Total corrected amount (for ALL employees)	_			=	Difference (If this amount is a negative number, use a minus sign.)	
33.	Qualified sick leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 36)]_] =		
34.	Qualified health plan expenses allocable to qualified sick leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 37)]_] =		
35.	Amounts under certain collectively bargained agreements allocable to qualified sick leave compensation for leave taken after March 31, 2021, and before October 1, 2021		7]_		
	(Form CT-1, line 38)				•		•	
36.	Qualified family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 39)]_] =		
37.	Qualified health plan expenses allocable to qualified family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 40)		7_		•]=		
38.	Amounts under certain collectively bargained agreements allocable to qualified family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 41)]_]=		
39.	If you're eligible for the employee retention credit in the third quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form CT-1, lines 17a and 24a (or, if corrected, Form CT-1 X, lines 20a and 25a), for the third quarter of 2021* (Form CT-1, line 42)	Line 39 can only be us		correcting a	2021 Form C] = T-1.		
40.	If you're eligible for the employee retention credit in the fourth quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form CT-1, lines 17a and 24a (or, if corrected, Form CT-1 X, lines 20a and 25a), for the fourth quarter of 2021* (Form CT-1, line 43)	Line 40 can only be us		correcting a	2021 Form C] = T-1.		
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lame	•		Employer identification number (EIN)	Correcting Calendar Year (YYYY)						
Dor	t 4:	Explain your corrections for the calendar year you're corr	-							
	41.	Check here if any corrections you entered on a line include both Explain both your underreported and overreported amounts on line 4	underreported and overreported an	nounts.						
	42.									
		Check here if any corrections involve reclassified workers. Explain on line 43. You must give us a detailed explanation for how you determined your corrections. See the instructions.								
Г	43.	You must give us a detailed explanation for now you determined	your corrections. See the instruction							
Par	t 5:	Sign here. You must complete all five pages of this form a	and sign it.							

Under penalties of perjury, I declare that I have filed an original Form CT-1 and that I have examined this adjusted return or claim, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here	Print your name here Print your title here		
Date /	/ Best daytime ph	one	
Paid Preparer Use (Only Check if you'	re self-employe	ed
Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form CT-1 X: Which process should you use?

Type of errors you're correcting	Unless otherwise specified in the separate instructions, an underreported employment tax credit or Tier 1 tax deferral should be treated like an overreported tax amount. An overreported employment tax credit or Tier 1 tax deferral should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see <i>Correcting an employment tax credit or Tier 1 tax deferral</i> in the separate instructions.								
Underreported tax amounts ONLY	 Use the adjustment process to correct underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 26 by the time you file Form CT-1 X. 								
Overreported tax amounts ONLY	The process you use depends on when you file Form CT-1 X.	If you're filing Form CT-1 X MORE THAN 90 days before the period of limitations on credit or refund for Form CT-1 expires	Choose either the adjustment process or the claim process to correct the overreported tax amounts. Choose the adjustment process if you want the amount shown on line 26 credited to your Form CT-1 for the period in which you file Form CT-1 X. Check the box on line 1. OR Choose the claim process if you want the amount shown on line 26 refunded to you or abated. Check						
		If you're filing Form CT-1 X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form CT-1	the box on line 2. You must use the claim process to correct the overreported tax amounts. Check the box on line 2.						
BOTH underreported and overreported	The process you use depends on when you file Form CT-1 X.	If you're filing Form CT-1 X MORE THAN 90 days before the period of limitations on credit or refund for Form CT-1	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.						
tax amounts		expires	Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form CT-1.						
			 File one Form CT-1 X, and Check the box on line 1 and follow the instructions on line 26. 						
			OR						
			Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.						
			 File two separate forms. 1. For the adjustment process, file one Form CT-1 X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 26 by the time you file Form CT-1 X. 						
			2. For the claim process , file a second Form CT-1 X to correct the overreported tax amounts. Check the box on line 2.						
		If you're filing Form CT-1 X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form CT-1	 You must use both the adjustment process and the claim process. File two separate forms. 1. For the adjustment process, file one Form CT-1 X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 26 by the time you file Form CT-1 X. 						
			2. For the claim process, file a second Form CT-1 X to correct the overreported tax amounts. Check the box on line 2.						